

Inspection Report

14 August 2024



Rosevale Lodge

Type of service: Nursing Home
Address: Garden Suite, 173 Moira Road, Lisburn, BT28 1RW
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Healthcare Ireland No 2 Ltd Responsible Individual: Ms Amanda Mitchell	Registered Manager: Mrs Cheryl Palmer Date registered: 20 June 2023
Person in charge at the time of inspection: Cheryl Palmer	Number of registered places: 32
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 32
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 32 patients. The nursing home is located on the ground floor of the building and there is a residential care home which occupies the first floor of the building. The registered manager is responsible for managing both services.	

2.0 Inspection summary

An unannounced inspection took place on 14 August 2024, from 9.40 am to 6.10 pm by a care inspector.

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 requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 6.0.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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 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 management team at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with patients and staff about living and working in the home. Patients said they liked living in Rosevale Lodge and were given the choice of how they spent their day. Patients said they enjoyed the activities provided by staff and the food was described as really good.

Staff were complimentary about the care provided in the home, the managers support and team work with other staff.

Responses to the patient and visitor questionnaires were positive and complimentary about the care provided and the staff working in the home. One questionnaire response said there should be more supervision for their relative when walking. This was discussed with the manager for her follow-up if required.

A record of compliments received about the home was kept and shared with the staff team,

5.0 The inspection

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

Areas for improvement from the last inspection on 14 November 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2) (b) (d) Stated: First time	The registered persons shall ensure that the deficits identified in the environment are addressed.	Partially met
	Action taken as confirmed during the inspection: Evidence identified that this area for improvement was partially met and is discussed further in section 5.2.3. This area for improvement has been stated for a second time.	
Area for Improvement 2 Ref: Regulation 18 (2) (c) Stated: First time	The registered persons shall implement a robust system to ensure that there is adequate supply of bed linen in the home at all times.	Met
	Action taken as confirmed during the inspection: Evidence identified that this area for improvement was met.	
Area for Improvement 3 Ref: Regulation 27 (d) (g) (i) Stated: First time	The registered persons shall conduct an assessment of the environment through the prism of best practice dementia care, resulting in an action plan to enhance a more dementia friendly environment.	Partially met
	Action taken as confirmed during the inspection: Evidence identified that this area for improvement was partially met and is discussed further in section 5.2.3. This area for improvement has been stated for a second time.	

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. Good compliance was noted with mandatory training which included moving and handling practice and fire safety.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the patients.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

A monthly check was completed by the manager to ensure all staff were registered appropriately with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

5.2.2 Care Delivery and Record Keeping

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff were observed to be prompt in recognising patients' needs, including those patients who had difficulty in making their wishes or feelings known.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

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. Review of the recording of repositioning evidenced that patients were repositioned as prescribed in their care plan.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example; alarm mats and use of mobility aids.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet.

Patients' needs were assessed at the time of their admission to the home. The assessments of physical and social needs, mobility and communication were not all completed for the records reviewed. An area for improvement was identified.

Care records for activities, pressure area care and oral care were not always regularly reviewed, updated and individualised. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

A sample of bedrooms, storage spaces and communal areas were observed during the inspection. Patients' bedrooms were generally personalised with family photos and sentimental items from home.

Observation of the environment identified a number of areas which required repair or replacement, such as garden chairs in bedrooms, damaged sink surrounds and flooring. An area for improvement was identified.

A number of armchairs were noted to be worn through and rubbish and was dumped outside opposite two bedroom windows. This area for improvement has been stated for a second time.

Review of the equipment and bed sheets used in the home found that a number of items including bed linen, hoists and wheelchairs required cleaning. This was discussed with the manager and an area for improvement was identified.

While improvement had been made to the dementia friendly décor of the home, a number of areas still required improvement including; the provision of names on patients' doors and the introduction of colour and personalisation in a number of bedrooms. This area for improvement has been stated for a second time.

A number of bedrooms did not have a waste bin available for patient use. This was discussed with the manager for action and it was confirmed following the inspection this had been addressed and bins had been put in place.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

It was observed that completion of hand hygiene and use of personal protective equipment (PPE) was not always in accordance with the regional guidance. An area for improvement was identified.

A number of items which were a risk to patients' health and wellbeing were noted to be accessible in the home including an electrical storeroom and out of date medication. An area for improvement was identified.

A hoist was observed to be stored inappropriately in a shower room. This was discussed with the manager and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Could have birthday parties with family/friends in their room or one of the lounges.

There was a pleasant atmosphere throughout the home with friendly chat between patients and staff about daily life in the home.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for patients by staff. The range of activities included social, community, cultural, religious, spiritual and creative events.

Staff recognised the importance of maintaining good communication with families. Visiting and arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Cheryl Palmer has been the manager in this home since 20 June 2023.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was a system in place to manage complaints. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive and approachable.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly, however they were not always reported appropriately to RQIA. An area for improvement was identified

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	4*	6*

* the total number of areas for improvement includes two regulations that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Cheryl Palmer, registered 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (b) (d)</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2024</p>	<p>The registered persons shall ensure that the deficits identified in the environment are addressed.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager had completed a full environmental prior to the inspection. An action plan was in place with time frames for actioning.</p> <p>Since the inspection these works have progressed and the environmental audit updated to reflect works completed to date, this includes works identified to the exterior of the building.</p> <p>The Registered Manager will ensure quarterly environmental audits are completed and actions addressed within the specified timeframe.</p> <p>The Registered Manager will ensure oversight by signing off on actions once completed.</p> <p>The Regional Manager will review progress of the action plan during the monthly Regulation 29 monitoring visit.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (d) (g) (i)</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2024</p>	<p>The registered persons shall conduct an assessment of the environment through the prism of best practice dementia care, resulting in an action plan to enhance a more dementia friendly environment.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager had completed a full environmental audit prior to the inspection and works to enhance communal areas were in progress and have now been completed.</p> <p>With the assistance of residents' family, the identified bedrooms are now more personalised and in keeping with dementia best practice.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>The registered persons shall ensure the home is free from hazards and risks to patient health and safety. This is in relation to access to an electrical storeroom and out of date medication.</p> <p>Ref: 5.2.3</p>

<p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Supervision was completed with the identified staff member on the day of inspection in relation to the unlocked electrical store. Daily checks are being conducted by the Registered Manager. The out of date inhaler was removed from the resident's vanity unit immediately and a safe care huddle was completed with all care staff in regards this. The Registered Manager and Deputy Manager will continue to complete daily walk rounds to observe staff practice and ensure good compliance. Any deficits identified will be addressed at the time. The Regional Manager will also complete a walk round during monthly Regulation 29 visits and observe compliance with management of hazards within the home.</p>
<p>Area for improvement 4 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure all notifiable incidents are reported to RQIA. Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The one identified incident which had been overlooked was reported retrospectively to the RQIA the day following the inspection. The importance of reporting and what to report was highlighted to staff at a Clinical Governance meeting. The Registered Manager will ensure that all notifiable incidents are reported in accordance with guidance. The Regional Manager will review all incidents during the monthly Regulation 29 visit.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 31 August 2024</p>	<p>The registered persons shall ensure patients receive an individual assessment of all their care needs in a timely manner. This is in relation to physical and social needs, mobility and communication. Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The identified resident care file has been updated to reflect current needs. The importance of reviewing assessment of care needs was highlighted to staff at a Clinical Governance meeting. This will continue to be monitored through care file audits, with an action plan being implemented for any deficits identified. The Regional Manager will spot check care records during the monthly Regulation 29 visit.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p> <p>To be completed by: 14 August 2024</p>	<p>The registered persons shall ensure care plans are regularly reviewed and updated. This is in relation to care plans for activities, pressure area care and oral care.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2024</p>	<p>The registered persons shall ensure the home is appropriately maintained including, garden chairs in bedrooms, sink surrounds and flooring.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Following inspection care plans were amended and updated to reflect current assessed needs of residents. This was discussed with nursing staff at the Clinical Governance meeting. This will continue to be monitored through care file audits and spot checked by the Regional Manager.</p> <p>Response by registered person detailing the actions taken: The Registered Manager had completed a full environmental prior to the inspection. An action plan was in place with time frames for actioning. Since the inspection works have been completed or planned in relation to replacement of vanity units, flooring and furniture including seating. The Registered Manager will ensure quarterly environmental audits are completed and actions addressed within the specified timeframe. The Registered Manager will ensure oversight by signing off on actions once completed. The Regional Manager will review progress of the action plan during the monthly Regulation 29 monitoring visit.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2024</p>	<p>The registered persons shall ensure all areas in the home are kept clean including bed linen, hoists and wheelchairs.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: An audit was undertaken of all bed linen and additional bedlinen which had been ordered prior to inspection is now in place. Staff have been reminded through safe care huddles and at handover report to ensure all bedlinen that is stained is disposed of and all bed linen on beds should be clean and fresh.</p>

	<p>This will continue to be monitored by the Registered Manager and Housekeeper.</p> <p>There is a decontamination schedule in place for all equipment and spot checks will continue to ensure equipment is being cleaned as recorded by staff</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure staff change their gloves and adhere to hand safe hygiene practices to prevent the spread of infection.</p> <p>Ref:5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>A supervision was completed with the one identified staff member observed on the day of inspection.</p> <p>The Registered Manager will continue to monitor Infection Control practices and address any concerns with relevant staff. Hand hygiene and PPE audits will continue to be completed and action plan generated if required.</p> <p>A memo focusing on Infection Control has also been issued to all staff in the home.</p>
<p>improvement 6</p> <p>Ref: Standard 44.3</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure all rooms in the home are used for the purpose for which they are registered. This is in relation to a shower room used to store a hoist.</p> <p>Response by registered person detailing the actions taken:</p> <p>The hoists are no longer being stored in bathrooms and this has been re-iterated to staff through safe care huddles and handover reports.</p> <p>The Registered Manager and Nurse in Charge will continue to monitor this during daily walkround.</p>

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