

Inspection Report

1 September 2022



Rosemary Lodge Care Home

Type of service: Residential Care
Address: 9 Fennel Road,
Antrim, BT41 4PB
Telephone number: 028 9442 8877

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Healthcare Ireland Belfast Ltd Responsible Individual Ms Amanda Celine Mitchell	Registered Manager: Mrs Maire-Clare Devlin – not registered
Person in charge at the time of inspection: Mrs Maire-Clare Devlin	Number of registered places: 45 Not more than 2 persons in Cat. RC-LD.
Categories of care: 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. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 42
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 45 residents. The home is a two storey building with accommodated for residents provided over two floors. Residents also have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 1 September 2022, from 9.30am to 5.00pm by a care Inspector.

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

The home was clean, well-lit and there was a homely atmosphere. Staff were attentive to the residents and carried out their work in a compassionate manner.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Six new areas requiring improvement were identified. Please refer to the Quality Improvement Plan (QIP) for details.

RQIA were assured that the delivery of care and service provided in Rosemary Lodge was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Rosemary Lodge.

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 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.

The findings of the inspection were discussed with Mrs Maire-Clare Devlin, manager, at the conclusion of the inspection.

4.0 What people told us about the service

Nine residents, one relative and seven staff were spoken with during the inspection. No comments were received from staff via the on-line staff survey or from residents or relatives via the questionnaires provided.

Residents spoken with commented positively regarding the home. A resident told us of how, “I am looked after well, the staff are kind.” Another resident told us, “The girls are great, I have no complaints. My room is kept clean and tidy”.

Staff told us they were happy working in the home, and felt supported by the manager and the training provided.

One relative commented, “I have no complaints, communication with the home is 100%. The food is very good and the girls are kind.”

Compliments received about the home were kept and shared with the staff team, this is good practice.

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 29 July 2021.		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2)(a)(c) Stated: First time	The registered person shall ensure that dental cleaning tablets are safely stored in accordance with COSHH requirements.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 30 Stated: First time	The registered person shall ensure that all notifiable accidents and incidents are made to RQIA in accordance with legislation. Records must be completed in full and retained for inspection.	Met

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 25.4 Stated: First time</p>	<p>The registered person shall review the housekeeping staffing hours to ensure that there are sufficient hours to meet the needs of the residents.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 2 Ref: Standard 27.1 Stated: First time</p>	<p>The registered person shall ensure that the malodour in room 5 be addressed.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 3 Ref: Standard 20.2 Stated: First time</p>	<p>The registered person shall ensure a system is put in place to effectively manage resident's laundry and therefore reduce the amount of lost property.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4 Ref: Standard 27.1 Stated: First time</p>	<p>The registered person shall ensure that the resident's smoking room be redecorated.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of recruitment records highlighted that gaps in employment were not explored for one member of staff. RQIA have received assurances since the inspection that these gaps have been explored. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good team work and that they felt well supported in their role and the level of communication between staff and management.

Two members of staff voiced dissatisfaction with the domestic staffing levels. These comments were discussed with the manager for review.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the residents.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

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; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Three care plans examined did not have the signatures of residents or their relatives. This was discussed with the manager and an area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. There were areas in the home where infection prevention and control issues were identified. For example, chipping to handrails and door frames in the ground floor. Four dining room chairs, the surface material of these was damaged. Full details were discussed with the Manager and an area for improvement was identified.

The first floor had an area of carpeting that was badly worn. This was discussed with the manager and identified as an area for improvement.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Medicated creams and dressings were found in a bedroom on a table; in another bathroom medicated foam was found in an open bathroom cabinet. These items were discussed with the manager; they were removed immediately and stored appropriately. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

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, food and drink options, and where and how they wished to spend their time.

The records of activity's provided to residents was reviewed. This highlighted that there was limited evidence of the recording of structured activities in place for the residents. This was discussed with the manager and an area for improvement was identified.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Marie Claire Devlin has applied to be the Registered Manager in this home.

There was evidence that a robust system of auditing was 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.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. A senior manager in the organisation was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents spoken with said that they knew how to report any concerns and said they were confident that these would be addressed.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

Staff commented positively about the manager described her as supportive, approachable and always available for guidance.

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 areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

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) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	3	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Maire-Claire Devlin, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1)(b)</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>Immediately and ongoing</p>	<p>The registered person shall ensure all pre-employment checks are completed.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: An audit of current employee records have been checked and any gaps identified and explored and recorded correctly. Gaps of employment are identified at interview level and reasons are recorded. HR records are reviewed during monthly monitoring visits</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>1st January 2023</p>	<p>The registered person shall ensure that there is a system in place to monitor and address environmental factors which impact on the robustness of the infection prevention and control measures and practices. This is stated in relation to the chipping on the handrails and door frames downstairs, and the four dining room chairs.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: There is a refurbishment plan in place which is currently ongoing and includes these areas. It is over seen by the Home Manager and RAM.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>Immediately and ongoing</p>	<p>The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff and visiting professionals are aware of the need for safe storage of any creams and dressings, ensuring they are appropriately and safely stored after use. This is checked by the Home Manager and by the Regional Area Manager on her monitoring monthly visits</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<p>Area for improvement 1</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>1 December 2022</p>	<p>The registered person shall ensure that the resident or their representative, where appropriate, signs the care plan. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref:5.2.2</p> <p>Response by registered person detailing the actions taken: Care files have documents specifically for residents and their representatives to sign to show their involvement and agreement of each care plan. This is audited by the Home Manager and by the Regional Area Manger on her monthly visits.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>1 January 2023</p>	<p>The registered person shall ensure the worn carpet is replaced in the upstairs corridor.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This is included in the refurbishment plan that is currently ongoing.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13.9</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>Immediately and ongoing.</p>	<p>The registered person shall ensure that a record is kept of all activities that take place in the home.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: A new daily activities form has been made and put in place for all staff to use to record all activities that each resident participates in. This is reviewed by the Home Manager and also by the Regional Area Manager on her monthly monitoring visits.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care