



# Unannounced Care Inspection Report 11 December 2018



## Rose Lodge

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

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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.

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Rose Lodge Care Homes Ltd  <b>Responsible Individual:</b> Ed Warnock	<b>Registered Manager:</b> Hilary Clark
<b>Person in charge at the time of inspection:</b> Isabel Silva – registered nurse – from 06.45 hours to 07.45 hours  Val Drenea – registered nurse – from 07.45 hours to 12.45 hours	<b>Date manager registered:</b> 18 December 2015
<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 registered places: 48</b>  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.

### 4.0 Inspection summary

An unannounced inspection took place on 11 December 2018 from 06.45 to 12.45.

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 Care Standards for Nursing Homes 2015.

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

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

Evidence of good practice was found in relation to the holistic culture and ethos of care delivery; staff training, governance arrangements and communication between staff and patients. Other notable areas of good practice were also found in relation to teamwork, understanding of roles and responsibilities and completion of patient care records.

An area requiring improvement was identified in relation to specific environmental issues.

Patients appeared relaxed and content in their environment displaying confidence in the ability and willingness of staff to meet their care needs. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives.

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 Hilary Clark, Registered Manager, Ed Warnock, Responsible Individual and Liz McCallister, Clinical Lead Nurse, 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 22 June 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 22 June 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 seven patients and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the clinical lead nurse 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. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the nursing home.

The following records were examined during the inspection:

- duty rota for all staff from 3 to 16 December 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- two staff recruitment and induction files
- three 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 care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 22 June 2018**

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 22 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20</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 in place for the governance and monitoring of mandatory training within the home. This record should be regularly reviewed, audited and appropriate action taken to address any deficits in compliance with mandatory training.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of training records evidenced an electronic matrix in use which was contemporaneously maintained with information clearly presented.</p>	<b>Met</b>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16</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 following matters in relation to patients care records are addressed:</p> <ul style="list-style-type: none"> <li>• care plans should be devised and updated to reflect any specific/specialist advice provided by visiting professionals.</li> <li>• wound assessment records should be completed contemporaneously post dressing change.</li> <li>• care plans, for those identified patients, should have the assessed daily fluid target recorded.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of three patients care records evidenced that the above matters had been addressed.</p>	<b>Met</b>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 45  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that equipment used within the home is used safely and in accordance with the manufacturer's guidelines. This is in reference to the correct pressure settings on patient's air mattresses.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of pressure relieving equipment and care records for two patients evidenced that equipment was used in accordance with manufacturer's guidelines and individual patient need.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.11  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that 'net pants', socks, stocking and tights are provided for each patient's individual use and not used communally.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All items of clothing observed evidenced that these were appropriately labelled for individual patient use only.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The clinical lead nurse confirmed the planned daily staffing levels for the home. A review of the staff duty rota from 3 to 16 December 2018 evidenced that the planned staffing levels were adhered to. Review of duty rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. 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.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Rose Lodge.



Review of two 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. Review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Training records reviewed 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. Staff we met with were knowledgeable regarding their roles and responsibilities.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

A review of records confirmed that falls occurring in the home were analysed to identify if any patterns or trends were emerging.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge's, dining room and storage areas. The home was found to be warm, fresh smelling, clean throughout and had been tastefully decorated for Christmas. Fire exits and corridors were observed to be clear of clutter and obstruction. Some environmental issues were identified during the inspection in relation to damaged architraves, skirting, doors and patient bed frames, these matters were discussed with the registered manager and responsible individual and an area for improvement under the standards was made.

Observation of practices, care delivery, discussion with staff and review of records evidenced that infection prevention and control best practice guidance was adhered to.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to management and recording of mandatory training, staffing, recruitment, governance, adherence to infection prevention and control best practice.

### **Areas for improvement**

An area for improvement was made in relation to identified environmental concerns.

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



## 6.5 Is care effective?

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

Review of three patients' care records evidenced improvement regarding the provision of detail specific to individual patient care requirements; a daily record was maintained to evidence the delivery of care. Care records were consistently reviewed/evaluated by registered nursing staff. Care plans for the management of nutrition and hydration included the assessed fluid target for the patient. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as trust care managers, General Practitioners (GPs) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as the speech and language therapist (SALT). Supplementary care charts such as patient repositioning, food and fluid intake records evidenced that contemporaneous records were maintained. Care records were also periodically audited by senior nursing staff.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Review of records evidenced the arrangements for staff/team meetings provided in the home.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

There was evidence of regular communication with patients representatives within the care records. The registered manager advised that a recent relatives meeting had been held which was also attended by some patients.

There was information available to staff, patients, representatives in relation to advocacy services.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 6.6 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.**

We arrived in the home at 06.45 and were greeted by staff who were helpful and attentive. Patients were in their bedrooms in bed, except in the case of one patient who was awake and seated in a chair. The patient advised that it was their choice to be up and dressed at this time, a review of the patients care plan further confirmed this arrangement. Patients seated in the lounge after their breakfast had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. 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. On the day of inspection activities were observed to take place including a visit from local primary school children who had come to sing Christmas carols.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Staff were observed to be promptly and attentively attending to patient's needs. Patients able to communicate indicated that they enjoyed their meal and the standard of food on offer. Confidential information regarding individual patient's dietary needs had been adapted onto a discreet place card that provided staff with the necessary information regarding each individual patient's needs.

Cards and letters of compliment and thanks were displayed in the home. Comments on one card included:

"dear all, thank you so much for the care and kindness you have given my ..... over the last 10 months. It has been a great comfort to my family to know that ..... is happy and in such good hands".

Consultation with seven patients individually, and with others in smaller groups, confirmed that they were happy and content living in Rose Lodge. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments made by a patient included:

"the girls are all just great".

Returned questionnaires received included one from a patient’s representative, three from patients and three from an unknown source. All seven questionnaires indicated being very satisfied across the four domains of safe, effective, compassionate and well led care. Comments received on questionnaires returned included:

- “feels like home, secure. Staff are very kind”
- “i feel like we should increase the number of staff”
- “i would like an experienced member of staff to dress me in the morning. There are good members of staff”
- “keen to ensure patients are treated as individuals”
- “could do with heat coming on earlier at say 16.00 hours. Wonderful staff!”

Staff were asked to complete an online survey; we had no completed responses within the timescale specified.

There were systems in place to obtain the views of patients and their representatives on the running of the home.

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, the meal time experience, dignity and privacy, listening to and valuing patients, staff knowledge of patients’ wishes, preferences and assessed need.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.7 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 registered 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 manager had been recorded on the duty rota. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager; this information was also displayed at the front reception for visitor's attention.

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.

Discussion with the registered 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 patients care records.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis. However the inspector identified that reports for the months of September and October 2018 were not available for review. This was discussed with the responsible individual and the reports were subsequently submitted to the inspector post inspection.

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.

### 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, communication 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 Hilary Clark, Registered Manager, Ed Warnock, Responsible Individual and Liz McCallister, Clinical Lead Nurse, 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.

## Quality Improvement Plan

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2019</p>	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>                  Work is already underway for the environmental issues identified and good progress has been made. Continual maintenance work will be carried out to ensure the environment is consistently maintained at a high standard.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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