The Regulation and Quality Improvement Authority

Inspection Report

8 February 2022

Rose Lodge

Type of service: Nursing
Address: 185 Belsize Road, Lisburn, BT27 4LA
Telephone number: 028 9267 6301

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: Rose Lodge Care Home Ltd **Responsible Individual:** Mr Kevin McKinney	**Registered Manager:** Miss Amanda McAloon, Acting
Person in charge at the time of inspection: Miss Amanda McAloon	**Number of registered places:** 48
Categories of care: 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.	**Number of patients accommodated in the nursing home on the day of this inspection:** 44
Brief description of the accommodation/how the service operates: 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 8 February 2022 from 9.20 am to 8.00 pm by a care inspector.

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

Areas for improvement were identified regarding staff training, care records, and infection prevention and control. Further areas for improvement were identified in regards to the provision of activities and governance audits. Addressing the areas for improvement will further enhance the quality of care and services in Rose Lodge.

Patients mostly said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the management team 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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.

Questionnaires and 'Tell Us' cards 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 daily life within the home and how staff went about their work was observed.

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

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with 20 patients, both individually and in small groups, and seven staff. One visitor and one care partner were also spoken with.

Patients said that they felt well looked after by the staff, one patient spoken with raised some concerns in regard to staffing levels. These were discussed with the manager who addressed these concerns with the patient on the day of inspection.

Staff said that the planned staffing levels for the home were satisfactory however these were not always met due to short notice absences and the impact of the ongoing pandemic.

A record of compliments and thank you cards received was kept and shared with the staff team, this is good practice.

Four completed questionnaires from patients and or their representatives were returned indicating they were satisfied with the services provided in Rose Lodge. No responses to the on-line staff survey were received following the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 15 December 2020</th></tr>
<tr><th colspan="2">Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for Improvement 1

Ref: Standard 4

Stated: Second time</td><td>The registered person shall ensure that risk assessments are accurately reflected in care plans and the daily statement reflects current patient needs.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
A review of records evidenced that this area for improvement was met.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 4

Stated: First time</td><td>The registered person shall ensure a care plan in in place to direct the care for a patient receiving wound care.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
A review of records evidenced that this area for improvement was met</td></tr>
<tr><td rowspan="2">Area for improvement 3

Ref: Standard 4

Stated: First time</td><td>The registered person shall ensure that for those patients who require assistance with repositioning:
• there is contemporaneous recording in the repositioning chart
• the care plan contains the specific timing for the repositioning</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
A review of records evidenced that this area for improvement was met.</td></tr>
</table>

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. However, it was observed that in the recruitment file for one employee not all gaps in employment or reasons for leaving previous employment were explored. This was identified as an area for improvement. The manager advised that a new filing system and pre-employment checklist was being introduced for recruitment of new staff which will help drive the improvements required.

Review of records provided assurances that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored on a monthly basis.

There were systems in place to ensure staff were trained and supported to do their job. An overview of staff compliance with mandatory training was maintained and staff were reminded when training was due. Review of records showed that mandatory training comprised of a range of relevant topics, for example, safeguarding, manual handling and infection prevention and control. Whilst training had been completed by staff in relation to deprivation of liberty some staff spoken with did not have a clear understanding of their roles or responsibilities in relation to this training. This was discussed with the manager and an area for improvement was identified.

It was noted that there were enough staff in the home to respond to the needs of the patients in a timely way. Patients said that staff were helpful and friendly and they felt well looked after in the home. Some of the staff spoken with felt that teamwork was good in the home whilst others did not. Comments in regard to teamwork in the home were discussed with the manager who confirmed they were aware of staff opinion and were addressing it. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Staff said that they felt positive by the recent change of management in the home.

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. Staff were seen to be skilled in communicating with the patients and to treat them with kindness and respect.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered patients discreet assistance with their personal care needs.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care records reflected the patients' needs and included recommendations regarding, for example, the type and setting of pressure relieving mattresses and frequency of repositioning. An up to date record of repositioning was maintained where required.

Review of wound care records evidenced that these were contemporaneously recorded and reflective of the relevant wound care plans. Referrals had been made to the Tissue Viability Nurse (TVN) if required and their recommendations were clearly recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff were seen to assist patients with the support required during the serving of lunch, this ranged from simple encouragement through to full assistance. The dining experience was seen to be relaxed and unhurried. The menu was on display and patients were offered a choice of meals.

The recommendations of the Dietician and the Speech and Language Therapist (SLT) were clearly recorded in the care plans reviewed. Up to date records were kept of what patients had to eat and drink daily. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain and appropriate referrals made.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were individualised and person centred. In the records viewed it was observed that the daily record of care was informative and included oversight by the nursing staff of the supplementary care records such as food and fluid intake repositioning and bowel charts, however this was not consistent. The care records were reviewed monthly some of these evaluations lacked specific details of the care provided this was discussed with the manger and an area for improvement was identified.

Patients were seen to be well cared for, they were well groomed and attention had been paid to their personal appearance including hair and nail care.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean, tidy. Patients' bedrooms were attractively decorated and personalised with items that were important to them, for example, family photographs, ornaments, pictures, flowers and plants. Patients said the home was kept clean and tidy.

Some of the equipment in the home such as shower chairs and raised toilet seats had not been effectively cleaned. Incontinence products were also observed to be inappropriately stored in various bathrooms and ensuites. These issues were discussed with the manager and an area for improvement was identified.

There was a selection of unnamed toiletries stored in one bathroom; the importance of ensuring that patients' personal toiletries are returned to their room following use was

discussed with the manager. A bottle of cleaning solution was not securely stored in one sluice room; this was identified as an area for improvement.

Some of the furniture and equipment in the home required to be repaired or replaced; the manager and responsible individual advised that a programme for replacement of such items and redecoration in various areas of the home was planned. The ongoing redecoration was discussed with the manager and subsequently with the responsible individual who advised that the storage options in the home were currently under review. Following discussions it was agreed that an action plan to address these issues would be submitted to RQIA. This was received on 23 February 2022. Progress with the replacement of equipment, redecoration and revised storage will be reviewed at the next inspection.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided however, PPE was not consistently worn in accordance with the current guidance. This was discussed with the manager who agreed to address this through supervisions with staff. Confirmation of the action taken was provided to RQIA on 24 February 2022. The manager agreed to continue to monitor compliance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. It was observed that staff offered patients' choices regarding, for example, what clothes they wanted to wear and if they wanted to join the other patients in the lounge or spend time in their room. It was obvious that staff knew the patients well and they were seen to speak to them in a warm, friendly and caring manner.

Patients care records included their preferences regarding, for example, time to get up and go to bed, food likes and dislikes and how they liked to spend their time. Patients said that they felt staff listened to them and helped them sort out any concerns or worries they might have.

There was a monthly activity plan in place and one patient invited the inspector to join the game of bingo in the afternoon to win a prize. Whilst a monthly planner was in place for group activities not all patients were able to participate due to their frailty; there was no evidence of any 1:1 activities scheduled. This was discussed with the manager and an area for improvement was identified.

5.2.5 Management and Governance Arrangements

There has been a change in the management and ownership of the home since the last inspection. Mr Kevin McKinney is now the proprietor and Amanda McAloon is the current acting manager. Staff spoke positively in regard to these changes.

Staff 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.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home including infection prevention and control audits, wound care audits and use of bedrails in the home. For some audits where deficits were identified action plans were not robust to ensure the improvements were made. This was discussed with the manager and an area for improvement was identified.

Review of the home's record of complaints confirmed that there was a system in place to manage these. The manager said that the outcome of complaints was used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients said that they knew how to report any concerns and said they were confident that the manager or staff would help sort these out.

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

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail and action plans for required improvements were in place. These reports are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were 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
Total number of Areas for Improvement	1	6

Areas for improvement and details of the Quality Improvement Plan were discussed with Amanda McAloon, Acting Manager 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	
Area for improvement 1 **Ref:** Regulation 14 (2)(a) (b) and (c) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that chemicals are securely stored in keeping with COSHH regulations. Ref: 5.2.3
	Response by registered person detailing the actions taken: Staff have been informed of their need to ensure that the sluice room doors are locked and secure at all times. 1.) Locking mechanisms have been put on both sluice room doors. 2) New locks have been put onto the storage cabinets in the sluice areas.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 38 **Stated:** First time **To be completed by:** 30 April 2022	The registered person shall ensure that any gaps in previous employment records and reasons for leaving this employment is explored and explanations are recorded. Ref: 5.2.1
	Response by registered person detailing the actions taken: A new checlkist system has been put in place on recruitment and selection files to verify all required documentation is in place and verified at the pre employment stage.
Area for improvement 2 **Ref:** Standard 39.4 **Stated:** First time **To be completed by:** 30 April 2022	The registered person shall ensure staff complete further training in relation to Deprivation of Liberty Safeguards and staff and confirms understanding of this training. Ref: 5.2.1
	Response by registered person detailing the actions taken: Care staff will undertake refresher training regarding the Deprivation of Liberty standards. Registered nurses will also complete level 3 refresher training as part of their annual programme of training.

Area for improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 30 April 2022	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: The need to ensure that all relevant information has been reviewed ie supplementary care records prior to writing the daily evaluation of care has been discussed with the Registered nurses. Registerd nurses have also been infomed of the need to ensure the monthly evaluations of care records reflect the persons response to planned care.
Area for improvement 4 **Ref:** Standard 46 **Stated:** First time **To be completed by:** Immediately and ongoing	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 ensuites and bathrooms. Ref:5.2.3
	Response by registered person detailing the actions taken: Following the Inspection an evironmental Audit was undertaken and the outcome forwarded to the inspector. Additional storage arrangements are now in place and incontinence products have been removed from bathrooms/ shower areas. All staff have been well informed of the need to be diligent regarding the cleaning of any equipment used for personal care. The daily cleaning of bathroom/ shower toliet areas is also completed by housekeeping.
Area for improvement 5 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 30 April 2022	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. Ref:5.2.4
	Response by registered person detailing the actions taken: The activities cordinator position has been advertised as currently vacant. We intend to ensure that the newly appointed activity cordinator includes and reports on all one to one activity undertaken espically for those residents who prefer to remain in their bedrooms. In the interim period care staff will ensure this task is completed and evidenenced accordingly.

Area for improvement 6 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 1 May 2022	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. Ref:5.2.5
	Response by registered person detailing the actions taken: There is a programme of Audits to be completed, these are now being completed by the Registered nurses and or the manager. Where a shortfall has been identified an action plan is developed. The manager verifies that all remidial action has been addressed.

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

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