



Unannounced Care Inspection Report 8 June 2018



Rosevale Lodge

Type of Service: Nursing Home
Address: 173 Moira Road, Lisburn, BT28 1RW
Tel no: 028 9260 4433
Inspector: Dermot Walsh

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 30 persons.

3.0 Service details

Registered organisation/registered person: Four Seasons Health Care Dr Maureen Claire Royston	Registered manager: Mayvelyn Talag
Person in charge of the home at the time of inspection: Mayvelyn Talag	Date manager registered: 28 December 2012
Categories of care: NH-DE	Number of registered places: 30 The home is also approved to provide care on a day basis only to 1 person.

4.0 Inspection summary

An unannounced inspection took place on 8 June 2018 from 09.20 to 17.00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff recruitment, training and development, accident management, record keeping, communication within the home, management on incidents and in relation to the culture and ethos of the home, dignity and privacy.

Areas requiring improvement were identified under regulation in relation to storage, environmental concerns and compliance with best practice on infection prevention and control. An area requiring improvement under standards was identified in relation to compliance with patients dietary requirements.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	1

Details of the Quality Improvement Plan (QIP) were discussed with Mayvelyn Talag, registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 13 September 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 13 September 2017. There were no further actions required to be taken following the most recent 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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 10 patients, six staff and one patient's representative. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 28 May 2018
- staff training records
- incident and accident records

- one staff recruitment and induction file
- three patient care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistleblowing and any other communication received since the previous care inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 September 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 16 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Recommendation 1 Ref: Standard 39 Stated: First time	The registered person should ensure that training on basic life support includes a practical element to ensure that the training provided is in accordance with best practice guidelines.	Met
	Action taken as confirmed during the inspection: Practical first aid training incorporating basic life support had been conducted with the relevant staff.	

Recommendation 2 Ref: Standard 44 Criteria (1) Stated: First time	The registered person should ensure that the malodour in the identified room is managed appropriately.	Met
	Action taken as confirmed during the inspection: The malodour in the identified room had been managed appropriately.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 28 May 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Discussion with patients and the patient's representative evidenced that there were no concerns regarding staffing levels. Two staff consulted were of the opinion that attention to patient needs were delayed due to the staffing levels. The staffs' concerns were passed to the registered manager for their review and action as appropriate. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. The registered manager confirmed that supernumerary hours were in place during the staffs' induction to assist the staff to work with an appropriately experienced staff member to gain knowledge of the homes policies and procedures.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. The majority of staff were compliant with mandatory training requirements. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Eighty four percent of staff had completed

'Dementia Care Framework' training. The registered manager confirmed that further dates had been identified for the remaining staff to attend. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. An adult safeguarding champion had been identified and had attended training pertinent to this role. There was evidence that 29 staff had recently completed update training on adult safeguarding. The registered manager confirmed that there were no ongoing safeguarding concerns relating to the home. Records had been maintained relating to previous safeguarding concerns. RQIA had been informed and updated in relation to these concerns. Information pertaining to adult safeguarding, including identification of responsible people, had been displayed on a relatives' noticeboard.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. A review of accident records evidenced that these had been completed in accordance with best practice.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. However, an identified room containing an electrical box was observed with combustible items stored within. The room was cluttered and items had been stored in a manner which would not comply with a safe working environment. This was discussed with the registered manager and identified as an area for improvement.

A review of the sluice room and the laundry room also identified shortfalls. A temporary mesh had been fitted to two main vents in the home. Laundered clothing in baskets placed below the vents were observed to be contaminated with dust incoming from the vents. Smaller vents under the window of the laundry did not have vermin proof mesh present. Tiling in the sluice area was observed to be loose and coming away from the wall. Skirting was missing beside the entrance door of the sluice rendering both areas ineffective for cleaning. This was discussed with the registered manager and identified as an area for improvement. This information was also shared with RQIA estates inspector.

The following issues were identified which were not managed in accordance with best practice guidelines on infection prevention and control (IPC):

- inappropriate storage in identified areas
- laundry trolley not effectively cleaned
- shower chair and wheelchair not effectively cleaned
- Moving and handling equipment in patient's room not effectively cleaned
- rusting shower chairs in use.

The above issues were discussed with the registered manager and an assurance was provided that these areas would be addressed with staff and measures taken to prevent recurrence. An area for improvement under regulation was made.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of alarm mats. Restrictive practices were monitored on a monthly basis in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to recruitment practice, staff training and development, monitoring registration status of staff and accident management.

Areas for improvement

Areas were identified for improvement under regulation in relation to storage, environmental issues and compliance with best practice in infection prevention and control.

	Regulations	Standards
Total number of areas for improvement	3	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, falls, restrictive practice and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, speech and language therapists and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals. Supplementary care charts such as reposition, bowel management and food and fluid intake records evidenced that contemporaneous records were maintained.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted. Registered nurses confirmed that, in addition to the handover, a handover book was also maintained in the home to highlight any change to patients’ needs.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, care planning, teamwork and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.20 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

The serving of lunch was observed in the dining room. Lunch commenced at 12:30 hours. Patients were seated around tables which had been appropriately set for the meal. Food was served when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. The mealtime was well supervised. However, the food served to two patients was not suitable to meet their dietary requirements. This was discussed with the registered manager and identified as an area for improvement. Staff were organised to assist patients in the patients' preferred dining area. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. All patients were observed drinking from plastic glasses. This was discussed with the registered manager who agreed to review this arrangement. Patients appeared to enjoy the mealtime experience.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- "My heartfelt gratitude to everyone for the very kind care given to my mum."
- "Thank you so very much for the care of my mother ... during her stay at Rosevale. Your kindness, friendliness and helpfulness was very much appreciated."
- "Heartfelt thanks for all the love and care you showed our dad. May you always have gentle hands and kind hearts."

Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in Rosevale Lodge was a positive experience.

Patient comments:

- "I do like it here."
- "I think this place is fine."
- "Everybody is so good to me."
- "The home is very nice."

One patient representative was consulted during the inspection. Ten patient representative questionnaires were left for completion. Four were returned within the timeframe. Some patient representative comments were as follows:

- "Very happy with the care provided to my father."
- "The care is good. Home is very clean and tidy and the food is good."
- "My mother's care is well managed and the staff do a great job in a very demanding environment."

Staff were asked to complete an online survey, we had no responses within the timescale specified. Comments from six staff consulted during the inspection included:

- "The home is very nice. I love it here. The work can be very heavy."
- "It's very good."
- "It's ok now."
- "I'm happy here. It's a good place."
- "It's good here most of the time."

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

An area for improvement was identified under standard in relation to compliance with patients' dietary requirements.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The registered manager confirmed that the last complaint received was in January 2018.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, infection prevention and control, care records, moving and handling, nutrition and restrictive practice. Actions taken in response to identified shortfalls were evident within the auditing records reviewed.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mayvelyn Talag, registered 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (l)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>The registered person shall ensure that items stored in the home are stored in an appropriate area and placed in a manner which provides a safe working environment.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The store has been cleared at once and items removed are now stored to an appropriate area to provide a safe working environment.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2018</p>	<p>The registered person shall ensure that the shortfalls identified within the sluice room and the laundry are repaired/replaced without delay. A refurbishment programme, to include these improvements, should be submitted with the returned QIP.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The repair to the vents in the laundry area were completed on 11th June 2018. The sluice room tiles and the skirting will be completed by 31 July 2018. The laundry will be painted by 30 August 2018 as awaiting contractor.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system to ensure infection prevention and control compliance must be developed.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The cleaning schedule of the equipment like the commodes, stand aid, crash mats, wheelchairs etc., have been reviewed and revised to effectively manage and minimise the risk and spread of infection. The new schedules have been communicated to staff at the staff meeting on 19th July with minutes available. This new robust system has already been implemented and currently being maintained and monitored by the HM and Nursing Sister on a minimum of twice weekly, any deficits will be addressed with staff. Any items found not to be fit for purpose have been discarded and replaced.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 15 June 2018</p>	<p>The registered person shall ensure that food served to patients is in compliance with the patients' dietary requirements.</p> <p>Ref: Section 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A list of resident's dietary requirements is maintained, reviewed and updated when necessary by the nursing staff, which is then shared with care and kitchen staff. Diabetic desserts are now labelled prior to leaving the kitchen for service to ensure resident's dietary requirements are appropriately met. This will be monitored via the dining experience TRaCA in each dining room.</p>

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



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