

Inspection Report

3 October 2023



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

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1.0 Service information

Organisation/Registered Provider: Healthcare Ireland Belfast Ltd Responsible Individual Ms Amanda Mitchell	Registered Manager: Mrs Marie-Clare Kennedy Date registered: 24 November 2022
Person in charge at the time of inspection: Marie-Clare Kennedy	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: 37
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 accommodation for residents provided across two floors. Residents also have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 3 October 2023, from 10.00 am to 6.30 pm 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 bright and welcoming. Residents were seated in communal areas and were observed interacting with one another and staff.

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.

Staff were observed offering support to residents in a caring and compassionate manner. Residents told us staff were attentive to their needs and that they felt comfortable in seeking support.

Areas requiring improvement were identified relating to; Northern Ireland Social Care Council (NISCC) registration, care records, falls care plans, cleanliness of the environment, appropriate storage of resident's individual toiletries, door closures, action taken on the Fire Risk Assessment, appropriate storage of equipment and access to Personal Protective Equipment (PPE).

Addressing the areas for improvement will further enhance the quality of care and services in Rosemary Lodge Care Home. The findings of this report will provide the manager with the necessary information to 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 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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoken with provided positive feedback about their experiences in the care home. Residents told us they felt staff were approachable and they would feel comfortable in talking to “any of the staff.”

One resident said, “staff are great, I’m happy here.” Residents provided positive feedback about the food.

Staff generally reported to enjoy working in the care home and described the Manager as approachable. Comments regarding senior management were shared with the management team for action and review.

Three completed questionnaires were received following the inspection. The feedback provided was that residents and relatives were very satisfied that the care was; safe, well led, compassionate and effective.

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 1 September 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1)(b) Stated: First time	The registered person shall ensure all pre-employment checks are completed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	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.	Partially met

	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence of some improvement to the overall environment since the last inspection. However, further improvement is required as general wear and tear was evident to a number of chairs; seating; and furniture across the building which would not allow for these to be effectively cleaned. This area for improvement has been partially met and will be stated for a second time.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>A number of potentially hazardous items were evident in areas accessible to residents. These included; nail polish remover; toilet cleaning product and denture cleaning tablets. This area for improvement has not been met and is stated for a second time.</p>	Not met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure the worn carpet is replaced in the upstairs corridor.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	Met

Area for improvement 3 Ref: Standard 13.9 Stated: First time	The registered person shall ensure that a record is kept of all activities that take place in the home.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

Systems were in place for the manager to monitor staff's registration with NISCC, however; this was not effective as some staff were not registered/had let their registration lapse. Following the inspection, written assurances were received that all relevant staff were registered with NISCC. 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 were satisfied with the staffing levels. Specific feedback regarding senior management were shared with the manager for action and 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.

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. For example, staff were observed supporting residents with nail care, whilst other staff were providing drinks and snacks at intervals throughout the day.

Residents told us staff were supportive and attentive to their needs. One resident told us, "staff are very good."

5.2.2 Care Delivery and Record Keeping

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.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs and if required care staff consulted the District Nurse and followed the recommendations they made.

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 for residents to socialise, 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 evidence that residents' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

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. Residents provided positive feedback regarding today's meal. One resident's comments regarding the meal was shared with the management team.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Care records did not always reflect up to date assessments. For example, one resident's care plan did not clearly reflect the individual's assessed need regarding Deprivation of Liberty (DoLs). Care plans and assessments were not regularly reviewed to ensure they accurately reflected changes in residents' needs. This was discussed with the management team and assurances were provided that an action plan was in place to review all care records and ensure they are up to date and accurate. An area for improvement was identified.

There was evidence of appropriate onward referrals as a result of the post falls review and appropriate post falls monitoring. For example, residents were referred to their GP or for physiotherapy. Care plans did not always reflect the safety measures in place for individual residents who were at high risk of falls. This was highlighted to the management team and an area for improvement was identified.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was bright and welcoming. There was seating available for residents in communal areas across the building. There were a number of areas and pieces of equipment throughout the home which were identified as requiring a deeper clean. Specific details were shared with the management team and an area for improvement was identified.

Residents' bedrooms were personalised with items important to the resident. A number of residents' toiletries were found stored in communal bathrooms. This was discussed with the management team and an area for improvement was identified.

There was evidence of two fire doors having been propped open by residents at the time of inspection. This was addressed immediately by the management team and an area for improvement was identified.

The Fire Risk Assessment was undertaken by an established and accredited fire risk assessor on 6 June 2023. At the time of their assessment they deemed the risk at the premises to be 'Tolerable' and this would be maintained following the implementation of the action plan. There was limited evidence that a number of the actions outlined on the Fire Risk Assessment had been taken in the timeframes identified. Assurances were provided to RQIA that an action plan was in place to ensure all actions outlined on the Fire Risk Assessment were addressed or in the process of being addressed. An area for improvement was identified.

Equipment was stored at different locations across the building and had the potential to block walkways and fire exits. This was addressed at the time of inspection. The identified laundry cupboard was cluttered with equipment. This was discussed with the management team and an area for improvement was identified.

Dani-centres were located across the home, however Personal Protective Equipment (PPE) was not always available. This was discussed with the management team who confirmed this was not a supply issue and assurances were provided these had been replenished at the time of inspection. An area for improvement was identified.

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.

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, could go out with family or attend other activities in the community.

Comments regarding the consistent provision of activities were shared with the management team. The management team confirmed there is a designated activity co-ordinator in the home and records are maintained of the activities and residents' individual engagement with these. These will be reviewed at the next inspection.

The activity schedule was in place and included; board games; hand massage; afternoon tea and Sunday Service. There was evidence of planned activities taking place on the day of inspection and those residents who did not wish to participate were supported to engage in their own preferred activities.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Marie-Clare Kennedy has been the Manager in this home since 24 November 2022.

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. The Manager, Marie-Clare Kennedy was identified as the appointed safeguarding champion for the home. Systems were in place to ensure the protection of adults at risk of harm.

Residents spoken with said that they knew how to report any concerns and said they were confident that the Manager and staff would manage these appropriately.

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 incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Staff commented positively about the Manager and described her as supportive and approachable.

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.

6.0 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 (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	5*	7*

* the total number of areas for improvement includes two regulations that have been stated for a second time and one standard which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Marie-Clare Kennedy 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 13.7</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing</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: 5.0</p>
	<p>Response by registered person detailing the actions taken:</p> <p>As discussed during the inspection an environmental audit was in progress and this has now been completed. A painting schedule is in place and will continue.</p> <p>Replacement dining room chairs have been delivered.</p> <p>The environment will continue to be reviewed during the Registered Manager or designated person walk round and any deficits identified addressed with Estates.</p> <p>The environment will also be reviewed during the monthly Regulation 29 visits and by the Estates Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: Second time</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: 5.0</p>

<p>To be completed by: Immediately and ongoing</p>	<p>Response by registered person detailing the actions taken: Supervision sessions have been held with staff to provide feedback following the RQIA Inspection this includes responsibility to adhere to COSHH Regulations. Compliance will be monitored by the Registered Manager or designated person during the walk round. Further monitoring will continue during the monthly Regulation 29 visit.</p>
<p>Area for improvement 3 Ref: Regulation 20 (1) (c) (ii) Stated: First time</p>	<p>The registered person shall ensure systems in place to monitor staff compliance with NISCC registration are robust in identifying those staff whose registration requires renewal/were their registration has lapsed. Ref: 5.2.1</p>
<p>To be completed by: 31 October 2023</p>	<p>Response by registered person detailing the actions taken: The Registered Manager reviews the registration for all care staff employed on the NISCC Portal at least monthly and retains a record of these checks. All care staff employed in the home are currently registered. The NISCC matrix is reviewed monthly by the Regional Area Manager during the Regulation 29 Monitoring Visits.</p>
<p>Area for improvement 4 Ref: Regulation 27 (4) Stated: First time To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure residents are given the opportunity to keep their bedroom door open. Fire doors and bedroom doors across the home should be reviewed and if appropriate, fitted with a suitable hold open device, linked to the fire detection and alarm system; or if possible an automatic self-closer with free swing arm, again activated by the fire detection and alarm system. Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Resident bedroom doors have been reviewed and 2 require a hold open device to be fitted. These have been requested through the Estates Team. Monitoring of bedroom doors will continue and any further hold open devices will be fitted if required.</p>
<p>Area for improvement 5 Ref: Regulation 27 (4) (a) Stated: First time</p>	<p>The registered person shall ensure the Fire Risk Assessment is revised and actions are taken within the agreed timeframes as outlined by the Fire Risk Assessor. Ref: 5.2.3</p>

To be completed by: Immediately and ongoing	Response by registered person detailing the actions taken: The Fire Risk Assessment Action Plan has been reviewed and all outstanding actions have been completed.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 13.9 Stated: First time	The registered person shall ensure that a record is kept of all activities that take place in the home. Ref: 5.0
To be completed by: Immediately and ongoing	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 2 Ref: Standard 6 Stated: First time	The registered person shall ensure individuals have an up-to-date and comprehensive care plan in place to reflect individual assessed need and the plans in place to direct care. Ref: 5.2.2
To be completed by: 31 October 2023	Response by registered person detailing the actions taken: One to one sessions are currently in progress with all Senior Care Assistants part of which focuses on resident care documentation and the importance of ensuring person centred, up to date and accurate care plans are in place. This includes update of a care plan following any new recommendations from the MDT or changes to risk assessments. A selection of care plan audits are completed monthly and an action plan will be put in place if deficits are identified. Care documentaion is also reviewed during the monthly Regulation 29 visits.
Area for improvement 3 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that care records reflect the safety measures in place to manage the risk of falls. Ref: 5.2.2
To be completed by: 31 October 2023	Response by registered person detailing the actions taken: Senior Care Assistants have had a supervision completed following the RQIA Inspection, this includes their responsibilities to ensure accurate, detailed care plans including management strategies are in place for all residents at risk of falls. The falls care plan is updated following any fall and reviewed to ensure it is accurate and up to date by the Registered Manager when completing a Regulation 30.

	Care documentation is reviewed during monthly care file audits and action plans implemented as required. Falls are also reviewed during the monthly Regulation 29 visit.
Area for improvement 4 Ref: Standard 27 Stated: First time To be completed by: 31 October 2023	The registered person shall ensure the environment and equipment is kept clean and hygienic at all times. This is in relation to but not limited to those areas identified at this inspection. Ref: 5.2.
	Response by registered person detailing the actions taken: The identified areas have now been cleaned and an infection control audit and a decontamination audit are being completed monthly. Action plans are formulated as required and issues addressed within the specified timeframe for completion. Spot checks are completed during the Home Managers walk round and by the Regional Area Manager during Regulation 29 visits. Any deficits identified will be addressed at the time.
Area for improvement 5 Ref: Standard 35 Stated: First time To be completed by: 31 October 2023	The registered person shall ensure individual's toiletries are managed and stored appropriately. Ref: 5.2.3
	Response by registered person detailing the actions taken: This was immediately addressed following the inspection and followed up with staff during team meetings and safe care huddles. Compliance is monitored by the Registered Manager or designated person during the walk round

Area for improvement 6 Ref: Standard 27 Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure the appropriate storage of items across the home. This is with reference to but not limited to: <ul style="list-style-type: none"> • Equipment should be stored appropriately ensuring walkways and fire exits are free from obstruction • Storage areas should be used only for their original stated purpose. Ref: 5.2.3
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	<p>Response by registered person detailing the actions taken:</p> <p>Fire Warden Training and face to face Fire Training has been completed with staff with further sessions planned. Supervision sessions have been held with staff to provide feedback following the RQIA Inspection this includes responsibility for fire safety and ensuring fire exits are kept clear and storage areas do not contain any inappropriate items.</p> <p>Compliance will be monitored by the Registered Manager or designated person during the walk round. Further monitoring will continue during the monthly Regulation 29 visit.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 28.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure PPE stations are replenished regularly to ensure staff have access to the appropriate PPE to complete their duties.</p> <p>Ref: 5.2.3</p>
<p>To be completed by: Immediately and ongoing</p>	<p>Response by registered person detailing the actions taken:</p> <p>This was immediately addressed following the inspection and followed up with staff during team meetings and safe care huddles. Compliance is monitored by the Registered Manager or designated person during the walk round.</p>

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