

# Inspection Report

29 July 2021



## Rosemary Lodge

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

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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

<p><b>Organisation/Registered Provider:</b> Healthcare Ireland Belfast Ltd</p> <p><b>Responsible Individual</b> Ms Amanda Celine Mitchell</p>	<p><b>Registered Regional Area Manager:</b> Ms Gail Donnell</p> <p><b>Date registered:</b> 20/05/2020</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Mary Stevenson Regional Area Manager</p>	<p><b>Number of registered places:</b> 44</p> <p>No more than 2 persons in – RC- LD</p> <p>The applicant (Gail Donnell) is required to complete an additional module in the level 5 Diploma in Leadership for Health and Social Care (Adults Residential Management) Wales and Northern Ireland. The Certificate for this Diploma should be submitted to RQIA upon successful completion.</p>
<p>Residential Care (RC) LD – Learning disability. I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH(E) - Physical disability other than sensory impairment – over 65 years. DE – Dementia.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 37</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 44 residents. The home is a two storey building with accommodated for residents provided over two floors. Residents also have access to an enclosed garden.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 29 July 2021 from 10.00am to 16.30pm by two care inspectors.

RQIA received information on 21 July 2021 which raised concerns in relation to resident care. In response to this information RQIA decided to undertake an unannounced care inspection which focused on the concerns raised.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care. Staff were observed being attentive and caring in their interactions with residents.

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. Residents said that living in the home was a good experience.

Six new areas for improvement were identified. These relate to health and safety, accident/incident notifications, malodour in a bedroom, staffing and management of residents laundry and the redecoration of the residents smoking room.

RQIA were assured that the delivery of care and services provided in Rosemary Lodge were safe, effective, and 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 s for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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

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

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

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

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

The findings of the inspection were discussed with Mrs Mary Stevenson, Regional Area Manager at the conclusion of the inspection.

#### 4.0 What people told us about the service

Twenty three residents, two relatives and six 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 and said they felt safe. A resident told us of how, "Rosemary Lodge was a happy and joyful place." Another resident told us, "I am well looked after and the staff are very kind to me".

Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the manager and the training provided.

Relatives said they were happy with the care and services provided to their loved ones. Two relatives raised concerns regarding the laundry. This was brought to the attention of the manager and is discussed further in section 5.2.3.

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 s for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 29 September 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>for Improvement 1</b> <b>Ref:</b> Standard 28.3 <b>Stated:</b> First time	The registered person shall ensure that safe and healthy working practices are promoted through the monitoring of staff in infection control measures. This is including, but not limited to, ensuring staff do not wear jewellery, nail polish or false / excessively long finger nails.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence to confirm that this area for improvement was met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 9.6</p> <p><b>Stated:</b> First time</p>	<p>There are robust systems for maintaining residents' hearing aids and personal equipment so that they provide maximum benefit for each resident.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence to confirm that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 27.1 and 27.5</p> <p><b>Stated:</b> First time</p>	<p>The building is kept clean and hygienic at all times. The premises and grounds are kept tidy, safe, suitable for and accessible to all residents.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement had been met with only one exception – the smoking room still required to be redecorated. This is now stated as a new area for improvement.</p>	<p><b>Met</b></p>

## 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.

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

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. Care staff commented on how there was enough staff on duty to meet the needs of the residents. Residents said the staff “were attentive”, and that, “they felt safe in the home”.

It was noted that staff responded to the needs of the residents in a timely way; and provided residents with a choice on how they wished to spend their day; for example in spending time in their bedrooms, or in the lounges.

Two domestic staff raised concerns about housekeeping staffing levels. While it was evident that the home was clean, tidy and well maintained staff felt there was not enough cover available for the laundry. Housekeeping rotas were reviewed and discussed with the regional manager who agreed to ensure this area of staffing was reviewed. An area for improvement was identified.

## 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. 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.

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.

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 the atmosphere was calm, relaxed and unhurried. Residents were enjoying their meal and the dining experience. Staff had made an effort to ensure residents were comfortable and had a meal that they enjoyed.

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. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records reviewed. 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.

## 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was tidy and well maintained.

Residents' bedrooms were personalised with items important to the resident such as photographs and artwork. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. One resident spoke about how his bedroom was "always clean and fresh". Other residents spoke of how clean and tidy their rooms were kept. However, some issues were identified with the storage of 'steradent' dental cleaning tablets and a detectable malodour in a bedroom. Areas for improvement were identified.

Two relatives commented on items of clothing going missing for their loved ones. It was discussed with the regional area manager for the home, to develop an action plan to manage lost property. This was identified as an area for improvement

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.

The internal garden area was well maintained, with window boxes planted with flowers.

The resident's smoking room was in need of redecoration. This was identified as an area for improvement.

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. On the day of the inspection the home was participating in the regional testing arrangements for residents and staff.

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 use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with 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 spend time in their rooms, or in the communal lounges. They also could receive visitors, or be able to speak to loved ones on the telephone.

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.

Staff recognised the importance of supporting residents to maintain good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place.

An activity/orientation board in the foyer was displaying the wrong date. This was discussed with the Regional Area Manager. There was an organised programme of activity for the residents. This included board games, bingo, gardening and pampering afternoons.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Ms Donnell has been the manager in this home since 2019.



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.

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

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.

There was a system in place to monitor accidents and incidents that happened in the home. However examination of a sample of incident and accident records found there were incidents that had not been reported to RQIA as required. This was identified as an area for improvement.

There was a system in place to manage complaints and records were maintained.

The home was visited each month by or on behalf of the responsible individual to consult with residents, their relatives and staff and to examine all areas 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 addressed. These reports were available for review by residents, their representatives, the Trust and RQIA.

## **6.0 Conclusion**

Residents commented positively on their lived experience in the home. Staff engaged positively and respectfully with the residents. The delivery of care was caring and compassionate.

As a result of this inspection, six new areas for improvement were identified. These relate to health and safety, accident/incident notifications, malodour in a bedroom, staffing and management of residents laundry and the redecoration of the residents smoking room. Details can be found in the quality improvement plan included.

Based on the inspection findings and discussions held we were satisfied that this service was providing safe and effective care in a caring and compassionate manner; and the service was well led by the manager/management team. Addressing the areas for improvement identified will further enhance this.

## **7.0 Quality Improvement Plan/s for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011)



	Regulations	Standards
<b>Total number of areas for Improvement</b>	2	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Mary Stevenson, Regional Area Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2)(a)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that dental cleaning tablets are safely stored in accordance with COSHH requirements.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All dental tablets will be stored in a locked cupboard within the treatment room at all times. This action has been discussed with the care team. Relatives are also being advised within a email communication to leave such products to office if purchasing. Ongoing monitoring will occur with daily walkrounds and during senior management visits.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>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.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Home Manager will ensure that all notifiable accidents and incidents are made to the RQIA in accordance with legislation at all times. This is being monitored by senior management</p>

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 October 2021</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>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> House keeping staffing hours has been reviewed, daily from the hours of 09:00 to 15:30 a member of staff will be solely allocated to the laundry. This action was discussed within a team meeting.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that the malodour in room 5 be addressed</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> This was addressed at the time</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 October 2021</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>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Social workers and NOK's of all new admissions has and will continue to be advised to ensure all clothing is named before admission to Rosemary Lodge to minimise and reduce the amount of lost property.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 October 2021</p>	<p>The registered person shall ensure that the resident's smoking room be redecorated.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> There is a current refurbishment ongoing within Rosemary Lodge, re decoration of the residents smoking room will be completed as part of this refurbishment.</p>

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



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