

Inspection Report

29 July 2021



Rosedale

Type of Service: Residential Care Home (RCH)

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northern Health and Social Care Trust Responsible Individual: Ms Jennifer Welsh	Registered Manager: Ms Geraldine Lyndsay – not registered
Person in charge at the time of inspection: Geraldine Lyndsay	Number of registered places: 38
Categories of care: Residential Care (RC) I – Old age not falling within any other category.	Number of residents accommodated in the residential care home on the day of this inspection: 11
Brief description of the accommodation/how the service operates: This home is a registered residential home which provides a stepdown service for rehabilitation following a stay in hospital. The home is on ground floor level and residents have access to communal areas including lounge, dining room and an enclosed courtyard.	

2.0 Inspection summary

An unannounced inspection took place on 29 July 2021 from 9.00 am to 1.45 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home at the last inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement identified on the last inspection were reviewed resulting in four areas being assessed as met and one partially met.

Two new areas for improvement were identified in relation to storage of incontinence products and Control of Substances Hazardous to Health (COSHH).

Residents looked well cared for in that they were nicely dressed, personal care was attended to, with finishing touches such as hair set or jewellery on. Residents spoke positively about the staff and the care and services provided in Rosedale. Residents unable to fully express their opinions looked comfortable in their surroundings.

Staff were seen to attend to residents needs in a timely manner and were polite, warm and professional during interactions with residents and each other.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

The findings of this report will provide the Manager with the necessary information to further improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

During the inspection six residents and five staff were spoken with. No questionnaires or survey responses were received within the allocated timeframe.

Residents said that they were well looked after and described staff as "the best", "lovely", "great and helpful". Residents told us that staff were available to them when they needed something and that they had no concerns about staffing levels.

Some residents described using their stay in Rosedale to prepare them for moving back home or to a longer term residential home and said that they enjoyed the company of staff. Residents told us that they especially enjoyed staff setting their hair as this was something that they had gone without while being in hospital.

Residents told us how they were able to keep in regular contact with family either through visits or by phone. Most residents said that the food was good and that they had choices at each mealtime.

Residents confirmed that if they did not like what was on the menu that staff would usually get them something else of their choosing. One resident said that the food was “not great sometimes”. Review of this resident’s records and discussion with kitchen staff showed that if the resident did not like what was originally on offer that she was able to select something else and the kitchen staff were able to provide this.

Staff spoke positively about working in the home, with some sighting their long term service as testimony for a positive work place. Staff described good teamwork and said that they were supported with training and resources to conduct their roles to the best of their abilities. Staff said that there was good communication between departments and the management team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 28 January 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 Stated: First time	The registered person shall ensure that monthly monitoring visits are carried out by or on behalf of the registered provider and that records of these visits are maintained in accordance with legislation.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met with monthly monitoring visits being conducted and records maintained.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement1 Ref: Standard 31 Stated: Second time	The registered person shall ensure that medicines administration records in relation to external preparations are fully maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met with external medicines documented correctly.	
Area for improvement 2 Ref: Standard 31	The registered person shall ensure that: <ul style="list-style-type: none"> • all updates on the personal medication 	Met

<p>Stated: First time</p>	<p>records are verified and signed by two staff to ensure accuracy</p> <ul style="list-style-type: none"> • when prescribed, oxygen is recorded on the personal medication records • when a medicine is self-administered this is clearly recorded 	
<p>Area for improvement 3</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all competencies and capability assessments for any member of staff being in charge of the home in the absence of the manager are reviewed in a timely manner.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p> <hr/> <p>Action taken as confirmed during the inspection: Two updated competency records were reviewed on the day of inspection. It was unclear if all relevant staff had updated assessments in place. The manager later confirmed that some were completed in April 2021 and the remainder were completed following the inspection.</p> <p>This area for improvement is partially met and will be restated for ongoing monitoring to ensure continued managerial oversight of staff competency and capability assessments.</p>	<p>Partially met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p>	<p>The registered person shall submit a time bound action plan to the home's aligned RQIA estates inspector detailing how three outstanding recommendations from the most recent fire safety risk assessment will be addressed.</p> <p>Action taken as confirmed during the inspection: The manager submitted the fire risk assessment action plan with the three outstanding recommendations actioned.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The manager reported that there had been no staff recruitment since the last inspection and that staffing remains stable with very low turnover. Agency staff were employed from time to time on a temporary basis for one to one care provision and records were maintained of agency staff profiles, training and qualifications. Discussion with the manager evidenced that there was a robust system in place to ensure staff were recruited correctly to protect residents.

Review of governance records provided assurances that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC) and these registrations were monitored by the manager on a monthly basis.

All staff were provided with an induction programme relevant to their role and to prepare them for working with the residents. Each induction booklet contained a checklist relevant to that role and ensured staff were familiar with key policies and protocols. An agency staff member confirmed that they also completed a temporary staff induction on their first shift in the home.

There were systems in place to ensure staff were trained and supported to do their jobs and records showed that training comprised of a range of relevant and mandatory topics. The manager had oversight of training compliance via a matrix.

The duty rota accurately reflected the staff working in the home over a 24 hour period. The manager's hours were stated on the duty rota. It was unclear from the duty rota who would be in charge of the home in the absence of the manager. This was discussed and the manager explained that on occasions there would be two senior care assistants (SCA) on duty and they would both assume charge of the home.

Any persons taking charge of the home should be deemed to have the required competency and capabilities for this role and assessments should be reviewed yearly. Records showed that some SCAs had updated competency assessments in place but it was unclear if all relevant staff had been assessed within the last year. Following the inspection the manager provided confirmation that some staff had not had updated assessments, however, this was addressed following the inspection. This area for improvement was identified for a second time.

The manager confirmed that the number of staff on duty was subject to regular review to ensure the needs of residents were met. Observation during the inspection indicated that there was enough staff on duty to meet residents' needs. Staff were seen to attend to residents in a timely manner and to regularly check on residents who chose to spend time in their bedrooms.

Residents told us that staff were available to them when needed and said that staff were pleasant and helpful. Some residents had recently had their hair done and some had curlers in that morning. Residents said that they loved getting their hair done, with one saying "the girl even took my photo on my phone so I could show my daughter at the weekend".

Staff told us that they worked well as a team and that there was good communication. Staff said that they were supported with training and ongoing supervision and that residents' wellbeing was a priority. Agency staff said that they felt welcomed in the home and they were provided with the relevant information they needed to conduct their duties for that shift.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff confirmed that they were afforded adequate time for this handover meeting and agency staff said they were provided with the relevant information they needed for that shift.

Staff were seen to provide a prompt response to residents' needs and demonstrated an awareness of individual resident preferences and routines. Staff were observed to be respectful during interactions with residents and sought to obtain consent for interventions.

Residents' needs were assessed at the time of admission to the home and a plan of care was drawn up to direct staff on how to meet the residents' needs.

At times some residents may require the use of equipment that can be considered to be restrictive, for example bed rails or alarm mats. It was established that any use of restrictive practice was risk assessed, and involved best interest discussions with other healthcare professionals, and where appropriate the resident and next of kin. Any restrictive practice in place was subject to regular review.

Residents who are less able to mobilise may require assistance from staff to change position or to transfer from one place to another. Care records accurately reflected these needs and directed staff on how to best assist the residents, what equipment if any should be used and the minimum frequency required. Staff were seen to assist or supervise residents with mobility and it was positive to note that staff also encouraged residents to participate in short exercises as part of their recovery plan.

Where a resident was at risk of falling, measures to reduce this risk were put in place, for example bedrails were used, resident areas were free from clutter or obstacles, residents were encouraged to use call bells or wear appropriate footwear and staff were seen to supervise or verbally support residents with limited or unstable mobility.

Review of records and discussion with staff confirmed that the risk of falls and falls were managed well. There was evidence of appropriate onward referral such as to physio, occupational therapy (OT), the residents' GP, or the Trust falls prevention team. In the event of a fall occurring all relevant parties such as next of kin, Trust key worker and where required RQIA were informed.

A monthly falls analysis was undertaken by the manager which looked for trends or patterns and also to determine if any other measures could be put in place to further reduce this risk.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals and this can include simple encouragement through to full assistance from staff.

On the morning of the inspection staff were observed to assist residents to choose from that days menu. If a resident was unsure of what to have or did not like the options on offer then staff were heard to ask residents for other suggestions of what they would like. Catering staff maintained a record of what residents had to eat and any changes to the published menu.

The lunch time serving was observed and found to be a pleasant and unhurried experience for residents. The food looked and smelled appetising and portion sizes were generous. There was a range of drinks on offer and staff were seen to provide support and assistance where required. Residents said that they enjoyed the meal.

Residents' weights were monitored at least monthly or more often if recommended by dietetics. Records showed that there was appropriate onward referral to speech and language therapists (SALT) or dietetics and any recommendations made were detailed in the residents' individual care records.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents told us that they were well looked after in the home and that staff were available to them when needed.

Staff demonstrated a good understanding of their roles and responsibilities and told us that resident care was the priority.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included a sample of bedrooms, communal lounges, dining room, bathrooms and storage spaces. The home was found to be clean, tidy, warm, well-lit and free from malodour.

Corridors were clean and free from clutter or inappropriate storage. Fire doors were seen to be free from obstruction. The most recent fire risk assessment was undertaken on 9 June 2020. Four recommendations had been made and the manager provided evidence of recommendations being actioned.

The enclosed courtyard was clean, tidy and well maintained with paved ground, a range of seating and raised beds with flowers and plants.

Staff compliance with the Control of Substances Hazardous to Health (COSHH) regulations was identified; a domestic store was observed unlocked and unsupervised, with access to cleaning materials. An area for improvement was identified.

Residents' bedrooms were found to be clean and tidy. Residents said that they were happy with the environment and that they could see staff doing regular cleaning duties.

Communal bathrooms and toilets were easily accessible and clean. It was noted that continence products were stored outside of their original packaging within communal bathrooms. This would not be recommended by manufacturers as storing in this way can potentially degrade the product's efficacy.

Continence products were also seen to be placed outside of original packaging on linen trollies and this would be considered an infection prevention and control risk. An area for improvement was identified.

Systems were in place to manage the risks associated with COVID-19 infection and other infectious diseases, for example the home was participating in the regional testing programme for residents and staff.

Visitors to the home had a temperature check and a health declaration completed for track and trace purposes. Hand hygiene facilities were available and all visitors were required to adhere to the home's infection prevention and control policy and to wear the required personal protective equipment (PPE).

PPE stations were seen to be well stocked and staff confirmed that they had ample supply of PPE and cleaning materials. Staff were seen to practice hand hygiene at key moments and to don and doff PPE correctly. The manager or persons in charge of the home monitored staffs' practice with hand hygiene and use of PPE through regular covert observations and maintained these records on an auditing system.

Residents expressed that they were happy with the environment and cleanliness of the home.

5.2.4 Quality of Life for Residents

Discussion with residents and observations throughout the inspection confirmed that residents chose where and how they spent their day. Some residents chose to spend time in their bedrooms and some spent the majority of time in the communal lounge, while some were seen to move between communal and private areas.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, and food and drink options.

Some residents talked about their recent history, starting with how they were admitted to hospital and the recovery they were making in Rosedale. One resident talked about their plans to move on following their stay in Rosedale and told us that family and staff were assisting them to plan ahead.

Staff were seen to engage in social chats with residents and those in the communal lounge were enjoying watching the Olympic games on television.

Visiting arrangements were in place and reflective of the Department of Health (DoH) visiting pathway. Residents told us that they were also able to stay in touch with family via telephone or video calls and that staff assisted with this when needed.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic.

Residents told us that they were happy with the care in Rosedale, with one resident saying that while they would always prefer to be at home, that their time in Rosedale has helped prepare them for moving on and maintaining some independence.

5.2.5 Management and Governance Arrangements

Staff were aware of who was in charge of the home at any given time. Discussion with staff also evidenced that they understood their roles and responsibilities in reporting concerns or worries about resident care, staffs' practices or the environment.

There had been some changes in the management arrangements of the home since the last inspection. Ms Geraldine Lyndsay was appointed manager on 1 July 2021. RQIA had not been notified of these changes and following discussion with the management team it was agreed that formal notification would be submitted as soon as possible.

Governance records showed that systems were in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to next of kin, Trust key worker, and if required RQIA.

A complaints policy was in place and a copy of this process was made available to residents and next of kin on admission to the home.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all aspects of the running of the home. The reports of these visits were complete and where improvements were required and action plan was put in place. A written record of this report was provided to the manager for action. These reports are available for review by residents, relatives, the commissioning Trust and RQIA.

Staff spoke positively about the management of the home and said that they would have no issues approaching management if they had any concerns. The manager confirmed that they had additional support from the senior management team.

6.0 Conclusion

Residents looked well cared for in that attention had been paid to personal care, residents were well dressed, had their hairs done and they looked comfortable. Residents who required more assistance with mobility were supported by staff.

Residents told us that they were happy with the care and services provided in the home and that staff were available to them when they needed and were polite and kind during interactions. Residents also said that they were happy with the food and the environment.

Staff were seen to be responsive to residents needs in a timely manner and to be pleasant and professional during interactions with residents and each other.

Care records indicated that assessments were regularly carried out to identify residents' needs and care plans were put in place to instruct staff on how best to assist residents and to meet their needs.

Areas for improvement were identified in relation to the storage of continence products and the management of COSHH.

Following discussion with the manager and senior management team it was agreed that the home would formally notify RQIA registration team in relation to the recent changes in management.

RQIA were assured that the care provided in the home was safe, effective and delivered with compassion and that the service was well-led. Action taken on the areas identified for improvement will further enhance residents' safety and experience and staff practice.

7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
Total number of Areas for Improvement	1	2*

*The total number of areas for improvement includes one area under the standards that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Geraldine Lyndsay, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all areas of the home containing materials hazardous to health are secured when unsupervised in keeping with COSHH legislation. Ref: 5.2.3 Response by registered person detailing the actions taken: All areas used for storage of COSHH have had additional signage put on doors to remind all staff including contractors working in the unit that these areas must be locked at all times.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	

<p>Area for improvement 1</p> <p>Ref: Standard 25 Criteria 3</p> <p>Stated: Second time</p> <p>To be completed by: 28 February 2021</p>	<p>The registered person shall ensure that all competencies and capability assessments for any member of staff being in charge of the home in the absence of the manager are up to date and regularly reviewed.</p> <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: Competency assessments have been completed for senior care assistants and are in staff files</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27 Criteria 8</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that continence products are stored in line with manufacturer's guidance and maintained within infection prevention and control standards.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff have been made aware of manufacturers' storage recommendations of incontinence products to protect product efficacy and products are now stored as per recommendations</p>

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