

# Inspection Report

**7 March 2023**



## Rose Lodge

**Type of service: Nursing Home (NH)**  
**Address: 185 Belsize Road, Lisburn BT27 4LA**  
**Telephone number: 028 9267 6301**

[www.rqia.org.uk](http://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

<b>Organisation:</b> Rose Lodge Care Home (Lisburn) Ltd  <b>Responsible Individual:</b> Mr Kevin McKinney	<b>Registered Manager:</b> Mrs Julie McAleavey – not registered
<b>Person in charge at the time of inspection:</b> Mrs Julie McAleavey – acting manager	<b>Number of registered places:</b> 48 The home is approved to provide care on a day basis to 1 person in the Dowling Wing and 1 person in the Warnock Wing.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 36
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 48 patients. The home is divided in two units both situated on the ground floor of the home. Patients have access to communal living and dining spaces as well as to the garden areas.	

## 2.0 Inspection summary

An unannounced inspection took place on 7 March 2023 from 9.10 am to 5.35 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection are discussed within the main body of the report and Section 6.0.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

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 Rose Lodge was provided in a compassionate manner by staff that knew and understood the needs of the patients.

The findings of this report will provide the manager 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.

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

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Rose Lodge. 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.

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 findings of the inspection were provided to the manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients spoke positively about the care that they received and about their interactions with staff. One patient said, "We have a good home here. We can ask them for anything and they get it for you, while another patient said, "They are brilliant; I have no complaints". A further patient said, "I am getting great care. The staff are lovely". Comments received from one patient were discussed with the manager during the inspection for follow up as required.

Staff spoken with said that Rose Lodge was a good place to work. Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. One staff member said, "Things have improved a lot since the last inspection." Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No questionnaires were returned by patients or relatives and no responses were received from the staff online survey.

## 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 06 October 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 16 (1) (2) (b)  <b>Stated:</b> First time	The registered person shall ensure care plans are reviewed by registered nurses in keeping with this regulation.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records evidenced that care plans developed by a pre-registered nurse did not have oversight from a registered nurse.  This area for improvement has not been met and is stated for a second time.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> First time	The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.  Care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records evidenced some improvements against this area for improvement. However, further work is required to achieve compliance.  This area for improvement has been partially met and is stated for a second time.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30 (1) (d) (f)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records evidenced notification from the previous care inspection had been submitted retrospectively. However, it was noted that at least five accidents and incidents had not been notified to RQIA.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p><b>Partially met</b></p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered person shall ensure that robust action plans are developed to address the shortfalls identified within the auditing records and these action plans are reviewed to ensure completion.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time	The registered person shall ensure that the monthly care plan reviews and daily evaluations of care are meaningful; patient centred and consistently includes oversight of the supplementary care records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> Second time	The registered person shall ensure infection prevention and control deficits identified are addressed.  This is stated in relation but not limited to the effective cleaning of the raised toilet seats and shower chairs are effectively cleaned after use. The inappropriate storage of incontinence products in the patient ensuite and bathrooms.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that this area for improvement was met.	

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> Second time	The registered person shall review the provision of activities to ensure that they provide positive and meaningful outcomes for the patients and takes into account the individual patients' ability and needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 39.9  <b>Stated:</b> First time	The registered person shall ensure that mandatory training requirements are met.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Examination of training records evidenced that mandatory training requirements are not met. This area for improvement is stated for a second time.	
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time	The registered person shall ensure wounds are managed in keeping with the assessed needs of the patient. Wound care plans should be in place with assessments and evaluations completed in keeping with best practice guidance. Wound evaluations should comment on the progress of the wound.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 6.14  <b>Stated:</b> First time	The registered person shall ensure that any patient that requires oral hygiene has their needs met as planned and accurate records of oral care delivery are maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 8</b>  <b>Ref:</b> Standard 12.27  <b>Stated:</b> First time	The registered person shall ensure that accurate records of patient's food and fluid intake are kept.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Checks were made to ensure that staff maintained their registrations with both the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC). However, it was unclear from the records reviewed if all staff were appropriately registered with NISCC. This was discussed with the manager who provided assurances that oversight of NISCC registration had been reviewed and will continue to be monitored. RQIA received additional verbal assurances following the inspection that NISCC registration for all staff had been progressed. An area for improvement was identified.

Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. Examination of training compliance records confirmed not all staff were up to date with their mandatory training. This was identified as an area for improvement at the previous care inspection and is stated for a second time.

The staff duty rota accurately reflected the staff working in the home on a daily basis, although the person in charge was not clearly indicated over a 24-hour period. This was discussed with the manager who agreed to update the rota to include night staff.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and said when planned staffing levels were adhered to they had no concerns regarding the staffing levels. The manager reported improvements with recruitment with new nurses and care assistants being inducted.

Patients spoke positively about the care that they received. They confirmed that staff attended to them in a timely manner and said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner. Comments received from one patient were discussed with the manager during the inspection for follow up as required.



### 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. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

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.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were generally well completed. Minor shortfalls in record keeping were discussed with the manager who agreed to monitor completion of supplementary care records.

Management of wound care was examined. Examination of wound management for one identified patient evidenced that wound care was managed in keeping with best practice guidance.

Falls in the home were monitored monthly 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.

Review of the management of two falls evidenced appropriate actions were not consistently taken following these falls in keeping with best practice guidance. This was discussed with the manager who agreed to audit all falls until improvements are sustained. An area for improvement was identified.

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' needs should be 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 two care records evidenced that assessments and associated care plans had not been developed within a timely manner to accurately reflect their assessed needs. This was discussed with the manager and an area for improvement identified at the previous care inspection was stated for a second time.

Daily records were kept regarding the care and support provided by staff to each patient. The outcome of visits from and consultations with any healthcare professional was also recorded.

Examination of care records evidenced that care plans developed by a pre-registered nurse did not have oversight from a registered nurse; although there was evidence that there was oversight of daily evaluations of care by registered nursing staff. This was identified as an area for improvement at the previous care inspection and is stated for a second time.

Review of the duty rota confirmed a pre-registered nurse was allocated as a second nurse on a number of occasions. This was discussed with the manager and responsible individual and written assurances were received following the inspection that this had ceased since the day of the inspection.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy. The responsible individual confirmed that refurbishment works were continuing in the home. It was pleasing to note a number of bedrooms had been recently decorated to a high standard.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Posters regarding the correct method for applying and removing of personal protective equipment (PPE) were frequently displayed at recently erected PPE stations. There was an adequate supply of PPE and hand sanitisers were always readily available throughout the home.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly. A small number of shortfalls in individual staff practice were discussed with the manager who agreed to address this through supervision.

### **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. Patient's told us there was a lack of activity provision in the home. One patient said, "There is nothing going on daily. I miss the wee religious service" while another patient said, "I would like to see some more activities."

Patients were observed listening to music and watching TV, while others enjoyed a visit from relatives and "Paul the music man" who played guitar and provided afternoon entertainment.

An activity planner displayed in the home highlighted upcoming events such as music, holistic therapy and hairdresser. Review of the staff duty rota evidenced that no staff had been allocated as an activity champion in the absence of the activity co-ordinator.

Discussion with the manager confirmed recruitment for a new activity co-ordinator was ongoing and assurances were given that they would review the provision of activities in the absence of the activity co-ordinator. Activities should be planned and delivered to ensure that patients have a meaningful and fulfilled day. Given these assurances and to allow time for activity provision to be reviewed additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

### **5.2.5 Management and Governance Arrangements**

There has been a change in the management of the home since the last inspection. Mrs Julie McAleavey has been the acting manager in this home since 17 February 2023.

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.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and the manager.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. Further improvements were required in the completion of audits for falls, wound care, care records and the home environment.

RQIA acknowledged that the recent change in management arrangements may have impacted the governance arrangements. Assurances were provided by the manager that they have plans to improve the governance arrangements in the home. RQIA were satisfied that the manager understood their role and responsibilities in terms of governance and needed a period of time to address this area of work. Given these assurances and to provide the manager with sufficient time to fully address and embed these changes into practice, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

Review of records and information received by RQIA evidenced that at least five notifiable accidents and incidents had not been reported to RQIA in keeping with regulation. This was discussed with acting manager who agreed to audit the accident and incident records and submit notifications retrospectively. An area for improvement was identified.

Review of records identified that monthly monitoring reports in accordance with Regulation 29 were insufficiently robust so as to identify deficits and drive necessary improvements within the home. This was discussed with the responsible individual who gave assurances that the arrangements for the completion of the monthly monitoring reports would be reviewed. An area for improvement was identified.

## 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 (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	6*	1*

\*The total number of areas for improvement includes four that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Julie McAleavey, acting manager, and Mr Kevin McKinney, responsible individual, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (1) (2) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure care plans are reviewed by registered nurses in keeping with this regulation.  Ref: 5.1 and 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The Acting manager will ensure that care plans are reviewed only by registered nurses. There is no longer a Pre-Reg nurse within the nursing numbers.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.  Care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.  Ref: 5.1 and 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The acting manager will ensure that an audit is carried out on day 1 and day 5 following a new admission to ensure that relevant care plan and risk assessments are in place.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 30 (1) (d) (f)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required	The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively.  Ref: 5.1 and 5.2.5
	<b>Response by registered person detailing the actions taken:</b> The acting manager/acting deputy manager will notify the RQIA within 24 hours or on a Monday morning should an incident occur over the weekend of any notifiable incident.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 21 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that a robust system is implemented and maintained in regard to monitoring staff registration with the Northern Ireland Social Care Council at all times.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The acting manager will carry out monthly audits to ensure that staff are registered with either NISCC or NMC where appropriate.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that all falls are managed in line with best practice guidance and that neurological observations are consistently recorded.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The acting manager/acting deputy manager will carry out an audit following each individual fall. This is to ensure that best practice is adhered to consistently.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that the Regulation 29 monitoring visits are robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The acting manager will liaise with the responsible person to ensure that monthly Regulation 29 monitoring visits are timely and robust.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 39.9</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 5.1 and 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> 3 monthly audits will be carried out by the acting manager/acting deputy manager to ensure that compliance remains above 90%.</p>

*\*Please ensure this document is completed in full and returned via Web Portal*



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care