



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 28 February 2020



Rosedale

Type of Service: Residential Care Home
Address: 100 Kilgreal Road, Antrim, BT41 1EH
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Inspector: Elizabeth Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which is registered to provide care for up to 38 residents within the categories of care as outlined in Section 3.0 of this report. The home provides care for short term periods of recovery and rehabilitation following hospital stays before residents return home or move onwards to a more permanent care placement. The home also provides periods of respite care.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Anthony Baxter Stevens	Registered Manager and date registered: Angela Denvir Acting
Person in charge at the time of inspection: Geraldine Lyndsey	Number of registered places: 38
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Total number of residents in the residential care home on the day of this inspection: 16

4.0 Inspection summary

An unannounced care inspection took place on 28 February 2020 from 09.55 hours to 14.25 hours.

The following areas were examined during the inspection:

- staffing arrangements
- incident management
- deprivation of liberty safeguards (DoLS)
- meals and mealtimes
- care records
- consultation with residents, staff and visiting professionals
- governance arrangements
- the environment

Residents described the home in very positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

Three areas for improvement were identified in relation to submitting notifications to RQIA, staff training and staff meetings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Geraldine Lyndsey, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 July 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection the inspector met with ten residents, four staff and one visiting professional. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' to be placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- incident and accident records from 1 August 2019 to 28 February 2020
- staffing rotas and recruitment
- the care records of three residents
- a sample of reports of visits by the registered provider/monthly monitoring reports
- a sample of governance audits/records
- RQIA registration certificate
- staff training records

Areas for improvements identified at the last care inspection were reviewed and an assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 29.4 Stated: First time	The registered person shall ensure all staff have training in fire precautions, to be taken or observed in the home, including the action to be taken in case of fire. This training is provided by a competent person at the start of employment and is repeated at least twice every year.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that staff have received appropriate fire training.	
Area for improvement 2 Ref: Standard 27.1 Stated: First time	The registered person shall ensure the carpet in main corridor of the home is improved upon or replaced.	Met
	Action taken as confirmed during the inspection: Observation confirmed that the carpet had been deep cleaned and repaired.	
Area for improvement 3 Ref: Standard 6.2 Stated: First time	The registered person shall ensure the identified residents care plan is reviewed and updated to reflect clearly how to manage the identified breathing condition.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that the care plan for one resident with an identified breathing condition clearly reflected how to manage their condition.	

6.2 Inspection findings

6.2.1 Staffing

On arrival at the home some residents were in the lounge or their bedrooms. We could see staff respond promptly to residents call bells; assist and support residents in accordance with their rehabilitation programmes in a respectful unhurried manner. Residents expressed no concerns regarding staffing levels and staff told us that staffing levels were currently satisfactory in meeting the needs of residents.

Comments included:

- “They look after me very well, girls all very good, great workers. “ (resident)
- “I am well looked after, no complaints.” (resident)
- “I love working here, we are a real team.” (staff)

Staffing levels explained by the person in charge were reflected within the staff duty roster which included management, senior care staff and care assistants. The review of the duty rota’s noted that full time hours were recorded for the acting manager who is the regional manager and also covers another home. Staff informed us that the manager was present in the home two/three days a week. We noted that the staff meetings minutes had recorded that the manager’s post was to be advertised by the end of February 2020. In the interim the manager should only record the hours present in the home.

We were informed that no new staff had been appointed since the last inspection. Therefore this area was not reviewed. Recruitment was reported to be in accordance with legislative requirements. Discussion with staff and review of the staff registrations with Northern Ireland Social Care Council (NISCC) evidenced that all staff were registered as required.

Staff training schedules reviewed evidenced that mandatory training was being provided for staff and was generally maintained on an up to date basis; however, it was noted that there were a number of staff who had not completed up to date training in first aid and infection prevention and control. An area of improvement under the standards was made.

6.2.2 Incident management

Prior to the inspection it was identified that the home had submitted two notifications to RQIA since the previous inspection on 25 July 2019. These incidents had occurred on the 2 and 8 January 2020 however had not been reported to RQIA until 17 February 2020. Review of the home’s internal accident and incidents records confirmed that incidents were well managed, with appropriate action taken to ensure the safety of residents. However review of incident from August 2019 until February 2020 identified that four notifiable incidents had not been notified to RQIA as required. The manager should review all incidents in this time frame and any accidents/incidents not previously notified to RQIA should be submitted retrospectively. An area for improvement was made under regulations to ensure the home complies with this in future.

6.2.3 Deprivation of Liberty Safeguards (DoLS)

We were informed that there was a policy and procedure on restrictive practice/behaviours that challenge which was in keeping with current legislation and reflected best practice guidance on Deprivation of Liberty Safeguards (DoLS). In discussion with staff it was confirmed that care staff had completed the Mental Capacity Act/Deprivation of Liberty Safeguards training level 2.

There was one resident in the home subject to DoLS this was clearly documented in the bridging care plan and all relevant paperwork was provided on admission.

The front door to the home was open; restrictive practices in use in the home included alarm mats. If the use of an alarm mat was required this was reflected in the residents' risk assessments and care plans accordingly. Care plans reviewed were signed by residents and/or their representative as necessary.

6.2.4 Meals and meal times.

Menus were observed to be varied, appeared nutritious with choice provided at main meal times. The cook explained that when special diets are required the staff provide written notice to the kitchen.

Mid- morning, afternoon and evening snacks are provided. Residents told us they could have extra snack if wanted, "they only had to ask"

Dining tables were nicely set with condiments, napkins and drinks provided. We discreetly observed the serving of the midday meal. Meals were plated by the cook and served to residents by staff. Meals were nicely presented with adequate portions of food served. Comments made by residents included:

- "The meals are very nice, plenty to eat"
- "Food is good two choices available "

6.2.5 Care records

Three care records were reviewed. Review of these records evidenced that bridging care plans developed by the health care professional who organises the admission were in place. It was confirmed that Rosedale staff do not develop care plans.

We noted that in two care records of residents who had developed an infection following admission did not have a care plan in place. Also one resident who can display behaviour that challenges did not have a care plan to identify trends and triggers. Staff informed us that a new proposal regarding the introduction of standardised care plan is currently with the trust board for approval. This area should be reviewed at the next inspection

There was evidence of visiting professionals such as district nurses recording care delivered on the evaluation sheets. Separate notes are maintained by some visiting professionals such as delirium support services team members, physiotherapy and occupational therapy staff.

6.2.6 Consultation with residents, staff and visiting professionals

During the inspection we consulted with ten residents, four staff and one visiting professional. Residents appeared to be relaxed and comfortable in their surrounding and in their interactions with others. The residents spoken with were very positive about their experience of living in the home, stating that staff were very friendly and helpful. None of the residents spoken with voiced any concerns.

We also consulted with a visiting professional, an occupational therapist. The professional indicated that they felt staff knew the residents really well, and that staff were responsive to residents' needs and communicate well with other stakeholders involved in the residents' care.

Of the 10 questionnaires left in the home, none were returned. No completed staff questionnaires were submitted to RQIA following the inspection.

6.2.7 Governance arrangements

We reviewed a range of monthly audits to assist with reviewing the quality of services delivered. Audits of accidents/incidents, NISCC registration, infection prevention and control, hand hygiene, and equipment in use were undertaken. Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider's representative. Review of reports confirmed compliance with Regulation 29 of The Residential Care homes Regulations (Northern Ireland) 2005 and Minimum Care Standards.

Review of the record of staff meeting indicated that only two meetings had been held in the past year. Staff meetings should be held on a regular basis and at least quarterly. An area for improvement under the standards was made.

6.2.8 The environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. Fire exits were observed to be clear of clutter and obstruction. Bedrooms and communal rooms were well maintained, clean and tidy. We observed that all store rooms requiring restricted access were locked with either a key or keypad.

The carpet in the main corridor had been deep cleaned and repaired. Staff told us that this was to be replaced and is on the waiting list for funding.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff attentiveness to residents and the delivery of care which took into account personal choice for residents. Residents were enthusiastic about their placement. Staff were knowledgeable of the needs of the residents and worked well as a team to deliver the care required.

Areas for improvement

Three areas for improvement were identified in relation to submitting notifications to RQIA, staff training and staff meetings.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Geraldine Lyndsey, Senior Care Assistant, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: 28 March 2020</p>	<p>The registered person shall ensure that the following issues in relation to accidents/incidents are addressed:</p> <ul style="list-style-type: none"> Accidents/incidents entered in the Trust Datix system should be reviewed to identify any that should have been submitted to RQIA in accordance with RQIA's Statutory Notification of Incidents and Deaths guidance document dated September 2017. A retrospective notification should be submitted for any accidents/incidents not previously notified to RQIA. RQIA's Statutory Notification of Incidents and Deaths guidance document should be shared with all staff responsible for submitting notifications to ensure compliance with the timescale set out in the regulations. <p>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken: Senior Care Staff have access to RQIA website to ensure notifications can be completed and submitted to RQIA. Staff have been reminded that these should be included in the Trust datix system within timescales set out in the regulations. Cross referencing of both systems has taken place and any outstanding documentation forwarded to RQIA. This will be monitored on a monthly basis</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 28 March 2020</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 6.2.1</p>
	<p>Response by registered person detailing the actions taken: Mandatory training matrix has been reviewed and all training completed has been updated on the matrix to evidence that the training is up to date</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 28 March 2020</p>	<p>The registered person shall ensure that staff meetings are held on a regular basis and at least quarterly.</p> <p>Ref: 6.2.7</p>
	<p>Response by registered person detailing the actions taken: Staff meetings have been scheduled quarterly, manager will ensure that record of meetings are made available to staff as soon as possible after the meeting.</p>

Please ensure this document is completed in full and returned via Web Portal



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