

Inspection Report

14 November 2023



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/Registered Provider: Healthcare Ireland No 2 Ltd	Registered Manager: Mrs Cheryl Palmer
Responsible Individual: Miss Amanda Mitchell	Date registered: 20 June 2023
Person in charge at the time of inspection: Ms Oluchukwu Ekee, Deputy Manager	Number of registered places: 32
Categories of care: Nursing (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 a residential care home occupies the first floor of the same building. Mrs Cheryl Palmer is registered manager for both the nursing and residential homes.	

2.0 Inspection summary

An unannounced inspection took place on 14 November 2023 from 9.50 am to 2.30 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.

The home was clean and tidy, and the internal temperature was comfortable for the season. Patients looked well cared for, in that attention had been paid by staff to patients' personal and dressing needs, and patients looked comfortable in their surroundings and during interactions with staff.

Three areas for improvement were identified; two were in relation to the home's environment and one relating to the stock management and provision of bed linen. Further detail can be found in the body of this report and on the quality improvement plan (QIP) in section 6.0.

Areas of good practice were identified in relation to the provision of activities, staff interactions and working relationships, and governance.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

Addressing the areas for improvement will further enhance the quality of care and services in Rosevale Lodge.

The findings of this report will provide the management team with the necessary information to enhance 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 the management team at the conclusion of and following the inspection.

4.0 What people told us about the service

Due to the nature of dementia some patients were unable to fully share their views about the home verbally, however patients expressed that they were comfortable and content through short responses or non-verbal cues such as smiling or hand gestures. Patients were seen to be unrestricted from moving around communal areas if they so wished.

Some patients told us that they were well looked after and that the food was "great" and "tasty."

Relatives told us that they were very satisfied with the delivery of care in Rosevale Lodge, saying “the care is second to none.” Relatives described staff as “so caring and helpful”, and “I haven’t met one that is not good” and “the nursing staff are great.” One relative praised staff for their knowledge, skills and compassion when dealing with behaviours associated with dementia that can challenge. Another relative, while complementary about all staff, mentioned the personal activity leader by name, describing her as “fantastic.”

Relatives said that they were happy with the visiting arrangements and that there was good communication from the home about their loved ones. Relatives commented that the home’s environment was tired, worn and “not homely.” Observations about the environment and comments from relatives were shared with the management team, and further detail can be found in section 5.2.3 of this report.

Staff told us that they were happy working in Rosevale Lodge; that they felt supported in their roles through training, a positive working relationship with management, good teamwork, and staffing arrangements.

One completed questionnaire was received within the allocated timeframe. The relative indicated that they were satisfied that the care delivered in the home was effective and that the service was well led, and they were very satisfied that staff delivered care with compassion. The relative indicated that they were neither satisfied nor dissatisfied about safety in the home and commented that they felt there was not always enough supervision of patients in the communal lounge. Any concerns expressed by relatives were shared with the manager for their consideration. Following the inspection, the manager provided assurances about supervision arrangements in the main lounge and advised RQIA that this would be brought to the attention of relevant staff to ensure that these arrangements were adhered to.

A visiting professional told us that they observed the care delivery in the home to be good and said that staff were “helpful and knowledgeable”, and that staff followed any specialist recommendations made.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 13 June 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 4 Stated: Second time	The registered person shall ensure that handwritten care records are legible.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a recruitment system in place to ensure that staff were recruited safely and that all pre-employment checks had been completed and verified prior to the staff member starting work in the home. All staff were provided with a comprehensive induction programme to prepare them for working with patients. An induction record was completed to capture the topics covered during the induction.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Review of records and discussion with staff confirmed that staff were provided with a range of essential training topics. There was a system in place to monitor staff compliance with mandatory training and the manager had oversight of this system and reviewed it monthly.

Discussion with staff and review of records evidenced that staff were further supported through regular meetings. Records were well maintained.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The manager's working pattern was stated on the duty rota as well as identifying the nurse in charge of the home in the absence of the manager. Any nurse taking charge of the home in the absence of the manager had a competency assessment completed to ensure that they held the necessary knowledge and skills.

Review of governance records evidenced that staffing levels were regularly reviewed to ensure the needs of patients were met. Discussion with staff confirmed that they were satisfied that there was enough staff on shift each day and that short notice unplanned leave was managed well. Staff said that there was good teamwork and that everyone was aware of their roles and responsibilities within the team.

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. For example, patients who required assistance with mobility were seen to be offered choice by staff about where they wished to sit and staff then facilitated patient preference.

Staff were observed to be polite and professional towards each other and visitors, and to be warm and reassuring in their interactions with patients.

Relatives said that they were very satisfied that staff delivered care with compassion and described staff as “caring and helpful.”

A visiting professional to the home described staff as “helpful and knowledgeable” and told us that staff followed specialist recommendations and were open to learning.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of patients. Staff were knowledgeable about 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. Staff members were observed to be prompt in recognising patients’ needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients’ needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients’ needs and included any advice or recommendations made by other healthcare professionals. Review of one identified patient’s care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs.

Patients’ individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient’s 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 and consultations with any healthcare professional was also recorded.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position as required. It was observed that, where required, there were care plans in place to direct care for the prevention of pressure ulcers and pressure relieving equipment was in use as directed.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff encouraged patients to wear appropriate footwear, some patients required increased supervision when mobilising, or specialist equipment such as ramble alarm mats or bedrails were used. Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed.

Some safety equipment such as bedrails or ramble alarms can be considered to be restrictive. It was established that safe systems were in place to manage this aspect of care, with the relevant risk assessments in place and evidence of multidisciplinary and next of kin input, where appropriate.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the meals provided, telling us that the food was "tasty."

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

Relatives said that they were very satisfied with the care provided and described the care as "second to none."

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, communal lounges, dining rooms, bathrooms, corridors, storage areas, and external grounds.

The home was generally clean, in that, observations and discussions with staff evidenced that domestic staff cleaned all patient areas on a daily basis and maintained records. However, it was noted that the surface of some furnishings such as some chairs, tables, and sideboards were breached through damage or wear and tear. Surfaces should be impermeable for effective decontamination. In addition, other environmental issues were identified. For example, broken bathroom tiles and part of the garden directly outside of some patients' bedroom windows was used to dump rubbish, old creates, and disused equipment such as wheelchairs and walking frames. An area for improvement was identified.

Following the inspection, the manager provided evidence to show that the external area had been tidied and shared with RQIA a refurbishment action plan.

Patients bedrooms were clean. It was noted that a number of patients' beds were unmade throughout the day. Discussion with staff and examination of the linen stores evidenced that there was insufficient stock of bedding to ensure patient beds could be made up in a timely manner. An area for improvement was identified.

Some patients' bedrooms were personalised with items of interest or importance to the patient, such as family photos. However, some patients' bedrooms lacked personalisation of any items of stimulation. Some patient bedrooms were not clearly marked with a name or photograph to help orientate patients to their bedrooms and the orientation board was out of date. In addition, corridors and other communal spaces lacked decorative accessories that could help stimulate or spark interest for patients. For example, wall art, and rummage or memory boxes. An area for improvement was identified.

Relatives told us that they were happy with the general cleanliness in the home. One relative said that they observed some furnishings to be worn and that the environment was "not homely."

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were maintained free from obstruction. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

5.2.4 Quality of Life for Patients

Observations of daily life in the home and discussions with relatives and staff confirmed that patients were able to choose how they spent their day. For example, some patients liked to move around the communal areas of the home, while other patients preferred the privacy of their bedrooms.

The atmosphere throughout the home was welcoming and friendly. Patients who chose to sit in their bedrooms had access to televisions, radios, or reading materials. It was observed that communal areas had background music or a television on. Patients were seen to be relaxed and comfortable in their surroundings. It was observed that staff offered choice to patients in a compassionate manner.

The personal activity leader provided a range of organised activities that included arts and crafts, games, quizzes, religious services, and one to one time. Patients were seen to enjoy music and ball games during the inspection. Discussion with staff evidenced that as well as organised activities, ad-hoc sessions could also be facilitated depending on what patients wanted to do that day. This is good practice.

It was evident that the activities programme captured social, community, cultural, religious, spiritual and creative events. It was evident that patients' needs in this area were met.

Relatives told us that they were happy with the visiting arrangements in the home and said that they felt included and updated about the running of the home. Records showed that relatives were encouraged to participate in meetings and a satisfaction survey was conducted in February 2023.

5.2.5 Management and Governance Arrangements

Staff members 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 had been no change in the management of the home since the last inspection. Mrs Cheryl Palmer has been the manager since 12 January 2023 and was registered with RQIA on 20 June 2023.

There was evidence that a robust 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. A regional manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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 care manager and to RQIA.

There was evidence that there was a system in place to ensure that complaints were managed correctly and that good records were maintained.

Relatives 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 the management team and described them as supportive, approachable and available for guidance.

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.

	Regulations	Standards
Total number of Areas for Improvement	3	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Cheryl Palmer, 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: First time</p> <p>To be completed by: 29 February 2024</p>	<p>The registered persons shall ensure that the deficits identified in the environment are addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>An environmental audit had been completed prior to the inspection. Several new lounge chairs have been purchased. New flooring has been laid in the lounge and several rooms have been repainted. Refurbishment work is ongoing.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 18 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2023</p>	<p>The registered persons shall implement a robust system to ensure that there is adequate supply of bed linen in the home at all times.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>Additional bed linen was ordered and received. The laundry staff will continue to monitor closely and report to management when stocks are reduced</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 27 (d) (g) (i)</p> <p>Stated: First time</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: 5.2.3</p>
<p>To be completed by: 29 February 2024</p>	<p>Response by registered person detailing the actions taken:</p> <p>An action plan has been formulated to ensure the nursing unit is decorated in a more dementia friendly manner to enhance the experience of our residents and provide further stimulation</p>

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