



# UnannouncedCare Inspection Report 29 September 2020



## Rosemary Lodge Care Home

**Type of Service: Residential Care Home (RCH)**

**Address: 9 Fennel Road, Antrim, BT41 4PB**

**Tel No: 02894428877**

**Inspector: Marie-Claire Quinn**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to 44 residents.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Healthcare Ireland Belfast Ltd</p> <p><b>Responsible Individual(s):</b> Ms Amanda Celine Mitchell</p>	<p><b>Registered Manager and date registered:</b> Mrs Gail Donnell 20 May 2020</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><b>Person in charge at the time of inspection:</b> Mrs Gail Donnell</p>	<p><b>Number of registered places:</b> 44</p> <p>The home is registered to provide care for no more than 2 persons under the categories of RC-LD or MP (E).</p>
<p><b>Categories of care:</b> Residential Care (RC) RC-LD, RC-I, RC-MP(E), RC-PH(E), RC-DE 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.</p>	<p><b>Number of residents accommodated in the residential home on the day of this inspection:</b> 38</p>

### 4.0 Inspection summary

This unannounced care inspection took place on 29 September 2020 from 12.30 to 20.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

RQIA received information which raised concerns in relation to infection prevention control (IPC) measures and management arrangements in the home. In response to this information RQIA decided to undertake an inspection.

It is not the remit of RQIA to investigate whistleblowing concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it

will review the matter and take appropriate action as required; this may include an inspection of the home.

The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Infection Prevention and Control (IPC) measures
- care delivery
- staffing
- the home's environment
- management and governance arrangements.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Gail Donnell, manager, and Mary Stevenson, regional area 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.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

The following records were examined during the inspection:

- staff duty rota from 14 to 27 September 2020
- recruitment records for two staff
- care records for four residents
- a sample of cleaning schedules and records
- Northern Health and Social Care Trust (NHSCT) Infection Prevention Team’s report dated 6 April 2020
- complaints and compliments records
- a sample of governance records
- Regulation 29 monitoring reports dated 31 May 2020, 5 June 2020, 28 July 2020 and 25 August 2020.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from previous inspection(s)**

No further actions were required to be taken following the most recent inspection of the home which was an announced finance desktop inspection undertaken on 11 May 2020.

<b>Areas for improvement from the last care and medicines management inspection 22 &amp; 28 August 2019</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> Ref: Regulation 13(4)(a) Stated: Firsttime	The registered person shall ensure that the topical medications trolley is safely and appropriately stored at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the home’s environment confirmed that this area for improvement had been met.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> Firsttime	The registered person shall put in place robust cleaning of toilet roll holders.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of bathrooms in the home confirmed that this area for improvement had been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 27.11 <b>Stated:</b> First time	The registered person shall ensure that there is no inappropriate storage of items in designated store rooms or cupboards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the home's environment confirmed that this area for improvement had been met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 10.1 <b>Stated:</b> Firsttime	The registered person shall ensure that all date memoir information is accurate at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The date memoir information was correct on the day of inspection.	

## 6.2 Inspection findings

### 6.2.1 Infection Prevention and Control measures

On arrival to the home, staff recorded the inspector's temperature and ensured that they washed their hands and wore an appropriate face mask.

Staff wore Personal Protective Equipment (PPE) as required. Both staff and management acknowledged that PPE had been difficult to source at the outset of the COVID-19 pandemic. The staff we spoke with confirmed they had no current concerns regarding the availability or quality of PPE, and stated they had been well supported and kept informed in regard to any changing IPC guidance.

However, some staff were observed not adhering to IPC best practice, namely, wearing jewellery, nail polish and / or false or excessively long fingernails. An area for improvement was made.

### 6.2.2 Care delivery

Residents were wearing clean clothes and looked warm and comfortable. Residents had been supported to attend to their personal care and told us staff helped them shower when they wanted to. We noted that some resident's required additional support from care staff with their

presentation and appearance. For instance, ensuring residents were clean shaven and had access to equipment such as hearing aids. An area for improvement was made. Management also highlighted that they were keen to recommence hairdressing services in the home when this could be done safely, in line with COVID-19 guidance.

Observation of practice and discussion with residents and staff confirmed that residents were supported to maintain their independence, treated with dignity, respect and offered choice about their lives and how they spend their time in the home. Residents told us they had no reasons to complain about their experiences living in the home. Specific comments from residents included:

- “Anita (activities co-ordinator) is so lovely and helpful.”
- “I love reading and I have plenty of books. It was my birthday yesterday, and Kyle (staff member) got me a Mrs Brown’s birthday card and flowers. I was delighted.”
- “The chiropodist came today which was great. I do miss having visitors, but I have my phone, and lots to keep me occupied.”
- “I couldn’t complain. My room is lovely; I like having my own en-suite. My bed is comfortable and I just got new bed linen.”
- “I have a sore leg, but staff give me cream and tablets. Just wish I could get my hair done!”
- “We have bingo this afternoon and Anita does our nails.”

Residents appeared at ease when talking to staff or seeking support. Any signs of resident distress or discomfort were responded to by staff to good effect. Staff were mindful of the impact on residents of COVID-19 restrictions, “I think residents can get bored; they really miss their family and visitors.” Staff described how they support residents to have window visits and to use technology, such as video calling, to maintain contact with their family. Staff also told us:

- “It’s a good friendly place. There are lots for residents to do, like bingo, listening to music and the ladies like getting their nails done.”
- “I think the residents are jolly enough. There’s a good happy atmosphere.”
- “We do our best to keep the residents entertained. We make time to take them for a walk, have a chat or get them a cup of tea.”

Staff sought input from multi-disciplinary professionals, including G.P’s, podiatry and district nursing, as required. This was recorded and incorporated into care records. Risk assessments and care plans were in place for the management of wounds, weights, pain and falls. One care plan regarding one resident’s mental health needs lacked detail. Management agreed to review and update this immediately.

### **6.2.3 Staffing**

There was a busy atmosphere in the home throughout the inspection. Residents told us:

- “Staff (can) be busy but they do come eventually.”
- “I can’t complain.”
- “Staff come when I call. I have a call bell and an alarm mat, which helps me feel safe.”

Review of the staff duty rota reflected planned staffing levels as outlined by management. Arrangements for accessing bank and agency staff were in place when required. Access NI checks were in place prior to staff commencing work in the home.

Some staff raised concerns regarding the numbers of staff available during the morning and evening routines. Staff also raised concerns regarding the delegation of tasks and felt particularly under pressure in the morning when residents required support with aspects of personal care and mobilising. Observations relating to care delivery are discussed in section 6.2.2.

These findings were discussed with management who confirmed during the inspection that staffing levels were being increased in line with increased occupancy in the home. We were informed that one additional staff member would be scheduled to work on a daily basis to support staff during the morning and evening. This increased staffing provision was to commence immediately following the inspection. Management also advised that they would review the delegation of senior care assistants to provide direct care to residents. These developments were welcomed and will be reviewed at the next care inspection.

A poster was displayed for staff inviting them to provide feedback to RQIA on-line, after the inspection. Two members of staff responded and expressed dissatisfaction that the care in the home was safe, effective or well-led. This has been shared with management for action and review, as appropriate. Residents' relatives comments concerning staffing levels are referenced in section 6.2.5.

#### **6.2.4 The home's environment**

Cleaning was ongoing in the home throughout the inspection. Additional cleaning staff had recently been recruited. Domestic staff told us they received a good induction and clear direction regarding their cleaning duties. Cleaning schedules and records were in place. Additional touch point cleaning was completed three times a day.

We identified a slight delay in the provision of hot water from several sinks; similar concerns were identified by staff and were recorded in governance records. This was discussed with management who completed maintenance checks and provided written assurances following the inspection that hot water was available throughout the home.

Several areas of the home required additional cleaning which was addressed on the day, when brought to the manager's attention. Additional deficits were identified:

- replacement of toilet brushes
- ensuring clinical waste bags are available in all bathrooms
- in a number of bedrooms, beds were untidy, looking lumpy and uncomfortable
- damaged bedroom furniture needed to be repaired/replaced
- hand rails, doors and walls were chipped and required repainting/replacement
- the smoking room required cleaning and refurbishment. One resident told us, "I'm sick asking staff to clean in here."
- one fire exit near the dining room was partially obstructed by wheelchairs
- discarded furniture needed to be removed from the outdoor area.

In light of inspection findings, the manager immediately implemented an additional deep cleaning schedule for bedrooms and commenced daily environmental walkabouts/ audits to provide additional oversight and management of the home's environment. This included ensuring all fire exits remain unobstructed at all times. An area for improvement has been made.



Management outlined plans for refurbishment in the home, which had been delayed due to the COVID-19 pandemic. Following the inspection, management provided a continuous improvement plan which provided assurance that environmental improvements would be made in the home as soon as possible and within restraints arising from the COVID-19 pandemic. This will be reviewed at future inspections.

### **6.2.5 Management and governance arrangements**

In May 2020, the home had experienced an outbreak of COVID-19 which significantly impacted staffing levels in the home. The home had maintained consistent staffing levels through the use of staff overtime, agency staff and input from NHSCT. Management has since focused on recruitment, training and supervision of staff. There have been several staffing changes such as a new deputy manager being recently appointed in the home.

The home also changed ownership in May 2020. The manager advised they felt well supported by the new registered provider, who has implemented new and updated policies and procedures in the home.

The manager confirmed they had completed an additional module in the level 5 Diploma in Leadership for Health and Social Care (Adults Residential Management) Wales and Northern Ireland and will be submitting the Certificate to RQIA as required. The manager had also commenced an additional management qualification to further develop their management skills.

Regulation 29 monitoring reports and actions plans were detailed and prioritised. There was clear evidence of how identified issues were being actioned and addressed by the manager. Progress was monitored, with additional input and support from the regional manager as required.

Review of records confirmed complaints were managed appropriately. Compliments and thank you cards received from residents' relatives were retained and included comments such as:

- "We are forever grateful for the care given to our mother."
- "Thank you for looking after (our relative) so well for so long."
- "I am assured that you all offered the very best care possible in a most professional in very challenging circumstances."

Following the inspection, RQIA received feedback from two residents' relatives reporting dissatisfaction with staffing and communication in the home. This has been shared with management who will inform RQIA how these specific concerns have been addressed in the home.

### **Areas of good practice**

Areas of good practice were identified in the home as residents were supported to maintain their independence and offered choice about their lives and how they spend their time in the home.

### **Areas for improvement**

Areas for improvement were identified in relation to the monitoring of staff's adherence to IPC best practice; ensuring residents have full access to equipment such as hearing aids and the cleanliness and maintenance of the home's environment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

### 6.3 Conclusion

Residents were warm and comfortable in their surroundings and when interacting with staff and other residents.

Residents were offered choice about how to spend their time and we saw staff treat them with dignity, respect and kindness.

New areas for improvement were identified and are to be addressed through the Quality Improvement Plan (QIP) below.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gail Donnell, manager, and Mary Stevenson, regional area manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

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

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> First time  <b>To be completed by:</b> from the date of inspection	<p>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.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been reminded about their individual personal responsibility to adhere to safe and healthy infection prevention &amp; control practice. Daily management audits include checking adherence in these areas.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 9.6  <b>Stated:</b> First time  <b>To be completed by:</b> from the date of inspection	<p>There are robust systems for maintaining residents' hearing aids and personal equipment so that they provide maximum benefit for each resident.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been reminded about the individualised care and support required by identified residents with hearing aids and other personal equipment . Related care records have also been updated. Staff are currently receiving training in relation to use of hearing aids.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 27.1 and 27.5  <b>Stated:</b> First time  <b>To be completed by:</b> from the date of inspection	<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> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Daily and enhanced cleaning is continued throughout the home. Robust Home Manager Daily Audits including environmental audit were commenced as discussed at inspection. Interior decorating of the Home has commenced with priority given to handrails, architraves and other compromised surfaces. Grounds have been cleaned, tidied, and will be maintained by an out-sourced contractor.</p>

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



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