

# Unannounced Care Inspection Report 12 March 2018



## Rosemary Lodge Care Home

**Type of Service: Residential Care Home**  
**Address: 9 Fennel Road, Antrim, BT41 4PB**  
**Tel No: 028 9442 8877**  
**Inspector: John McAuley**  
**Lay Assessor: Nan Simpson**

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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.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home with 44 beds that provides care for residents with categories of care as detailed in 3.0 of this report and in its certificate of registration.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons (Bamford) Ltd  <b>Responsible Individual:</b> Dr Maureen Royston	<b>Registered Manager:</b> Julie Beacom
<b>Person in charge at the time of inspection:</b> Nicole Attree, Deputy Manager then joined by Una Brady, Registered Manager of Castle Lodge Residential Care Home	<b>Date manager registered:</b> 11 September 2017
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability – no more than two persons PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Number of registered places:</b> 44

### 4.0 Inspection summary

An unannounced care inspection took place on 12 March 2018 from 10:00 to 13:40 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to infection prevention and control, the environment and control, and communication between residents, staff and other key stakeholders. Good practice was also found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Three areas requiring improvement were identified during this inspection. These were in relation to ensuring prescribed levels of observation are reviewed and maintained on an up to date basis in the care plans, identifying and maintaining an up-to-date list of residents who are on levels of observation and recording that any agreed actions at a care review meeting are acted on.

Feedback from residents throughout this inspection was all positive and complimentary about the provision of care, the kindness and support received from staff, the provision of meals and the general atmosphere of the home.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Una Brady, Registered Manager of Castle Lodge Residential Home, as part of the inspection process. The timescales for completion commence from the date of 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 24 May 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 25 residents, six staff members of various grades and the registered manager of Castle Lodge Residential Care Home.

A lay assessor (Nan Simpson) was present during the inspection and their comments are included within this report.

The following records were examined during the inspection:

- Induction programme for new staff
- Duty rota
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Four residents' care files
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register

- Annual Quality Review report
- Minutes of recent residents' meetings/representatives' / other
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 10 August 2017

The most recent inspection of the home was an unannounced finance inspection.

The completed QIP was returned and approved by the finance inspector.

This QIP will be validated by the finance inspector at the next finance inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 24 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14(2)( c ) <b>Stated:</b> First time	The registered provider must put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> A detailed risk assessment and subsequent care plan has been put in place for this area of need.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 29.6 <b>Stated:</b> First time	The registered provider should ensure an up-to-date matrix is established for all fire safety drills undertaken by staff.  <b>Action taken as confirmed during the inspection:</b> An up-to-date matrix was put in place for all fire safety drills undertaken by staff.	<b>Met</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 20.13 <b>Stated:</b> First time	The registered provider should ensure that certificate of insurance is displayed on an up-to-date basis.  <b>Action taken as confirmed during the inspection:</b> The certificate of insurance was displayed appropriately.	<b>Met</b>

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The deputy manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Concerns were expressed by staff with issues of covering shifts with during staff absences and sickness. Staff acknowledged the standard of care was maintained but the overall impact was on their morale. No concerns were raised regarding staffing levels during discussion with residents.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Inspection of two completed induction records and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Staff personnel files were not inspected on this occasion as these were inspected on the previous inspection and found to be satisfactory.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. A record of disclosures inspected confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Discussions with care staff confirmed their understanding and obligations with registration with the Northern Ireland Social Care Council (NISCC).

The home's adult safeguarding policy and procedure was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The deputy manager confirmed that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

An inspection of a smoking risk assessment identified that the subsequent care plan stated that one to one observation was to be used when this resident went for a smoke. However it was reported that this level of observation had been reduced following consultation with this resident's aligned named worker. An area of improvement in accordance with legislation was identified to ensure that such levels of observation are reviewed and maintained on an up to date basis in the care plans.

The deputy manager confirmed there were restrictive practices employed within the home, notably pressure alarm mats. Such restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The deputy manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. Communal areas were comfortable and nicely facilitated. The dining room was well appointed with tables appropriately set with choice of condiments.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors.

The home had an up to date fire risk assessment in place dated 28 April 2017. The recommendations made from this assessment were recorded as dealt with.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Update training was scheduled for the following week. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, infection prevention and control and the home's environment.

### **Areas for improvement**

One area of improvement was identified during the inspection in relation to ensuring that prescribed levels of observation are reviewed and maintained on an up to date basis in the care plans.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	0

## 6.5 Is care effective?

### **The right care, at the right time in the right place with the best outcome**

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of four residents' care records was undertaken. These were found largely to be maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments such as manual handling, nutrition and falls, where appropriate were reviewed and updated on a regular basis or as changes occurred.

However as detailed in 6.4 an area of improvement in accordance with legislation was identified to ensure that levels of observation are reviewed and maintained on an up to date basis in the care plans. This was further evidenced in that another resident had a prescribed level of observation every 30 minutes but this prescribed intervention was reported to have been stopped.

In lieu of the staffing implications surrounding levels of observation and the importance of maintaining prescribed care, an area of improvement was identified to identify and maintain an up-to-date list of residents who are on such prescribed care.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be largely updated regularly to reflect the changing needs of the individual residents. An area of improvement was identified in accordance with standards to record that any agreed actions at a care review meeting are acted on. Three of the four care records inspected had not confirmation recorded that these agreed actions were acted on.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. This was confirmed through their knowledge and understanding of individual residents' needs and planned care.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Records were stored safely and securely in line with data protection.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review, accidents and incidents (including falls, outbreaks), and complaints were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

Staff confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers.

Staff also confirmed that management operated an open door policy in regard to communication within the home.

Observation of practice evidenced that staff were able to communicate effectively with residents.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

### Areas for improvement

Two areas for improvement were identified during the inspection. These were in relation to identifying and maintaining an up-to-date list of residents who are on levels of observation and recording that any agreed actions at a care review meeting are acted on.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The lay assessor met with a large number of residents throughout this inspection. Feedback from residents was all positive and complimentary about the provision of care, the kindness and support received from staff, the provision of meals, activities and events and the general atmosphere in the home. The inspector also met with six residents during this inspection who reiterated positive praise about their life in the home. Some of the comments made included statements such as:

- "I really am very happy here. Everyone is very good to me. I have no problems"
- "There is a nice atmosphere here. The staff work very hard to get things right"
- "No complaints what-so-ever. Everyone is very kind"
- "I like to say that this has worked out well coming here. I feel the better for it"

Staff confirmed that they felt the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with residents confirmed that residents' spiritual and cultural needs, were met within the home.

Discussion with staff and residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records in that issues of assessed need such as pain had a recorded statement of care/treatment given with effect of same. There was also a care plan in place for management of pain which included trigger factors and prescribed medication.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Residents confirmed that consent was sought in relation to care and treatment.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

The deputy manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included residents' meetings, suggestion box, quality assurance audits, care review meetings and day to day contact with management.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection an activities therapist was engaged in the planned programme of activities, whilst other residents were engaged in relaxing, watching television, socialising with one another or resting. Arrangements were in place for residents to maintain links with their friends, families and wider community.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to feedback from residents, general observations of care practices and listening to and valuing residents and taking account of the views of residents.

## Areas for improvement

No areas for improvement were identified during the inspection in respect of this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager of the adjoining residential care home; Una Brady outlined the management arrangements and governance systems in place within the home. She also confirmed that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

The home's complaints policy and procedure was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents' Guide, and displayed information on how to complain. Discussion with the deputy manager confirmed that she was knowledgeable about how to receive and deal with complaints.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

The home's accident/incident/notifiable events policy and procedure included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with staff confirmed that information in regard to current best practice guidelines was made available. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. The reports of the last three months' visits were inspected and found to be recorded in informative detail.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager of Castle Lodge Residential Care Home, who was giving managerial support with this inspection identified that she had good understanding of the role and responsibilities under the legislation.

Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

The deputy manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. Staff also confirmed that they would have no hesitation in reporting any concerns and felt that these would be appropriately dealt with. Staff also confirmed that there were good working relationships within the home and that management were responsive to suggestions raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection in respect of this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Una Brady, Registered Manager of Castle Lodge Residential Care

Home, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 12 April 2018	<p>The registered person shall ensure that levels of observation are reviewed and maintained on accurate and an up to date basis in the care plans.</p> <p>Ref: 6.4 and 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person has reviewed levels of observations. Care plans have been reviewed and updated to reflect any necessary observations required.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 9.3  <b>Stated:</b> First time  <b>To be completed by:</b> 12 April 2018	<p>The registered person shall review and maintain an up-to-date list of residents who are on such prescribed levels of observations.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person has reviewed observation requirements and an up to date list of residents on prescribed levels of observations has been relayed to staff.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 11.5  <b>Stated:</b> First time  <b>To be completed by:</b> 12 April 2018	<p>The registered person shall record confirmation that any agreed actions at a care review meeting are acted on.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person will ensure a record of confirmation that all agreed actions are acted on at care review meetings.</p>



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