

# Unannounced Care Inspection Report 12 September 2016



## Rosevale Lodge

**Type of Service: Nursing Home**  
**Address: Garden / Rose / Vale Suites**  
**173 Moira Road, Lisburn, BT28 1RW**  
**Tel no: 028 9260 4433**  
**Inspectors: Dermot Walsh and Bronagh Duggan**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Rosevale Lodge took place on 12 September 2016 from 09.30 to 17.50 hours.

The inspection sought to assess progress with any issues raised 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.

### **Is care safe?**

Safe systems were in place for monitoring the registration status of current nursing and care staff. Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A safe system for monitoring compliance with mandatory training was in place. Compliance with best practice in infection prevention and control was well maintained. A recommendation made in the previous inspection, with regards to the unsafe use of equipment, has been stated for a second time. A second recommendation was made as a result of this inspection in relation to following good practice guidance with regard to post-fall management.

### **Is care effective?**

Staff were aware of the local arrangements for referral to health professionals and communications with health professionals were recorded within the patients' care records and recommendations were adhered to. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. Staff meetings were held regularly. A recommendation made in the previous inspection regarding care planning has been stated for a second time.

### **Is care compassionate?**

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report.

### **Is the service well led?**

Monthly monitoring visits were conducted consistently and reports were available for review. Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display.

The term 'patients' is used to describe those living in Rosevale Lodge which provides both nursing and residential care.

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.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3*

\*The total number of recommendations made includes two recommendations which have each been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report 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.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 13 and 14 April 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

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

## 2.0 Service details

<b>Registered organisation/registered person:</b> Four Seasons Health Care Dr Maureen Claire Royston	<b>Registered manager:</b> Mayvelyn Talag
<b>Person in charge of the home at the time of inspection:</b> Mayvelyn Talag	<b>Date manager registered:</b> 28/12/2012
<b>Categories of care:</b> RC-I, NH-DE, RC-DE  30 Nursing: 36 Residential. 30 patients in category NH-DE, 35 residents in category RC-DE and 1 named resident in category RC-I. The home is also approved to provide care on a day basis only to 1 person.	<b>Number of registered places:</b> 66

### 3.0 Methods/processes

Prior to inspection we analysed the following information:

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

During the inspection we met with 24 patients individually and others in small groups, three patient representatives, six care staff, two registered nurses and two ancillary staff members.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- six patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- a staff recruitment file
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 5 September to 18 September 2016.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 13 and 14 April 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

## 4.2 Review of requirements and recommendations from the last care inspection dated 13 and 14 April 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	<p>It is recommended that all bedrooms in the home are reviewed and an action plan developed to address bedrooms in need of redecoration.</p> <p><b>Action taken as confirmed during the inspection:</b>            An action plan had been developed and there was evidence of works carried out on inspection. Please see Section 4.3 for further information.</p>	<b>Met</b>
<b>Recommendation 2</b> <b>Ref:</b> Standard 4 Criteria (9) <b>Stated:</b> Second time	<p>The registered person should ensure that bowel function, reflective of the Bristol Stool Chart is recorded accurately and consistently in the patients' daily progress records.</p> <p><b>Action taken as confirmed during the inspection:</b>            Three patient care records reviewed evidenced an accurate and consistent record of bowel function reflective of the Bristol Stool Chart.</p>	<b>Met</b>
<b>Recommendation 3</b> <b>Ref:</b> Standard 44 Criteria (1) <b>Stated:</b> First time	<p>The registered person should ensure that the malodour within the identified room has been managed effectively.</p> <p><b>Action taken as confirmed during the inspection:</b>            The malodour in the identified room was no longer evident.</p>	<b>Met</b>
<b>Recommendation 4</b> <b>Ref:</b> Standard 43 Criteria (4) <b>Stated:</b> First time	<p>The registered person should ensure equipment, such as toilet aids, are used safely and minimise any risk to patient safety.</p> <p><b>Action taken as confirmed during the inspection:</b>            During a review of the environment a toilet aid was observed positioned unsafely on a toilet seat. Please see section 4.3 for further information.</p> <p>This recommendation has not been met and will be stated for a second time.</p>	<b>Not Met</b>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that holistic assessments of patient need, inform the care plans and where the assessment of need changes, the care plan is amended/renewed to reflect the change.</p> <p>Care plans not reflective of current care needs should be discontinued.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>One care plan reviewed was four pages long due to frequent amendments. Care plans which no longer reflect current care needs should be discontinued and archived and where necessary a new care plan written. See section 4.4 for further clarification.</p> <p>This recommendation has been partially met and will be stated for a second time.</p>	<p><b>Partially Met</b></p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that staff date and sign any record they create in accordance with best practice and professional guidance.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>All documents reviewed on inspection had been signed and dated appropriately.</p>	<p><b>Met</b></p>

### 4.3 Is care safe?

A review of the staffing rota for the period 5 September to 18 September 2016 and discussion with 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. Discussion with patients evidenced that there were no concerns regarding staffing levels. Two staff members were of the opinion that at times the skill mix in the home can 'increase the workload on regular' staff. For example, 'bank staff and junior staff rostered to work on the same shift.' Two representatives acknowledged 'how busy' the staff were and suggested an increase in the staffing level to assist with this. Observation of the delivery of care evidenced that patients' needs were met by the numbers and skill mix of staff on duty.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for inducting the new employee.

Discussion with the registered manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Compliance in mandatory training had been achieved in the following areas: moving and handling (80%), fire safety (85%), adult safeguarding (95%), first aid (78%) and infection prevention and control (95%). Overall compliance with training was at 66 percent. This was discussed with the registered manager who confirmed that four additional modules had recently been added to the homes mandatory training list for completion and as a result the overall compliance numbers have dropped as staff have not had the opportunity to complete the new modules. Information sent to RQIA on 20 September 2016 confirmed the overall compliance had increased to 74 percent and the registered manager provided an assurance that the compliance would be closely monitored and actioned as required. Observation of the delivery of care evidenced that training had been embedded into practice.

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

A review of the recruitment file for one recently employed staff member, evidenced a safe system was in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of notifications forwarded to RQIA since 14 April 2016 confirmed that these were appropriately managed. Accidents and incidents were reviewed monthly and signed by the registered manager. Inspection of care records evidenced that a fall had occurred in the residential unit. Records indicated the nurse in charge was contacted who delivered first aid and central nervous system (CNS) observations were taken immediately following the incident. It was noted, however, there was no further reference regarding continued CNS observations in the records. The need to ensure good practice guidance is adhered to with regard to post falls management was discussed with the registered manager. A recommendation was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Bedrooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were well maintained. In the residential unit, numbers were missing from some bedroom doors. Damage was noted to a wall in an identified room and a door was missing from a wardrobe in one patient's bedroom. This was discussed with the registered manager who confirmed that the homes regular maintenance person was currently on leave and the second maintenance person had been on annual leave. Numbers had been removed from the bedroom doors for redecorating purposes. Three new wardrobes had been ordered to replace damaged ones. The damaged wall had been previously logged for repair. The registered manager confirmed that a maintenance person would action the identified areas as required.

There was evidence of ongoing refurbishment in the home. A painting programme was ongoing and kick plates had been attached to doors. The registered manager confirmed further plans for improvement including the widening of communal doors and replacement of identified flooring.

When reviewing a communal toilet, a toileting aid was observed placed on top of a toilet seat. As a result, the feet of the toilet aid were suspended in the air and not on the floor for stabilisation. This was a potential hazard to any patient who may have attempted to use the toilet aid. A recommendation was made in the previous inspection in this regard. This recommendation has been stated for a second time following this inspection.

### Areas for improvement

A recommendation was made to ensure that good practice guidance is adhered to with regard to observations in relation to post falls management.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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#### 4.4 Is care effective?

Review of six patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had largely been personalised to meet the individual needs of the patients and had been reviewed monthly. However, one care plan reviewed was four pages long due to frequent amendments. It was recommended that to ensure clarity, care plans no longer relevant are discontinued and archived. Where appropriate, care plans should be re-written/developed to guide the current assessed care needs of patients. A recommendation made in this regard within the previous inspection has now been stated for a second time.

Registered nurses were aware of the local arrangements and referral process to access relevant healthcare professionals, for example General Practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse (TVN).

Discussion with the registered manager confirmed that general staff meetings were conducted regularly. There was evidence of meetings conducted on 31 May 2016 and 23 February 2016. Detail of a general staff meeting scheduled for 30 September 2016 was sent to RQIA following the inspection. Minutes of the meetings were available and maintained within a file. Minutes included details of attendees; dates; topics discussed and decisions made. The registered manager also confirmed that patient and relatives' meetings were conducted six monthly.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

Staff consulted knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.



Patients and representatives were confident in raising any concerns they may have with the staff and/or management.

### Areas for improvement

No new areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

On inspection two registered nurses, six carers and two ancillary staff members were consulted to ascertain their views of life in Rosevale Lodge. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Seven of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

- "It's hard work but it's ok."
- "I really enjoy working here."
- "Can be tough when we are short."
- "It's alright. We have a good team at mo."

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with 24 patients individually, and with others in smaller groups, confirmed that, in their opinion, the care was safe, effective, compassionate and well led. Nine patient questionnaires were left in the home for completion. All patient questionnaires were returned within the timeframe. Patients were very positive in their responses within the questionnaires.

Some patient comments were as follows:

- "It's very nice here."
- "It's alright."
- "I find it very comfortable and relaxing."
- "It's grand here."
- "I like it here; I get on well with everyone. Everybody is very nice."
- "The food is good; there is always a mixed menu. It's good."
- "They are all very good to me, I can't complain."
- "I like it here alright; everyone has always been very nice to me. The food is very good, not that I eat a lot but it is there if you want it."

Three patient representatives were consulted with on the day of inspection. Seven relative questionnaires were left in the home for completion. Five relative questionnaires were returned within the timeframe.

Some relative comments were as follows:

“I have no complaints. He is well taken care off.”

“The nursing care is fantastic.”

“I can’t fault the nursing staff”

The serving of lunch was observed in the main dining room. The mealtime was well supervised. Staff wore appropriate aprons when serving or assisting with meals and patients were provided with dignified clothing protectors. A selection of condiments was available on the tables and a range of drinks were offered to the patients. The food was served from a heated trolley when patients were ready to eat or be assisted with their meal. The food appeared nutritious and appetising. A menu was on display on the wall of the dining room and on patients’ tables. Patients were observed to enjoy their meals.

Discussion with staff confirmed that the religious needs of patients were met through a religious service conducted in the home on a monthly basis. A notice containing dates of the services were displayed on a noticeboard at the reception area in the home. Staff also confirmed that members of the clergy come to the home to visit patients and that bibles were in every bedroom.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home’s complaints record evidenced 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 complaints procedure was appropriately displayed in several locations in the home and was included within the ‘patients’ guide’.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

“Thank you to all of you for all your kindness and thoughtfulness given to me during my stay here in Rosevale.”

“To all the lovely staff who loved and cared for .... You did an amazing job and you are all wonderful caring people.”

“Thank you all so much for the care ... received and your kindness to us all.”

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately. However, following a review of the incidents book as stated in section 4.3 of this report, a recommendation was made regarding good practice in relation to post falls management.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, falls, medicines management, complaints, restraint, bed rails, hand hygiene, personal protective equipment, hoists/slings, health and safety and incidents/accidents.

Online 'TRaCA' audits were conducted to assess standards in housekeeping, medications management, health and safety, resident care, weight loss and the home's governance arrangements. All TRaCA audits demand an 'actions taken' section to be completed for every audit; even if the audit had achieved 100 percent compliance. For example, the action taken could be confirmation that the information was shared with staff. All actions taken are documented online by the registered manager. The system would notify the registered manager of any audit that had not been actioned.

An online care TRaCA audit was reviewed on inspection. The registered manager confirmed that audit results would be discussed at staff meetings. The auditing process was overseen by the regional manager and informed the monthly monitoring visits.

Urgent communications, safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. A system was in place to ensure that all relevant staff had read the communication or had been notified about it.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed 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.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 43 Criteria (4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 13 September 2016</p>	<p>The registered person should ensure equipment, such as toilet aids, are used safely and minimise any risk to patient safety.</p> <p><b>Ref: Section 4.2, 4.3</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Staff members have been reminded at handovers and supervision carried out with all domestic and care staff to ensure equipment is used safely such as toilet aids to minimise any risk to patients safety. This will be monitored by housekeeper and home manager.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 28 September 2016</p>	<p>The registered person should ensure that holistic assessments of patient need, inform the care plans and where the assessment of need changes, the care plan is amended/renewed to reflect the change.</p> <p>Care plans not reflective of current care needs should be discontinued.</p> <p><b>Ref: Section 4.2, 4.4</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Staff nurses have been made aware and informed that when a patient's assessed need changes, the care plan is renewed accordingly to reflect the change. This will be monitored by the nursing sister and home manager using Quality of Life care TRaCA's..</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 22</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 September 2016</p>	<p>The registered provider should ensure good practice guidance is adhered to with regard to post falls management.</p> <p><b>Ref: Section 4.3</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> FSHC has a post fall guidance which the staff adhere and follow. This is being reviewed on a regular basis and changes are being made when necessary and where applicable. Any amendments and updates are circulated to FSHC group whereby information through internal alerts are being disseminated to nursing and residential homes level.</p>

*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**



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