

# Announced Premises Inspection Report 01 December 2016



## Rosevale Lodge

**Type of Service: Nursing Home**  
**Address: 173 Moira Road, Lisburn, BT28 1RW**  
**Tel No: 028 9260 4433**  
**Inspector: K. Monaghan**

## 1.0 Summary

An announced premises inspection of Rosevale Lodge took place on 01 December 2016 from 10:30hrs to 12:10hours.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the nursing home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Reference should be made to section 4.3.

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

## 1.1 Inspection outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | <b>0</b>     | <b>2</b>        |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms. Mayvelyn Talag, Registered Manager and Mr. Gerry Hegarty, Estates Manager for Four Seasons Health Care 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 premises inspection on 27 June 2013

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection on 27 June 2013.

## 2.0 Service Details

|  |   |
|--|---|
| <b>Registered Provider / Responsible Individual:</b><br>Four Seasons Healthcare Limited / Dr. Maureen Claire Royston, Group Medical Director | <b>Registered manager:</b><br>Ms. Mayvelyn Talag    |
| <b>Person in charge of the home at the time of inspection:</b><br>Ms. Mayvelyn Talag, Registered Manager                                     | <b>Date manager registered:</b><br>28 December 2012 |
| <b>Categories of care:</b><br>RC-I, NH-DE, RC-DE   | <b>Number of registered places:</b><br>66           |

## 3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The report for the previous premises inspection on 27 June 2013
- The statutory notifications over the past 12 months
- The concerns log.

During this premises inspection discussions took place with the following people:

- Ms. Mayvelyn Talag, Registered Manager
- Mr. Gerry Hegarty, Estates Manager for Four Seasons Health Care.

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report.

## 4.0 The Inspection

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

The most recent inspection of this nursing home was an unannounced medicines management inspection IN025678 on 13 October 2016. The completed QIP for this inspection has not yet been returned to RQIA for approval by the pharmacy inspector. This QIP will be validated by the pharmacy inspector at their next inspection.

### 4.2 Review of requirements and recommendations from the last premises inspection on 27 June 2016

| Last premises inspection statutory requirements   |   | Validation of compliance |
|---|---|--------------------------|
| <p><b>Requirement 1</b></p> <p>Ref: Regulations<br/>14(2)(a)<br/>14(2)(c)<br/>27(2)(b)</p> <p>Stated: Second time</p> | <p>The paving to the internal courtyard garden should be pressure washed. The paving in this courtyard and to the perimeter paths should also be checked and any remedial works required should be completed.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Remedial works had been carried out to the courtyards following the last premises inspection. These courtyards should be pressure washed again in the spring time.</p> | Met                      |
| <p><b>Requirement 2</b></p> <p>Ref: Regulations<br/>13(7)<br/>27(2)(p)</p> <p>Stated: First time</p>                  | <p>The extract fan in shower room 1 on the ground floor should be replaced with a larger extract fan.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>A new extract fan had been installed in shower room 1.</p>   |                          |
| <p><b>Requirement 3</b></p> <p>Ref: Regulations<br/>27(2)(c)<br/>27(2)(q)</p> <p>Stated: First time</p>               | <p>The nurse call system should be checked and adjusted as required to ensure that the correct room designations are logged in the system.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Ms. Talag confirmed that the issues with the nurse call system had been addressed. The nurse call system was also serviced on 07 August 2016.</p>   | Met                      |

| Last premises inspection statutory requirements  |   | Validation of compliance |
|--|---|--------------------------|
| <b>Requirement 4</b><br><b>Ref:</b> Regulations 13(7) 27(2)(d)<br><b>Stated:</b> First time                    | The vinyl floor covering in shower room 2 on the ground floor should be replaced. The kitchen/laundry lobby should also be redecorated.   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>These issues had been addressed.   |                          |
| <b>Requirement 5</b><br><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)<br><b>Stated:</b> Second time | The 'dead leg' pipes in the ground floor cleaner's store and in the activity store on the ground floor should be removed from the system.   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>These 'dead legs' had been removed.  |                          |
| <b>Requirement 6</b><br><b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(c)<br><b>Stated:</b> Second time       | A check should be carried out to ensure that the Northern Ireland Adverse Incidents Centre's website is being accessed once each week to check the Medical Device Equipment Alerts.   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>The medical device alerts are checked at the Four Seasons Health Care head office and copied to the home as required.  |                          |
| <b>Requirement 7</b><br><b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(c)<br><b>Stated:</b> First time        | The issues identified for attention in the report for inspection and test to the gas equipment that was completed on 25 June 2013 should be addressed.  | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>The gas safety issues had been resolved. The gas pipework was inspected on 22 July 2016, the kitchen equipment was inspected on 20 July 2016 and the laundry equipment was inspected on 23 September 2016. |                          |

| Last premises inspection statutory requirements  |  | Validation of compliance |
|--|--|--------------------------|
| <p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulations 13(7)<br/>14(2)(a)<br/>14(2)(c)<br/>27(2)(q)</p> <p><b>Stated:</b> First time</p> | <p>The action plan in the report for the risk assessment in relation to the prevention or control of legionella bacteria in the water systems that was completed on 28 May 2012 should be signed off as complete.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The legionella risk assessment issues had been addressed. The completion dates for each item were recorded on the risk assessment document.</p>   | <b>Met</b>               |
| <p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulations 14(2)(a)<br/>14(2)(c)</p> <p><b>Stated:</b> First time</p>                        | <p>Risk assessments should be completed in relation to all hot surfaces where the temperature could exceed 41°C. Particular attention should be given to the oil filled electric heaters in bedrooms 35 and 36 on the first floor in this regard. Fixed heaters which comply with the current standards for safe hot surfaces should also be provided as a permanent solution for the space heating in these rooms.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Hot surfaces are checked monthly with the last check having been completed on 07 November 2016. A sample check in bedroom 36 confirmed that guards had been fitted to the oil filled electric heaters.</p>  | <b>Met</b>               |
| <p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulation 27(2)(p)</p> <p><b>Stated:</b> First time</p>                                     | <p>The limited opening width to the windows should be reviewed and increased to a safe point of opening with a maximum clear opening of 100mm.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The window openings had been adjusted following the last premises inspection. Some of the window openings were still limited. Mr. Hegarty however confirmed that arrangement had been made for new restrictors to be fitted to all windows throughout the home in the week following this premises inspection. Any further adjustments and repairs required will also be completed at this time. Subsequent to this premises inspection Mr. Hegarty confirmed to RQIA that the work in relation to the new window controls would commence on 06 December 2016.</p> | <b>Met</b>               |

| Last premises inspection statutory requirements  |   | Validation of compliance |
|--|---|--------------------------|
| <p><b>Requirement 11</b></p> <p><b>Ref:</b> Regulations<br/>27(4)(b)<br/>27(4)(c)<br/>27(4)(d)(i)<br/>27(4)(d)(iv)</p> <p><b>Stated:</b> Second time</p> | <p>All of the fire doors should be checked and further remedial works should be carried to ensure that all of the fire doors close correctly. In this regard particular attention should be given to the gaps at the edges of the fire doors and the doors to the stair cases to ensure that they close tight to the stops.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Remedial works had been carried out to the fire doors following the last premises inspection. Further remedial works should however be completed following the recent major redecoration works to ensure that all of the corridor fire doors close fully, that the staff room door closes fully with the self-closer and that the doors to the stairs close tight to the stops. The local isolating buttons for the hold open devices on the corridor fire doors should also be checked. Mr. Hegarty confirmed that the necessary further remedial works to the fire doors would be completed on 05 December 2016 and that this would be confirmed to RIQA. Subsequent to this premises inspection Mr. Hegarty confirmed to RQIA that the doors that needed adjustment would be complete on 05 December 2016 and the remainder of the doors would also be checked.</p> | <b>Met</b>               |
| <p><b>Requirement 12</b></p> <p><b>Ref:</b> Regulations<br/>27(4)(b)<br/>27(4)(d)(i)&amp;(iv)</p> <p><b>Stated:</b> Second time</p>                      | <p>A copy of the report for the most recent inspection and test to the fire detection and alarm installation should be forwarded to RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The certificate for the most recent inspection and service (completed on 27 August 2016) of the fire detection and alarm system was presented for review during this premises inspection.</p>  | <b>Met</b>               |

| <b>Last premises inspection statutory requirements</b>  |  | <b>Validation of compliance</b> |
|---|--|---------------------------------|
| <p><b>Requirement 13</b></p> <p><b>Ref:</b> Regulations 27(4)(b)<br/>27(4)(c)<br/>27(4)(d)(iv)</p> <p><b>Stated:</b> First time</p> | <p>A copy of the report for the most recent inspection and test to the emergency lights should be forwarded to RQIA. The record sheets for the monthly checks to the emergency lights should also be signed by the person completing the checks.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The report for the most recent inspection and test (completed on 27 July 2016) for the emergency lights was presented for review during this premises inspection. The records for the monthly checks to the emergency lights are signed by the maintenance person.</p> | <b>Met</b>                      |
| <p><b>Requirement 14</b></p> <p><b>Ref:</b> Regulation 27(4)(a)</p> <p><b>Stated:</b> First time</p>                                | <p>The remaining issues identified for attention by the fire risk assessment that was carried out on 29 April 2013 together with the arrangements in place to complete same should be confirmed to RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The most recent fire risk assessment was completed on 06 September 2016. The issues identified for attention in the report for this risk assessment had been signed off.</p>   |                                 |



| Last premises inspection statutory requirements  |  | Validation of compliance |
|--|--|--------------------------|
| <p><b>Requirement 15</b></p> <p><b>Ref:</b> Regulations 27(4)(b)<br/>27(2)(c)<br/>27(4)(d)(i)</p> <p><b>Stated:</b> First time</p> | <p>The doors to the dry goods room and the vegetable preparation room should not be wedged or propped open. Consideration should be given to the installation of appropriate hold open devices for these doors. The first aid firefighting equipment provision in relation to the first floor smoking room should be reviewed with particular emphasis on the need for a fire blanket in an easily accessible location. The trap door to the ceiling in the store (previously a treatment room) on the first floor should be refitted in position.</p> | <p><b>Met</b></p>        |
|  | <p><b>Action taken as confirmed during the inspection:</b></p> <p>It is good to report that new hold open devices linked to the fire detection and alarm system had been fitted to the doors to the dry goods room and the vegetable preparation room. A fire blanket had been provided in the first floor smoking room and the trap door was in place.</p>  |                          |

### 4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out in line with the RQIA guidance in relation to the competency of fire risk assessors.

This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

#### Areas for improvement

1. The passenger lift was serviced on 17 October 2016 and thoroughly examined on 14 September 2016. Mr. Hegarty confirmed that arrangements were being made to address the two issues identified for attention in the report for the thorough examination.
2. The fixed wiring installation was inspected and tested in July 2016. Mr. Hegarty agreed to review the report for this work with the engineers and to confirm the current position in relation to the overall condition of the installation to RQIA. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
3. Fire stopping should be carried out in the switchgear store opposite the 'Candy Box' on the first floor (above electrical trunking). Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
4. It was agreed that the old shed located to the side of the home would be removed in the week following this premises inspection.
5. The ceiling in the bathroom at bedroom 11 on the first floor should be made good. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.

## Areas for improvement continued

6. Self-closing devices with hold open devices linked to the fire detection and alarm system had been fitted to all of the bedroom doors. Evacuation training was provided on 28 September 2016 and the 'e' learning fire safety training was 87% compliant. Attendance at fire training is monitored by Ms. Talag. There should be a continued focus on fire safety training to ensure that all staff receive this training at least twice each year.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>2</b> |
|-------------------------------|----------|-----------------------------------|----------|

### 4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises. This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

### 4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. It is good to report that extensive redecoration had been carried out in the home recently.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

#### 4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms. Mayvelyn Talag, Registered Manager and Mr. Gerry Hegarty, Estates Manager for Four Seasons Health Care 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 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 may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to web portal for review 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

#### Recommendation 1

**Ref:** Standard 48

**Stated:** First time

**To be completed by:**  
06 January 2017

The current position in relation to the overall condition of the fixed wiring installation should be confirmed to RQIA. Fire stopping should be carried out in the switchgear store opposite the 'Candy Box' on the first floor (above electrical trunking).

**Response by registered provider detailing the actions taken:**  
FSHC Property Manager has confirmed that the fixed wire test is to be reviewed by our contractor. The fire stopping in the switchgear store opposite the "Candy Box" on the first floor has been carried out.

#### Recommendation 2

**Ref:** Standard 44

**Stated:** First time

**To be completed by:**  
06 January 2017

The ceiling in the bathroom at bedroom 11 on the first floor should be made good.

**Response by registered provider detailing the actions taken:**  
The repair of the ceiling in the bathroom at bedroom 11 was completed on 14 December 2016.

*\*Please ensure this document is completed in full and returned to web portal\**



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