



# Unannounced Care Inspection Report 2 December 2019



## Rose Lodge

**Type of Service: Nursing Home**  
**Address: 185 Belsize Road, Lisburn, BT27 4LA**  
**Tel No: 028 9267 6301**  
**Inspector: Liz Colgan**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 48 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Rose Lodge Care Homes Ltd</p> <p><b>Responsible Individual:</b> Mrs Dorothea Kidd</p>	<p><b>Registered Manager and date registered:</b> Hilary Clark – 18 December 2015</p>
<p><b>Person in charge at the time of inspection:</b> Amanda McAloon- Deputy Manager</p>	<p><b>Number of registered places:</b> 48</p> <p>The home is approved to provide care on a day basis to one person in the Dowling Wing and one person in the Warnock Wing. There shall be a maximum of one named individual receiving residential care.</p>
<p><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. Residential Care (RC)</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 47</p> <p>One patient in hospital</p>

### 4.0 Inspection summary

An unannounced inspection took place on 2 December 2019 from 10.20 hours to 15.40 hours.

This inspection was undertaken by a care inspector.

The term 'patient' is used to describe those living in Rose Lodge which provides both nursing and residential care.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management, the home's environment, audits and reviews, and communication between patients, staff and other key stakeholders. There were further examples of good practice found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients, robust governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

One area requiring improvement was identified relating to care records

Patients described living in the home as being a good experience/in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Amanda McAloon - Deputy Manager and Mrs Dorothea Kidd, Responsible Individual, 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 11 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 11 December 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of potential adult safeguarding issues and whistleblowing

- the registration status of the home
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with 12 patients, and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection. The inspector provided the deputy manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for all staff from 18 November to 8 December 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- three staff recruitment and induction files
- five patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to Amanda McAloon - Deputy Manager and Mrs Dorothea Kidd, Responsible Individual, at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 11 December 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

Areas for improvement from the last care inspection		
Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The registered person shall ensure that the environmental issues identified during this inspection are addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation and discussion with Mrs Kidd confirmed that there is ongoing maintenance to repair damaged architraves, skirting, doors and patient bed frames.	

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The deputy 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 from 18 November to 8 December 2019 evidenced that the planned staffing levels were adhered to. The turnover of staff was discussed with the responsible person and deputy manager, reasons for the increased turnover had been identified these were reasonable and valid and was monitored by the manager.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. No concerns were raised regarding staffing levels during discussion with patients and staff.

We also sought staff opinion on staffing via the online survey. No responses were received within the required timeframe. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Rose Lodge.

We also sought relatives' opinion on staffing via questionnaires. No questionnaires were returned within the required time frame.

Review of three staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. Review of records for supervision and annual appraisal of staff identified that these are regularly provided.

The home has created care coordinator posts. These staff take on the responsibilities for induction, supervision and appraisal along with other administrative duties to allow the registered manager and deputy manager to focus on their clinical and nursing care duties. Discussion with staff would indicate that this has been very beneficial and is a welcome addition to the staffing compliment.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of adult protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The deputy manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that resident' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS). A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, bed rails. There was also evidence of consultation with relevant persons.

The deputy manager reported that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a regular basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance. This information was also reviewed as part of the responsible individual’s monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. Patients/representatives/staff spoken with were complimentary in respect of the home’s environment. Fire exits and corridors were observed to be clear of clutter and obstruction.

Minor scuffs on paintwork were observed in places and discussion with the maintenance worker indicated that ongoing maintenance of these areas is required. In the original area of the home it was identified that the flooring in the ensuite toilets was stained. The flooring of one identified toilet needed immediate attention. This was discussed with the responsible individual who confirmed that this would be actioned.

Observation of care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were consistently adhered to. The manager had an awareness of the importance to monitor the incidents of HCAI’s and/or when antibiotics were prescribed.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment.

### **Areas for improvement**

No areas for improvement were identified during the inspection in this domain.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0



## 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

A review of five residents' care records showed that these were generally maintained in line with the legislation and standards. The care records included an up to date assessment of needs, life history, risk assessments, care plans and daily / regular statement of health and well-being of the patient. However review of one risk assessment and care plan relating to the prevention of pressure damage evidenced that the current level of risk had not been reflected in the care plan. In another care record the daily statement did not reflect attending for a cataract operation that day or care required on their return to the home. This has been identified as an area for improvement.

Review of other care needs assessment and risk assessments (e.g. manual handling, abbey pain scale, nutrition, falls,) were reviewed and updated on a regular basis or as changes occurred. The care records reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapist (SALT) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician changed. A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. An individual agreement setting out the terms of residency was in place and appropriately signed. Discussion with staff confirmed that a person centred approach underpinned practice.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dining room was well presented; tables had been set and condiments in place. The residents reported the food was very good and they stated they are always offered a choice of meals. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. The serving of the lunchtime meal is worthy of note, this was supervised by a senior nurse, who ensured that patients individual requirements were met; they also noted any issues with appetite etc.

The deputy manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. The review of these audits is detailed in section 6.6. Further evidence of audit was contained within the report of the visits by the registered provider.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, patients meetings, staff meetings and staff shift handovers.

Minutes of staff meetings and patients and their representative meetings were reviewed and found to be satisfactory during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with patients. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home. In discussion with residents they also advised that the manager always takes time to speak to them individually.

There were also systems in place to ensure openness and transparency of communication, for example, regular visits by registered provider, availability of the latest RQIA inspection reports, completion of an annual satisfaction survey and annual Quality Review Report.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to, audits and reviews, communication between residents, staff and other key stakeholders.

### Areas for improvement

The following area was identified for improvement in relation to ensuring that risk assessments are accurately reflected in care plans and the daily statement reflects current patient needs.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

Observation and discussion with the deputy manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion and observation of care practice and social interactions demonstrated that patients were treated with dignity and respect. Staff described their awareness of promoting patients' rights, independence, dignity and how confidentiality was protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, accidents and incidents and nutrition where appropriate.

Patients were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff and residents confirmed that patients' needs were recognised and responded to in a prompt and courteous manner by staff. Patients were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Patients were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and an action plan was made available for residents and other interested parties to read.

Discussion with staff, patients, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The activity programme for the month of December was on display and evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home, including visits from the local community and carol services.

Patients and their representatives were asked to complete a questionnaire that had been left in the home on the day of the inspection; we had nil responses within the timescale specified. Staff were asked to complete an on line survey; we had nil responses within the timescale specified.

Comments received from patients and staff during inspection was as follows:

- "I am very happy here. We are well looked after." (patient)
- "It is very good here." (patient)
- "Staff are good they help us when we need it." (patient)
- "I enjoy working here." (staff)
- "The food is good; you can get what you want." (patient)
- "The residents really enjoy the activities." (staff)

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

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. The deputy manager was knowledgeable in regards to the registered categories of care for the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. All who we met were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that hours worked by the registered and deputy manager had been recorded. Discussion with staff and patients evidenced that the registered and deputy manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The deputy manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Review of the home's complaints records evidenced that systems were in place to ensure 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.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

The home retains compliments received, for example, thank you letters and cards and there are systems in place to share these with staff.

There was a system to ensure safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, infection prevention and control (IPC) practices, care records and medications. In addition, robust measures were also in place to provide an overview of the management of infections and wounds occurring in the home.

We confirmed with the manager that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The documentation maintained was examined and evidenced to be up to date, appropriate and in accordance to the required standards.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Patients Guide. The deputy manager stated and the registered provider agreed that they were kept informed regarding the day to day running of the home and arrangement of management meetings.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Amanda McAloon, Deputy Manager and Mrs Dorothea Kidd, Responsible Individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the applicable Care Standards.</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 January 2020</p>	<p>The registered person shall ensure that risk assessments are accurately reflected in care plans and the daily statement reflects current patient needs.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A comprehensive audit has taken place since the inspection which has included reconciling the assessed need, with what is documented in the care plan and daily record for each resident. Discrepancies have been updated to reflect residents current needs.</p> <p>The audit process has been amended to include a sample of 5 resident notes on a monthly basis to ensure the Assessments, care plans and notes are reflective of currents residents needs.</p>

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



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