

Inspection Report

20 January 2023



Rosevale Lodge

Type of Service: Nursing Home (NH)
Address: Garden Suite, 173 Moira Road,
Lisburn, BT28 1RW
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

| | |
|---|---|
| Organisation/Registered Provider: Healthcare Ireland Belfast Ltd Responsible Individual : Mrs Amanda Celine Mitchell | Registered Manager: Mrs Cheryl Palmer (not registered) |
| Person in charge at the time of inspection: Mrs Cheryl Palmer | Number of registered places: 30 |
| Categories of care: Nursing Home (NH) DE – Dementia. | Number of patients accommodated in the nursing home on the day of this inspection: 29 |
| Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 30 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. | |

2.0 Inspection summary

An unannounced inspection took place on 20 January 2023 from 9.55 am to 5.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection; one area for improvement identified at the previous care inspection has been stated for a second time, however no new areas for improvement were identified during this inspection. Please refer to the Quality Improvement Plan (QIP) in section 6.0.

The home was clean and tidy with a homely atmosphere. Staff members were attentive to the needs of patients' and carried out their work in a compassionate manner.

Patients were observed to be relaxed and comfortable in the presence of staff. Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Rosevale Lodge was safe, effective, compassionate and that the home was well led.

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, and 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.

A poster was provided to the manager detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow patients and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

The daily life within the home was observed and how staff went about their work.

A range of documents and records were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

A number of patients spoke positively about the care that they received. One patient said, "All good", whilst another said "I'm happy here".

Due to the nature of dementia some patients found it difficult to share their thoughts on their life within the home. However, all of the patients were well presented, smiled when spoken with, and appeared relaxed in the company of staff.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale and managerial support.

Comments from relatives were passed to the management to action as required. No questionnaires were returned and no response was received from the staff online survey within the allocated timeframe.

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 09 September 2021 | | |
|---|---|--------------------------|
| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 4 Stated: First time | The registered person shall ensure that handwritten care records are legible. | Partially met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met; this is further discussed in section 5.2.2. This area for improvement is stated for a second time. | |
| Area for improvement 2 Ref: Standard 4 Stated: First time | The registered person shall ensure that patient assessments and care plans are maintained up to date. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |
| Area for improvement 3 Ref: Standard 46 Stated: First time | The registered person shall ensure that the identified infection prevention and control issues detailed in this report are addressed; namely that the undersides of dispensers are included on the regular cleaning schedule and that the wooden shelving in the domestic store is replaced or recovered so that it can be effectively cleaned. | 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

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

Staff confirmed they were provided with an induction programme to support them in the tasks associated with their role and duties. There were systems in place to ensure staff were trained and supported to do their job. Mandatory training was progressing for staff and the management confirmed that training compliance was kept under review.

Review of records provided assurances that a system was in place to ensure all relevant staff were registered with the Nursing and Midwifery Council (NMC). There was also a system in place to monitor registration status of care staff with the Northern Ireland Social Care Council (NISCC).

The duty rotas accurately reflected the staff working in the home over a 24 hour period.

Competency and capability assessments were undertaken for staff members who had responsibility of being in charge of the home.

Staff were observed to attend to patients' needs in a timely manner, and patients' were offered choices throughout the day.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients.

Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes, for example, where patients preferred to sit and what they liked to eat. Staff were observed to be skilled in communicating with the patients and to treat them with patience and understanding.

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.

Falls in the home were monitored on a monthly basis to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. 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 and where required, staff engaged with patients' on a one to one basis to assist them with their nutritional needs.

Some staff discussed the number of patients who required support with their meals and the potential impact on staff to ensure all patients receive their meals in a timely manner; this was discussed with the management for review and action as required. However, during the inspection lunch was a calm and unhurried experience for the patients and all received their meals and assistance without delay. The food served was attractively presented and smelled appetising and a variety of drinks were served with the meal.

It was observed that some patients preferred to have their meal in their own room and this was readily accommodated with support provided as required.

Staff maintained a record of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided. It was noted that a menu was not displayed in a meaningful manner; this was discussed with the management who confirmed that this was under review. This will be reviewed at a future care inspection.

A sample of care records was reviewed and were regularly reviewed and updated to ensure they continued to meet the patients' needs; however, it was found that a number of handwritten care records were difficult to read and illegible in parts. This was identified as an area for improvement during the previous care inspection and is now stated for a second time.

Daily records were kept of how each patient spent their day and the care and support provided by staff. A discussion with the manager confirmed that patient care records are held confidentially and securely.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm and inviting; communal areas were suitably furnished and pleasantly decorated.

The home was observed to be clean, tidy and fresh smelling throughout; patients and staff said the home was cleaned regularly.

Corridors and fire exits were observed to be clear of clutter and obstruction.

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 personal protective equipment (PPE) had been provided. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room for meals.

Patients were observed enjoying listening to music and watching TV, while others enjoyed a visit from relatives.

Staff took time to chat to patients as they were going about the daily routine; they asked patients how they were, if they would like a drink and if they needed anything.

Discussion with the Personal Activity Leader (PALS) confirmed that varied activities were offered and reviewed to ensure the life history and hobbies of patients were considered during planning of activities. Staff spoken with commented positively on the activities available however reported reduced activity staff due to staff sickness which had the potential to impact upon the range of activities available; however patients spoke positively about the activities and reported that they enjoyed the music. A discussion took place with the management to review the information display regarding the available activities, to ensure that it accurately informs patients, relatives and/or their representatives; this will be reviewed at a future inspection.

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.

Since the last inspection there has been a change of manager; Mrs Cheryl Palmer has been the manager since 12 January 2023. Staff commented positively about the manager and described them as supportive and approachable.

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

Review of records confirmed that systems were in place for staff appraisal and supervision.

There was a system in place to manage complaints. Discussion with the manager confirmed that complaints were seen as an opportunity for the team to learn and improve; this is good practice.

A review of a sample of records of accidents and incidents, which had occurred in the home, found that these were well managed and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. A sample of reports was reviewed and identified that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The reports were available for review by residents, 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 Care Standards for Nursing Homes (April 2015).

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of Areas for Improvement | 0* | 1* |

* the total number of areas for improvement includes one that has been stated for a second time.

This inspection resulted in no new areas for improvement being identified.

| Quality Improvement Plan | |
|---|---|
| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | |
| <p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 17 February 2023</p> | <p>The registered person shall ensure that handwritten care records are legible.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The importance of ensuring clear and accurate record keeping has been discussed with staff during team meetings and safe care huddles.</p> <p>To ensure all care records are clearly written the Registered Manager and Clinical Lead will monitor this through the audit process and any issues identified will be addressed immediately.</p> <p>All Registered Nurses and care staff will complete the Record Keeping Module on the E Learning platform.</p> |

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