

# Unannounced Care Inspection Report 24 May 2017



## 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

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Rosemary Lodge took place on 24 May 2017 from 10.15 to 14.20 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

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

Two areas for improvement were identified in relation to relation to risk assessment and care plan pertaining to smoking and a matrix for fire safety drills undertaken.

### **Is care effective?**

There were examples of good practice found throughout this inspection in relation to care records, audits and reviews consultation with aligned healthcare professionals.

No requirements or recommendations were made in relation to this domain.

### **Is care compassionate?**

There were examples of good practice found throughout this inspection in relation to feedback from residents and one visiting relative, as well as staff and general observations of care practices.

No requirements or recommendations were made in relation to this domain.

### **Is the service well led?**

There were examples of good practice found throughout this inspection in relation to governance arrangements, the management of accidents and incidents and maintenance of good working relationships.

One area of improvement was identified in relation to displaying the up-to-date insurance certificate.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Julie Beacom, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 8 December 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Four Seasons (Bamford) Ltd Dr Maureen Royston	<b>Registered manager:</b> Julie Beacom
<b>Person in charge of the home at the time of inspection:</b> Julie Beacom	<b>Date manager registered:</b> Acting capacity since 15 March 2017
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD (E) – Learning disability – over 65 years PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Number of registered places:</b> 44

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and accident and incident notifications.

During the inspection the inspector met with 20 residents, one visiting relative, five members of staff of various grades and the acting manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Two staff members' recruitment files
- Three residents' care files
- Minutes of recent staff meetings
- 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
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 8 December 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and validated by the inspector at this inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 8 December 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 31(2) <b>Stated:</b> First time <b>To be completed by:</b> 12 December 2016	The registered provider must notify the RQIA of the absence of the registered manager and the proposed managerial arrangements for this absence.  <b>Action taken as confirmed during the inspection:</b> This notification was duly received.	<b>Met</b>

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 29.1 <b>Stated:</b> First time <b>To be completed by:</b> 8 January 2017	The registered provider should record the outcome of recommendations made at a fire safety risk assessment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These outcomes were recorded in respect of the recommendations made.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 8.2 <b>Stated:</b> First time <b>To be completed by:</b> 8 January 2017	The registered provider should review with staff the terminology used in residents' progress records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of a sample of residents' progress records confirmed that these were appropriately informative.	

#### 4.3 Is care safe?

The acting 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. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

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

Inspection of completed induction records and discussion with the acting 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 acting 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 complies with current legislation and best practice. Discussion with the acting manager and inspection of two staff members' personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the acting manager for all staff prior to the commencement of employment. Personnel records 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.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff 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 acting manager, inspection of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

Discussion with the acting manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of a sample of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

Inspection of the infection prevention and control (IPC) policy and procedure confirmed that this 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 home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' facilities were comfortable and accessible to avail of. The grounds to the home were very well maintained with good accessibility for residents.

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. There were no obvious hazards to the health and safety of residents, visitors or staff.

Discussion with the acting manager confirmed that risk assessments and action plans were in place to reduce risk where possible. One issue of risk assessment in respect of smoking was inspected. The risk assessment and subsequent care plan pertaining to this lacked

comprehensive detail, particularly with assessment of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions. A requirement was made for this to be acted upon. Advice was given in respect of this.

The home had an up to date fire risk assessment in place and all recommendations were noted to be appropriately addressed.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were reported to be completed every six months but the actual records of these were difficult to ascertain whether all staff were in receipt of same. A recommendation was made for a matrix to be established for this information. 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 for improvement**

Two areas for improvement were identified in relation to relation to risk assessment and care plan pertaining to smoking and a matrix for fire safety drills undertaken.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	1
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**4.4 Is care effective?**

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

An inspection of three residents’ care records confirmed that these were 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.

Other than as detailed in 4.3, care needs assessment and risk assessments, for example manual handling, nutrition and falls were inspected and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records inspected were observed to be signed.

Discussion with staff confirmed that a person centred approach underpinned practice. This was primarily evidenced from staff knowledge and understanding of individual residents’ needs.

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

The acting 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. Further evidence of this was contained in the monthly monitoring reports.

The acting manager 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. The acting manager and staff 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.

The acting manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

The inspector met 20 residents at the time of this inspection. All confirmed that they were happy with their life in the home, their relationship with staff and the provision of meals. Some of the comments made included statements such as;

- "I am very happy. Things are great here. No problems"
- "It's lovely to see Julie (the manager) back. We get on great together and she has always an open door with any concern"
- "It's a nice home this. The staff are marvellous"
- "The food is lovely and there is always a choice"
- "Absolutely very happy here"

Residents appeared comfortable and at ease with staff and there was a nice rapport of interaction observed.

The inspector also met with one visiting relative who spoke in complimentary terms about the provision of care and the kindness and support received from staff. This relative also commented about how the maintenance man assisted her with the process to make her relative's room homely and the positive effect this had. This is to be commended.

The acting manager confirmed that staff in 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 staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Discussion with staff 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 care plans were in place for the management of pain, trigger factors and prescribed care. Issues of assessed need in the progress records, such as pain had a recorded statement of care given with effect(s) of same.

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.

The acting manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected. This was evident in how staff interacted and when sharing of sensitive information was done with discretion and privacy to all.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner.

Observation of care 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 care review meetings, residents’ meetings and day to day contact with management.

Discussion with staff, 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 residents in the home were relaxing or enjoying the company of one another or watching television. Arrangements were in place for residents to maintain links with their friends, families and wider community.

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.6 Is the service well led?**

The acting manager 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.

There was a complaints policy and procedure in place which 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 acting manager confirmed that she was knowledgeable about how to receive and deal with complaints.

There was an accident/incident/notifiable events policy and procedure in place which 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 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 the acting manager confirmed that information in regard to current best practice guidelines was made available to staff. 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. An inspection of the last month's reports found this to be comprehensively maintained.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

Discussion with the acting manager identified that she had good understanding of her role and responsibilities under the legislation and standards.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed. The insurance certificate was not up to date. A recommendation was made for this displayed certificate to be updated.

The acting 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. The acting manager confirmed that staff could also access line management to raise concerns and that they would be appropriately supported.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

## Areas for improvement

One area of improvement was identified in relation to displaying the up-to-date insurance certificate.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie Beacom, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 14(2)(c)

**Stated:** First time

**To be completed by:**  
25 June 2017

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.

**Response by registered provider detailing the actions taken:**  
A detailed Risk assessment and care plan are now in situ

### Recommendations

#### Recommendation 1

**Ref:** Standard 29.6

**Stated:** First time

**To be completed by:**  
25 June 2017

The registered provider should ensure an up-to-date matrix is established for all fire safety drills undertaken by staff.

**Response by registered provider detailing the actions taken:**  
A matrix is in place for fire drills

#### Recommendation 2

**Ref:** Standard 20.13

**Stated:** First time

**To be completed by:**  
31 May 2017

The registered provider should ensure that certificate of insurance is displayed on an up-to-date basis.

**Response by registered provider detailing the actions taken:**  
the Insurance certificate is displayed and up to date

*\*Please ensure this document is completed in full and returned via web portal\**



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