

Inspection Report

9 September 2021



Rosevale Lodge

Type of Service: Nursing Home (NH)
Address: Garden Suite, 173 Moira Road,
Lisburn, BT28 1RW
Tel No: 028 9260 4433

www.rqia.org.uk

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

Organisation/Registered Provider: Healthcare Ireland Belfast Ltd Responsible Individual : Mrs Amanda Celine Mitchell	Registered Manager: Mrs Mayvelyn Talag Date registered: 28 December 2012
Person in charge at the time of inspection: Mrs Mayvelyn Talag	Number of registered places: 30 The home is also approved to provide care on a day basis only to 1 person.
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 30
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 30 patients. The nursing home is located on the ground floor of the building and a residential care home occupies the first floor of the same building. The manager is registered to manage both services. Patients have access to communal lounges, dining rooms and an enclosed court yard.	

2.0 Inspection summary

An unannounced inspection took place on 9 September 2021 from 9.00 am to 3.55 pm by a care inspector.

The inspection assessed various aspects of the running of the service to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The inspection resulted in three areas for improvement being identified in relation to care documentation and infection prevention and control (IPC).

The home was found to be generally clean, warm, well-lit, spacious, and free from malodour. There was a relaxed and welcoming atmosphere throughout the inspection.

Patients looked well cared for in that they were comfortable in their surroundings and were observed to move freely around the home. Patients who were unable to express their opinions verbally looked relaxed and indicated through non-verbal cues that they were comfortable.

Staff were seen to provide a prompt response to patients' needs and to interact in a warm and polite manner with patients, and to check regularly on those patients who had difficulty communicating. Staff were observed to communicate well with each other and were efficient in prioritising their tasks in addressing patients' needs.

While some areas from improvement were identified, RQIA were satisfied that the care provided was safe, effective, delivered with compassion, and well led. Action taken to address the areas for improvement will further enhance patient experience and staff practice.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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

Throughout the inspection RQIA will seek to speak with patients, 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 patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

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

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection four patients were spoken with individually and others were engaged in small groups in communal areas. Three relatives and four staff were spoken with. No survey or questionnaire responses were received within the allocated timeframe.

Patients spoken with on an individual basis told us that they were happy with the care and services provided in Rosevale Lodge. Patients described the staff as “lovely” and “good” and that they see staff around regularly. One patient said they were “looked after great”. Patients also told us that they were happy with the food.

Patients who had difficulty communicating indicated their contentment through non-verbal responses, such as smiling, waving, nodding, or vocal interjections such as “mm” when eating food.

Relatives spoke positively about their experiences, stating that they were “very happy” with the care and described staff as “lovely” and “hard working”. Relatives said that they felt informed with regards to their loved ones’ care and that the home contacted them regularly if there was any changes. Relatives said that they could also ring for an update “anytime”.

Relatives told us that visiting arrangements were working well and that they were aware of options such as bringing their loved ones out of the home for trips. Relatives knew how to raise concerns if they needed and said that they had confidence that issues would be dealt with appropriately. Primarily all relatives said that their loved ones always looked well and content when they visited and this was of great comfort.

Staff told us that they enjoyed working in Rosevale Lodge and described good teamwork. Some staff commented that while they were happy in work and felt supported in relation to training and communication from management that they sometimes felt under pressure with the challenges relating to the pandemic; specifically when staff were off sick or isolating and others would have to cover the vacant shifts. Staff understood the problems caused by the pandemic and conveyed that they always wanted to “help out” and make sure patients were looked after, but that this was sometimes tiring. Staffing was discussed with the manager who confirmed that all reasonable action was being taken to address issues with staff sickness and absences.

Staff said that they were kept informed through various meetings and that guidance relating to the management of COVID-19 was readily available. Discussion with staff evidenced that they knew how and when to escalate any concerns relating to patient care or the running of the home.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Rosevale Lodge was undertaken on 07 February 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and evidenced that robust systems were in place to ensure staff were recruited correctly to protect patients as far as possible.

Staff were provided with an induction programme relevant to their department and to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant topics and were delivered in a variety of formats including e-Learning and face to face practical sessions. It was positive to note that safeguarding training had recently been supplemented with additional sessions relating to human rights, and that these sessions included a self-evaluation several weeks after the course was delivered which encouraged staff to reflect on how this training had impacted on their knowledge and practice.

The manager had good oversight of staff compliance with training and could evidence actions taken if and when staff were due to complete a topic.

Staff told us that they were adequately trained to conduct their roles and that everyone was aware of their own roles and responsibilities within the team. Staff said that they had ample supplies of resources such as cleaning materials and personal protective equipment (PPE), and that there was good communication between departments and management. Staff said that they felt listened to when raising points at meetings.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the manager was clearly highlighted.

Nurses assuming charge of the home in the absence of the manager had 'in-charge' competency assessments in place and records showed that these were reviewed annually by the manager along with the medicines management competency and capability assessments.

Patients told us that staff were "lovely" and that they could often see staff around and that they were available to them when needed.

Staff were seen to respond to patients needs in a timely manner and were seen to be warm and polite during interactions. Staff were observed to communicate well with patients, providing reassurance, direction and encouragement during interventions.

Relatives said that staff were “lovely” and “hardworking”, and that “I know I could go to any of the staff if I had any problems”. Relatives told us that they were kept informed on a regular basis by staff and that they could ring the home anytime for an update.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of patients. The nurses also informed us that during the briefing this opportunity was used to inform staff of any changes in the guidance for the management of COVID-19, or simply to revise current guidance if there were no change.

Staff were knowledgeable of patients’ needs, their daily routines, likes and dislikes. A diary was maintained on the unit to ensure important daily activities, appointments, or reviews were not missed. Staff confirmed the importance of good communication, not only within their teams but also between departments and the home manager. The nursing staff talked about the value of the daily team brief which ensured everyone on the team was up to date with information.

Staff were seen to work well in teams and to regularly communicate with each other on their progress and patients’ needs. Staff demonstrated an awareness of individual patient preferences and were respectful during interactions. Staff made their intentions with patients clear through good communication, for example explaining what they were going to do and obtaining verbal or implied consent before proceeding. Staff were seen to be reassuring during interventions, particularly with those patients with advanced dementia who had limited communication.

Patients’ needs were assessed at the time of admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients’ needs, and included any advice or recommendations made by other healthcare professionals. Patients’ records were held confidentially.

On review of a sample of patient care records it was found that a number of handwritten care plans were difficult to read and illegible in parts. An area for improvement was identified. In addition, for one identified patient a number of assessments and care plans were not up to date. An area for improvement was identified.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients’ needs and if required nursing staff consulted with the Tissue Viability Specialist Nurse (TVN) and followed the recommendations made. Records also indicated if any specialist pressure relieving equipment was in use, such as air flow mattresses.

Where a patient was at risk of falling, measures to reduce this risk were put in place, for example aids such as alarm mats, crash mats or bedrails were in use. Patient areas were maintained free from clutter or potential hazards, and staff were seen to support patients with limited mobility while promoting exercise and independence where possible. Staff also conducted regular checks on patients throughout the day and night.

Records confirmed that in the event of a patient falling, a post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate onward referral, such as to Occupational Therapy (OT), Trust falls prevention team, Physio, or

GP. Following a fall the patient's next of kin, Trust key worker, and where required RQIA were appropriately informed. The manager conducted a monthly falls analysis to identify any possible patterns and to determine if any other measures could be put in place to further reduce the risk of falls.

Good nutrition and a positive dining experience are important to the health and wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement and direction through to full assistance. Lunch time serving was observed and found to be a pleasant and unhurried experience for patients. The food looked and smelled appetising. It was positive to note that modified meals such as those of a pureed consistency were presented nicely, with clear definition between food items. Dining room tables were set in advance of patients arriving and staff were seen to don appropriate PPE and to maintain food handling standards.

There was a variety of drinks on offer and two main meal options. Staff were seen to offer the appropriate level of support to patients. Patients indicated that they were enjoying the food and staff told us that they also often order meals and get to taste the same food as the patients and find the meals to be "tasty".

It was positive to note that the home often engages in consultation with patients and staff in relation to food, with regular meal time experience audits and satisfaction surveys being completed.

Patients' weights were monitored at least monthly or more often if recommended by dietetics. Records showed that in the event of unplanned changes in a patient's weight or difficulties with swallowing, there was appropriate onward referral to Speech and Language Therapy (SALT) or dietetics, and any recommendations made were detailed in the patients' individual care records.

Daily records were kept of how each patient spent their day and night, and the care and support provided by staff. The outcome of visits or communications from other healthcare professionals was recorded.

Patients looked well and commented positively about the care provided. Relatives said that they were happy with the care and commented about their loved ones looking well and content in their surroundings. Relatives said that they would have no hesitation speaking with staff if they had any concerns or complaints.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included a sample of patient bedrooms, communal lounges, dining rooms and bathrooms, and storage spaces. The home was found to be generally clean, warm, well-lit, and free from malodour.

Corridors were clean and free from clutter or inappropriate storage. Fire doors were seen to be free from obstruction. The most recent fire risk assessment was undertaken on 17 November 2020 and records evidenced that all the required recommendations made had been addressed.

Patients' bedrooms were clean, tidy and personalised with items of interest and importance to each patient, such as favourite singer memorabilia, family photos, books and sentimental items from home.

Bedrooms and communal areas were found to be suitably furnished and there were homely touches around the home such as bookcases, art work, and old photos of the local area.

The enclosed courtyard was accessible, clean and tidy, with some plants and a variety of seating and tables.

While the home's environment was generally clean it was noted that some areas were overlooked during the routine cleaning schedule, such as the undersides of some toilet paper dispensers which were visibly dirty. The manager informed cleaning staff to recheck and clean the undersides of the dispensers, however it was noted later in the day that the same dispensers had not been effectively cleaned. In addition the shelving in the cleaning store was found to be worn and contain wooden slats and could not be effectively cleaned. An area for improvement was identified.

The majority of storage spaces were found to be clean and organised however, one storage room was found to be overfilled and disorganised. The manager gave assurances that the identified store room would be reorganised so that equipment was stored safely and accessible. This will be reviewed again at the next inspection.

Measures were in place to manage the risk of COVID-19. There was signage at the entrance of the home reflecting the current guidance and everyone entering the building had their temperature checked and a health declaration completed on arrival. Details of all visitors to the home were maintained for track and trace purposes.

Hand hygiene facilities were available and PPE such as masks and aprons were provided to all visitors before proceeding further into the home. Visiting arrangements were in place in keeping with the Department of Health (DoH) guidance and the home's risk assessment.

Staff were seen to practice hand hygiene at key moments and use PPE correctly. It was positive to see staff encouraging patients to maintain hand hygiene after interventions or before meals.

Patients said that they were happy with the cleanliness of the home. Relatives said that they had no concerns in relation to the environment or cleaning standards. Some relatives discussed the challenges of communicating with loved ones while wearing a mask and the particular difficulties relating to dementia and hearing impairment, but expressed that they understood the rationale for these measures. Relatives also said that they were happy with how the home have implemented the DoH guidance on visiting and were looking forward to this easing further so that more family members could visit.

5.2.4 Quality of Life for Patients

Observations and discussions with patients confirmed that they were able to choose how they spent their day, for example some patients liked to walk around the home spending time in many different communal areas during the day, and staff were seen to accommodate this wish.

The home had an activities coordinator in post and while some of the coordinator's time was taken up with organising and facilitating visiting, the coordinator explained that they do activities in-between visits and meal times. It was observed that staff ensured a social atmosphere in

communal areas with music playing or televisions on. Staff were seen to engage patients in social and reminiscent chats.

A planner for activities showed a range of organised sessions including ball games, exercise sessions, reminiscence, painting, and music.

As mentioned in section 5.2.3 visiting arrangements were in place and reflective of current DoH guidance. Patients could avail of indoor visiting in the comfort of their bedrooms or could take trips out of the home with family.

Staff conveyed that they saw patient wellbeing and comfort as their primary goal and understood the importance of providing choice where possible. Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic.

Patients were seen to enjoy music and singing and visits with family during the inspection.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was at any given time. Discussions with staff evidenced that they understood their roles and responsibilities in reporting concerns or worries about patient care, staff practice or the environment.

There had been no changes in the management arrangements of the home since the last inspection. Mrs Mayvelyn Talag has been the registered manager since 2012. The manager explained that they were supported by a regional management structure.

In addition to the daily briefing held with staff the manager maintained records of regular staff and departmental meetings. The most recent general meeting was held on 14 July 2021 and records contained the attendance list and the wide range of relevant agenda items discussed. Meeting minutes were available for those staff who could not attend.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. Auditing covered various aspects of the running of the home and records showed the findings and any actions taken to improve the quality and service.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their Trust key worker, and RQIA.

There was a compliant policy in place and written copies of the process were shared with patients and relatives on admission to the home. Records showed that complaints were managed in accordance with the policy.

The home was visited each month by a representative of the registered provider to consult with patients, relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail and resulted in plans for improvement; progress of which was monitored again at the following visit. These reports are available for review by patients, relatives and RQIA.

Staff commented positively about the management team and described the manager as supportive and approachable. Discussions with the manager and staff, and observations indicated good working relationships.

Relatives knew the manager by name and said they would have no hesitation in approaching the manager or raising queries or concerns if needed.

6.0 Conclusion

Patients looked well cared for in that they were well dressed, attention had been paid to personal care, and they looked comfortable and relaxed in their surroundings. Patients with limited mobility were assisted by staff to move around the home and to be positioned comfortably.

Patients assessed needs were met and staff demonstrated awareness of patients' needs and preferences. Staff were also observed to be attentive to those patients who were unable to verbally express their needs.

Patients' privacy and dignity was maintained through the inspection and staff were seen to be respectful during interactions with patients, visitors and with each other.

Three areas for improvement were identified in relation to care documentation and infection prevention and control. Action taken in these areas will further enhance patient experience and staff practice.

Based on the inspection findings, while some areas for improvement were identified in the domains of safe and effective, we can conclude that overall the care delivery in the home was safe, effective and delivered with compassion. RQIA are satisfied that the service is well led.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mayvelyn Talag, Manager, and Karen Agnew, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 7 October 2021	<p>The registered person shall ensure that handwritten care records are legible.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plan identified has been rewritten and the need for records to be legible emphasised with nursing team</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 7 October 2021	<p>The registered person shall ensure that patient assessments and care plans are maintained up to date.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Addressed with nursing team through supervision . System for recording when care plans and risk assessment are completed implemented and will be shared with the registered manager monthly</p>
Area for improvement 3 Ref: Standard 46 Stated: First time To be completed by: With immediate effect and going forward	<p>The registered person shall ensure that the identified infection prevention and control issues detailed in this report are addressed; namely that the undersides of dispensers are included on the regular cleaning schedule and that the wooden shelving in the domestic store is replaced or recovered so that it can be effectively cleaned.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Regional Maintenance team are currently replacing the breached shelves. The cleaning of toilet roll and hand towel dispensers discussed with domestic team . Records of cleaning maintained within domestic records moving forward.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care