

Unannounced Care Inspection Report 16 May 2017



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

www.rgia.org.uk

1.0 Summary

An unannounced inspection of Rosevale Lodge took place on 16 May 2017 from 09.20 to 18.15 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?

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. Two recommendations were made in this domain. One in relation to basic life support training and one in relation to the management of a malodour.

Is care effective?

Risk assessments had been conducted and informed subsequent care plans. Care plans had been personalised to meet the needs of patients. Staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. Staff meetings were held regularly. There was evidence of engagement with patients' representatives. No requirements or recommendations were made in this domain.

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. No requirements or recommendations were made in this domain.

Is the service well led?

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. Complaints received had been managed appropriately and systems were in place to monitor the quality of nursing care. No requirements or recommendations were made in this domain.

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
Total number of requirements and recommendations made at this inspection	0	2

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 announced estates inspection undertaken on 1 December 2017. 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

Registered organisation/registered person: Four Seasons Health Care Dr Maureen Claire Royston	Registered manager: Mayvelyn Talag
Person in charge of the home at the time of inspection: Mayvelyn Talag	Date manager registered: 28/12/2012
Categories of care: 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.	Number of registered places: 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 18 patients individually and others in small groups, two patient representatives, six care staff, two registered nurses and one ancillary staff member.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

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

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- staff recruitment records
- a selection of audit documentation
- 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 8 to 14 May 2017

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 1 December 2017

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector and will be validated at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 12 September 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 43 Criteria (4) Stated: Second time	The registered person should ensure equipment, such as toilet aids, are used safely and minimise any risk to patient safety.	Met
	Action taken as confirmed during the inspection: All equipment observed in use on inspection was being used in a safe manner.	
Recommendation 2 Ref: Standard 4 Stated: Second time	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. Care plans not reflective of current care needs should be discontinued.	Met
	Action taken as confirmed during the inspection: Care plans reviewed on inspection were reflective of current patient needs and older care plans had been archived.	
Recommendation 3 Ref: Standard 22 Stated: First time	The registered provider should ensure good practice guidance is adhered to with regard to post falls management.	Met
	Action taken as confirmed during the inspection: A review of accident records evidenced that post falls management had been conducted in accordance with best practice.	

4.3 Is care safe?

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. A review of the staffing rota for week commencing 8 May 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. One respondent in a relatives' questionnaire was of the opinion that there were not enough staff on duty at all times. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

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 completion of the induction.

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. Ninety six percent of staff were compliant with the home's mandatory training requirements. Furthermore, staff had been encouraged to identify any relevant training to the registered manager that they would be interested in attending. Discussion with staff and the registered manager confirmed that the majority of training was through electronic learning. Following a discussion with staff and the registered manager, a recommendation was made to ensure that there was a practical element added to basic life support training in accordance with best practice guidelines.

Competency and capability assessments of the nurse in charge of the home in the absence of the registered manager had been appropriately completed.

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

Discussion with staff and the registered manager and a review of records evidenced that a system was in place to ensure that staff appraisals and supervisions have been completed appropriately.

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. An adult safeguarding champion had been identified for the home and a date for training specific to this role had also been identified.

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 from 12 September 2016 confirmed that these were appropriately managed. Accidents and incidents were reviewed monthly to identify any potential patterns or trends. Inspection of accident records evidenced that an unwitnessed fall had occurred. Records indicated that central nervous system (CNS) observations were taken immediately following the incident and monitored for 24 hours. There was evidence that the management of accidents/incidents was reviewed by the regional manager.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. However, a malodour was detected in one identified room and a recommendation was made to ensure that this malodour was managed appropriately. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were well maintained.

Areas for improvement

It is recommended that training on basic life support includes a practical element to ensure that the training provided is in accordance with best practice guidelines.

It is recommended that the malodour detected in the identified room is managed appropriately.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

Review of three 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 been personalised to meet the individual needs of the patients and had been reviewed monthly. Older care plans had been archived.

A review of supplementary documentation such as bowel management records, food and fluid intake records and repositioning records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

Discussion with the registered manager and staff confirmed that staff meetings were conducted regularly. Minutes of the meetings were available and included details of attendees; dates; topics discussed and decisions made. Furthermore, there was evidence that relatives meetings had been planned on a six monthly basis.

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 recorded daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

A 'Quality of Life' (QOL) feedback system was available at the entrance to the home. The registered manager confirmed that the home aimed to achieve service feedback from a variety of staff; visiting professionals; patients and patient representatives.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift.

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 areas for improvement were identified during the inspection in the effective domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Two registered nurses, six carers and one ancillary staff member were consulted to ascertain their views of life in Rosevale. Staff confirmed that when they raised a concern, they were happy that the home's management would take their concerns seriously. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Four of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

"I am happy working here. I enjoy my job."

"It's alright here."

"I love it here."

"I look forward to work."

"I love it here."

"I really like it here."

"It's ok. Staff are friendly."

Eighteen patients were consulted. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Ten patient questionnaires were left in the home for completion. Two of the patient questionnaires were returned.

Some patient comments were as follows:

"It's lovely. Everyone is friendly."

"I enjoy it here."

"It's nice."

"I'm very happy here."

"I enjoy the church service monthly."

Two patient representatives were consulted with on the day of inspection. Eight relative questionnaires were left in the home for completion. Six relative questionnaires were returned. The respondents indicated that they were satisfied or very satisfied with the care provided in the home.

Some relatives' comments were as follows:

"The care is good. Our whole family are happy."

"This is a brilliant home. The staff are very friendly."

"There are too many residents in need of one to one care (in answer to question in relation to staffing arrangements)."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Staff interactions with patients were observed to be compassionate, caring and timely. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

The serving of lunch was observed in the main dining room downstairs. A menu was on display. Patients were seated around tables which had been appropriately laid for the meal. Food was served from a heated trolley when patients were ready to eat or be assisted with their meals. Staff were knowledgeable in regard to patients' nutritional requirements. Food appeared nutritious and appetising. The mealtime was well supervised. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Condiments were available on tables and a range of drinks were offered to the patients. Appropriate background music was played. Patients appeared to enjoy the mealtime experience.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	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 records 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 displayed at reception. A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

"The love, compassion and patience shown to ... was exceptional. Your kindness and care was never failing."

"Words cannot express how grateful I am. May you continue the fantastic work that you all do."

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, accidents, complaints and infection prevention and control. The registered manager confirmed that an action plan to address identified shortfalls within audits was developed. There was evidence within wound care auditing records that the action plans had been reviewed to ensure completion. There was also evidence that the regional manager had oversight of the auditing arrangements in the home.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

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. An action plan was generated within the report to address any areas for improvement and a review of the previous action plan was included within the report. Copies of the reports were available for patients, their representatives, staff and trust representatives.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	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 web portal 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>Recommendation 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered person should ensure that training on basic life support includes a practical element to ensure that the training provided is in accordance with best practice guidelines.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The practical element on basic life support will be provided to appropriate staff members which is relevant to their job roles, duties and responsibilities to ensure that training provided is in accordance with best practice guidelines.</p>
<p>Recommendation 2</p> <p>Ref: Standard 44 Criteria (1)</p> <p>Stated: First time</p> <p>To be completed by: 15 June 2017</p>	<p>The registered person should ensure that the malodour in the identified room is managed appropriately.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The flooring on the first floor small lounge has been approved for replacement, currently awaiting contractors.</p>

Please ensure this document is completed in full and returned via web portal



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