



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 10 January 2020



Rosevale Lodge

Type of Service: Nursing Home

Address: Garden Suite, 173 Moira Road, Lisburn, BT28 1RW

Tel No: 02892604433

Inspector: Joanne Faulkner

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.

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 DHSSPS Care Standards for Nursing Homes. 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 30 patients who have a diagnosis of dementia.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Mayvelyn Talag 28 December 2012
Person in charge at the time of inspection: 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: 28

4.0 Inspection summary

An unannounced inspection took place on 10 January 2020 from 09.50 hours to 16.00 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Rosevale Lodge which provides nursing care.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement in respect of a previous finance inspection has also been reviewed and validated as required.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- adult safeguarding
- complaints
- accident/incidents
- governance arrangements

Evidence of good practice was found in relation to staff attentiveness to patients and the delivery of care which took into account personal preferences of patients. Staff demonstrated that they had a good understanding of the individual needs of the patients and worked well as a

team to deliver the care patients' required. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

No areas requiring improvement were identified during this inspection.

Patients described living in the home as being a good experience/ in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mayvelyn Talag, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 3, 9 & 16 July 2019

The most recent inspection of the home was an unannounced inspection undertaken on 3, 9 & 16 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them 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

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. No patient/relative's questionnaire was returned to RQIA prior to the issuing of this report. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the relevant timescales.

The following records were reviewed during the inspection:

- duty rota information for all staff from 23 December 2019 to the 19 January 2020
- incident and accident records
- two patient care records
- a sample of governance audits/records
- complaints records
- compliments received
- adult safeguarding records
- the monthly monitoring reports for October, November and December 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and 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)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (3) Stated: Second time	The registered person shall make suitable arrangements to ensure staff effectively communicate with patients when assisting them to transfer from a sit to stand position and that correct moving and handling techniques are embedded into practice.	Met

	<p>Action taken as confirmed during the inspection: We observed staff supporting patients to move from the chair to the walking position using appropriate moving and handling techniques. It was noted that all staff have completed online moving and handling training and completed a practical update.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 2.2 Stated: First time</p>	<p>The registered person shall ensure that patients' written agreements are updated to show the current fee paid by, or on behalf of, patients. The agreements should also show the current amount of the third party contribution (where relevant).</p>	Met
	<p>Action taken as confirmed during the inspection: We reviewed a sample of patients' written agreements and noted that they had been updated to include details of the current fee paid by, or on behalf of, patients and of the third party contribution (where relevant).</p>	

6.2 Inspection findings

6.2.1 Staffing

We reviewed staffing arrangements; the home is currently managed by the manager who was registered in 2012. Discussions with the manager indicated that they were knowledgeable in relation to their responsibilities with regard to the Regulations. There was evidence of a clear organisational structure within the home. The manager is supported by a team of registered nurses and healthcare assistants. In addition, there is a team of support staff which includes housekeeping, laundry, maintenance and kitchen staff.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager, staff, and relatives, and rota information viewed provided assurances that the home endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. Discussions with a number of relatives during the inspection identified that they had no concerns with regards to their relative receiving the appropriate care and support to meet their needs.

The manager stated that staffing levels were subject to regular review to ensure the assessed needs of the patients were appropriately met. The duty rota information viewed, reflected the staffing levels as discussed with the manager during inspection. Observation of the delivery of care provided evidence that patients' needs were met by the levels and skill mix of staff on duty. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

Staff rota information viewed indicated that the care is provided by a core staff team which included agency staff as required; it was felt that this supports the home in ensuring continuity of care to patients. Staff stated that they felt that continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect.

Staff who spoke with the inspector had a clear understanding of their roles and responsibilities. Discussions with relatives evidenced that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. They stated that the manager and staff are approachable and always willing to take time to speak with them.

Discussions with staff and relatives, and observations made demonstrated that staff had a good understanding of the individual assessed needs of patients. Staff could describe the importance of respecting patients' personal preferences and choices and in supporting them to make choices.

Throughout the inspection patients' needs and requests for assistance were observed to have been met in a timely, respectful calm and caring manner. Interactions between staff and patients were observed to be compassionate and appropriate. Observations of patient and staff interactions evidenced that patients were offered choice, staff were observed taking time to sit and chat to patients and provided care in a manner that promoted privacy, dignity and respect.

Relatives consulted with spoke positively in relation to the care provided. Patients who could not verbalise their feelings in respect of their care they received were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

6.2.2 Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Fire doors were noted to be alarmed as appropriate.

The entrance area to the home was welcoming and well decorated; there was information available relating to infection control, making a complaint and raising concerns. In addition, a number of the shared areas were noted to be well decorated, clean and uncluttered. The sample of patients' bedrooms viewed were clean, warm and welcoming and had been personalised to the individual interests, preferences and wishes of patients. It was identified that in one of the patient's bedrooms that the armchair was torn; this was discussed with the manager and the chair was removed immediately. Following the inspection the manager provided evidence that a replacement chair had been ordered.

We noted that there were no malodours detected in the home. Compliance with best practice with regards to infection prevention and control (IPC) had been well adhered to. A supply of gloves and aprons were readily available to staff throughout the home; it was noted that staff used this appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

Information leaflets with regard to IPC issues such as hand hygiene were available for staff, patients and their visitors.

The manager described how they are continually striving to ensure that the home is safe and pleasant for the patients and their visitors.

6.2.3 Care records

The review of care records for two patients identified that they were individualised to the needs of the person; they included details of patient's likes/dislikes. The records viewed included referral information received from a range of Health and Social Care Trust (HSCT) representatives and in addition included risk assessments and care plans.

Care plans viewed provided details of the care required by individual patients; they included details of any practice deemed to be restrictive. Staff record daily the care provided to patients and care plans are reviewed monthly.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, as appropriate; care plans were noted to have been updated following recommendations from professionals such as Speech and Language Therapists (SALT) and Tissue Viability Nurses (TVN).

Discussions with staff and relatives, and observations made provided assurances that care is provided in an individualised manner. Staff described how they support patients to be involved in all aspects of their care and to promote their independence.

The home has a process for monitoring patients with significant weight loss or those patients identified to be at risk of malnutrition. Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Staff stated that patients had 24 hour access to food and fluids. There is evidence of speech and language therapy and dietetic input into the assessment and care planning of patients if required.

6.2.4 Dining experience

We noted that mid-morning and mid-afternoon patients were offered a range of hot and cold beverages and a selection of biscuits and in addition cakes/tray bakes that had been prepared in the home. We observed the serving of the mid-day meal; the atmosphere in both of the dining rooms was calm and relaxed; staff were observed taking time to chat to the patients and in ensuring they were satisfied with their choice.

The dining rooms were observed to be clean and table settings were noted to be well presented with appropriate table coverings, condiments, napkins and cutlery. Food served was well presented. We observed staff offering and providing assistance in a discreet and sensitive manner when necessary. Staff were wearing appropriate protective clothing with regards to food hygiene good practice. Food was covered when being transferred from the dining room to patients who were eating in the bedrooms.

A number of patients spoken with indicated that the food was good. A relative described the efforts staff went to so as to encourage their father to eat.

6.2.5 Activities

It was observed that a number of patients were supported to participate in a musical activity during the inspection. There was evidence that a varied programme of activities is available to patients in the home; they included craft and music activities.

6.2.6 Complaints

Discussions with the manager and the review of records indicated that no complaints had been received by the home since the previous inspection. Discussions with the manager indicated that they were knowledgeable in relation to managing complaints received in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015 and other relevant legislation. Complaints are audited monthly as part of the quality monitoring audit.

It was positive to note that a number of compliments had been received by the home; they included:

- “Just to say thank you for all the care and attention to my late husband, me and my family.”
- “Thanks for kindness on mum’s 90th birthday. I was so delighted to be able to share it with her.”

6.2.7 Adult safeguarding

A review of adult safeguarding information and discussions with the manager provided evidence that referrals made in relation to adult safeguarding since the last inspection had been managed in accordance with the homes policy and procedures. Adult safeguarding matters/referrals are reviewed as part of the monthly quality monitoring process. Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Relatives who spoke to the inspector could describe the process for reporting concerns they had in relation to care provided; they indicated that staff were very approachable and that they would have no hesitation in raising concerns with the manager. An adult safeguarding champion has been identified.

Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home’s policy and procedure with regard to whistleblowing.

6.2.8 Incidents

A review of a sample of the accidents and incidents which had occurred within the home identified that they had been managed appropriately. There was evidence that details of incidents/accidents are audited monthly; the manager stated that this assists them in highlighting trends and risks, and identifying areas for improvement.

6.2.9 Consultation

During the inspection we spoke small groups of patients in the dining room or lounge areas, three relatives and four staff members. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Patient's comments

- "Staff great, food great."

Staff comments

- "Happy place to work."
- "It is a nice place."
- "Good team."
- "Challenging at times when residents' health deteriorates."
- "Training is good."
- "Happy here; can be busy."
- "Patients are safe and well looked after."
- "I have no issues, I can raise concerns."
- "I feel supported."
- "We get agency if short staffed."
- "Hard work sometimes."

Relatives' comments

- "Very happy, no complaints."
- "Staff are great and the food is good."
- "Happy enough."
- "Couldn't be better."
- "The way they helped us get dad settled was unbelievable."
- "They (staff) are exceptional."
- "I have no problems with the place."
- "We can come at any time; we are always welcome."
- "Staff are great and the manager is very approachable."
- "The staff know my dad very well."

Relatives stated that staff were friendly and approachable; they stated that they had no concerns in relation to the care provided to them.

We observed a number of staff supporting patients in the dining room and lounge areas; they were encouraging and supporting the patients to be involved in an organised activity. Observation of staff interactions with patients indicated that they were respectful of them by asking them their choices in relation to a range of matters such as food and participation in activities. There was a calm, relaxed and welcoming atmosphere in all areas within the home.

Discussion with the manager, relatives and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Ten questionnaires were provided for distribution to the patients and/or their representatives; no responses were received prior to the issuing of this report.

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

6.2.10 Governance arrangements

The manager provided evidence that systems were in place to monitor and report on the quality of care provided. The home has implemented a system for completing quality monitoring audits on a monthly basis and for developing a report in accordance with Regulation 29. The inspector reviewed a sample of the audit reports that evidenced Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan is generated to address any areas for improvement. The records indicated engagement with patients, and where appropriate their representatives. Reports viewed were noted to include details of the review of the previous action plan, review of staffing arrangements, accidents/incidents, adult safeguarding referrals, care records, environmental matters, wound management and complaints.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, provision of person centred compassionate care and effective engagement with patients and relatives.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

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