



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report 15 December 2020



Rose Lodge

Type of Service: Nursing Home (NH)
Address: 185 Belsize Road, Lisburn, BT27 4LA
Tel no: 028 9267 6301
Inspector: Gillian Dowds

www.rqia.org.uk

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 nursing home registered to provide nursing for up to 48 persons.

3.0 Service details

Organisation/Registered Provider: Rose Lodge Care Homes Ltd Responsible Individual: Dorothea Margaret Kidd	Registered Manager and date registered: Hilary Clark – 18 December 2015
Person in charge at the time of inspection: Hilary Clarke	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. SI – Sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 45

4.0 Inspection summary

An unannounced inspection took place on 15 December 2020 from 09.30 to 18.55 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment
- care delivery
- care records
- governance and management arrangements.

Patients said:

- “I am well looked after, Hilary is very good.”
- “Staff are very kind.”
- “Staff are wonderful couldn’t be better.”
- “(Staff) are very good.”
- “Staff are great I have no complaints.”

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
Total number of areas for improvement	0	2

*The total number of areas for improvement includes one under the standards which has been stated for the second time

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Hilary Clarke, manager, 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.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with twelve patients, three patient's relatives and eight staff. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. One response was received and comments from same were passed to the manager for consideration. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. We received no responses to the online staff survey within the indicated timeframe.

The following records were examined during the inspection:

- duty rotas from 14 to 20 December 2020
- staff training records
- staff supervision schedule
- two staff recruitment files
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- registered nurse competency assessments
- COVID-19 information file
- a selection of governance audits

- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- three patients' care records including food and fluid intake charts
- the current fire risk assessment
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance was recorded as partially 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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 2 December 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 State First time	The registered person shall ensure that risk assessments are accurately reflected in care plans and the daily statement reflects current patient needs.	Partially met
	Action taken as confirmed during the inspection: One care plan reviewed did not fully reflect the manual handling equipment required for one patient as indicated in the care plan This area for improvement was partially met and will be stated for a second time.	

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that

staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty.

The manager told us that staff compliance with mandatory training was monitored and staff were reminded when training was due; training was mainly being completed on-line due to COVID-19 restrictions.

Review of two staff recruitment records evidenced that the necessary checks were completed prior to staff commencing work in the home.

There was a system in place to monitor that staff were registered with the NMC or NISCC as required. Review of the NISCC checklist evidenced that some newly recruited staff were in the process of registering, a record of any issues identified was maintained and staff were prompted when their registration was due.

Staff spoke positively about working in the home, they told us that teamwork was good and they felt well supported in their role although working through the COVID-19 pandemic and outbreak in the home had been challenging; comments included:

- "It has been very difficult but we all work together."
- "I love it here."
- "Teamwork is good."
- "I had an informative induction; I was taught how to use everything."
- "It has been stressful through the outbreak but we are getting there."

All comments made by staff were passed to the manager for information and action if required.

We observed that staff attended to patients' needs in a caring and timely manner. Staff told us that they were satisfied with staffing levels in the home.

6.2.2 Personal protective equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up at the entrance enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors had a temperature check on arrival at the home. The manager also confirmed that all staff and patients had a twice daily temperature check recorded.

The manager told us that the home had plenty of PPE available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home.

We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance.

6.2.3 The environment

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, the dining room, treatment room, sluices and storage areas. The home was found to be well decorated, warm and fresh smelling throughout. Some minor infection prevention and control (IPC) issues identified were pointed out to staff and action was

immediately taken to resolve these, for example, an identified ledge in a bathroom had towels wipes and toiletries on it, this was brought to the attention of the staff and removed immediately.

The manager told us that there was a system in place to ensure that frequently touched points were cleaned regularly over the 24 hour period and deep cleaning was completed in addition to the regular cleaning schedule.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff spoke to patients kindly and with respect. We observed that patients who were in their rooms had call bells within reach; staff were seen to be attentive to patients and to answer call bells promptly.

Staff also discussed the importance of effective communication and told us that every effort had been made during the COVID-19 pandemic to ensure that families were kept informed and up to date. Patients were assisted to make telephone or video calls; visiting was being facilitated, following the regional guidance, via ground floor patio doors to patients' bedrooms and in the designated visiting areas, by booking an appointment.

The manager discussed the introduction of the care partner role and how this was being developed; all relatives had been made aware of the care partner initiative. Staff recognised the importance of the role and how this could benefit the mental and physical health of patients and relevant risk assessments and care plans had been completed.

Patients spoken with told us that they felt well looked after and staff were kind and friendly
Comments included:

- "I'm getting on very well, the food is alright."
- "The food is good here."
- "The staff are very good, the food is ok."
- "The food is alright, it's not my cooking."
- "Everyone is very kind."

We spoke to three visitors to the home. They said:

- "Staff have been very good, they have kept us informed."
- "XXX can't be at home, here is the best we can get."

All comments made by patients and relatives were passed to the manager for information and action if required.

6.2.5 Care records

We reviewed three patients' care records which evidenced that individualised care plans had been developed to reflect the assessed needs and direct the care required. The equipment required for moving one identified patient was not fully indicated on the risk assessment. An area for improvement identified at the previous inspection was stated for a second time.

There was evidence of referral to, and recommendations from, other healthcare professionals such as the dietician, speech and language therapist (SALT) and tissue viability nurse (TVN) where necessary.

Patients' weights were recorded on at least a monthly basis; we evidenced that referrals were made to the appropriate healthcare professionals if weight loss occurred and recommendations regarding, for example fortified diets, were followed. Food and fluid records reviewed were up to date.

Review of two wound care records evidenced consistent recording of the care provided and the progress of the wound, however, there was no care plan in place to direct the wound care. This was discussed with the deputy manager and we were advised that one wound was healed and the other was responding well to treatment. An area for improvement was made.

We reviewed the care plan and supplementary care records for a patient who required assistance to change position. These records showed us that the care plan did not indicate the accurate timing of the repositioning and there were some gaps in the recording on the repositioning chart. This was discussed with the manager and an area for improvement was identified.

We reviewed the care records for a new admission in to the home and observed that risk assessments and care plans were in place for the patient. The deputy manager discussed that they were prioritising the care plans to ensure they were patient centred.

6.2.6 Governance and management arrangements

The manager told us that good working relationships were maintained in the home. The manager and the responsible individual discussed the ongoing recruitment for the home and some of the challenges they faced.

Review of records evidenced that there were systems in place to manage complaints and to ensure that RQIA were appropriately notified of accidents/incidents that occurred in the home.

A record of written compliments and thank you cards was maintained and staff were made aware of these; comments included:

- “The work you do is just amazing.”
- “Thanks for all the care and kindness this past year.”
- “A big heartfelt thank you for all the care and love given.”
- “I just wanted you to know how much we appreciate everything you all do.”

Staff were kept up to date with guidance relating to COVID-19; information regarding this was readily available in the home.

A sample of governance audits were reviewed. We observed that some of the audits had not been completed since September 2020; however, this was due to the significant outbreak of Covid-19 within the home and patient care had been prioritised. It was positive to note that the IPC audit had been maintained through the outbreak. The manager told us that the other governance audits would be recommenced now the outbreak was over. We observed that actions were identified throughout the auditing process and an action plan had been developed. However, the action plans did not contain any date to evidence the action was taken. This was

discussed with the manager and she agreed to address this. We will review this further during the next care inspection

We reviewed a sample of the monthly monitoring reports these reports were completed with sufficient detail and action plans to correct any deficits.

Areas of good practice

Areas of good practice were identified regarding staffing, teamwork and consultation with other healthcare professionals. Additional areas of good practice were identified regarding communication, care delivery, the culture and ethos of the home and treating patients with kindness and compassion.

Areas for improvement

Areas for improvement were identified in relation to wound care and repositioning documentation.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Patients in the home looked well cared for, content and settled. Staff were seen to be kind and attentive to patients. The atmosphere in the home was calm and welcoming.

Area for improvement were identified in relation to wound care plans and repositioning documentation.

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 Clarke, manager, 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>Area for improvement 1 Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 1 February 2021</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: 6.1 and 6.2.5</p>
	<p>Response by registered person detailing the actions taken: Since the inspection a full audit has taken place of resident risk assessments, care plans and daily statements. Any discrepancies have been updated to reflect current assessments</p> <p>Nursing staff have been consulted and it's their opinion that it is impossible to achieve 100% perfection in relation to this area for improvement except as above when a full audit has just been completed. Its not possible to audit every care plan, risk assessment, daily statement everyday to ensure 100% compliance.</p> <p>Nurses did identify that several opportunities on a daily basis that could be utilised to communicate changes in risk assessments: the nurses handovers, at safety briefing, the daily handover with care staff, the nurses communication tool and the diary to alert each other that changes have occurred and need updating.</p> <p>Routine audit processes to be focused at present on this area for improvement checking for discrepancies, identify any individual staff who are failing to record changes to risk assessments.</p> <p>A full audit of all Care plans, risk assessment and daily statements to be repeated again this month to check for compliance percentage.</p> <p>On a monthly basis a selection of care plans, risk assessments and daily statements will be reviewed to check for compliance.</p>
<p>Area for improvement 2 Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2021</p>	<p>The registered person shall ensure a care plan in in place to direct the care for a patient receiving wound care.</p> <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: A care plan is now in place for all current wounds.</p>

	<p>Nurses have been informed that moving forward a wound care plan must be completed for all wounds. If the wound is healed the care plan can be closed.</p> <p>Checking that there is a wound care plan in place has been added to the wound audit documentation.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that for those patients who require assistance with repositioning:</p> <ul style="list-style-type: none"> • there is contemporaneous recording in the repositioning chart • the care plan contains the specific timing for the repositioning <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>The findings of the inspector have been shared with nursing and care teams.</p> <p>Care Co-Ordinators and senior care staff managing the shift have been informed that they are responsible for ensuring repositioning charts are completed at the time of the repositioning and they are responsible for checking this is completed on each shift</p> <p>Nurses have been told to review one of the four files containing the repositioning charts per shift.</p> <p>Care Coordinators are completing a weekly audit of the repositioning charts to identify any gaps, so that performance management issues are quickly identified and addressed.</p> <p>Pressure Ulcer Prevention Care Plans have been reviewed and specific timings for repositioning have been recorded and repositioning charts amended to reflect the care plan. Nurses have been made aware that this should be reviewed monthly as part of the monthly assessment and review of care plans and supplementary charts.</p> <p>A selection of Pressure Ulcer Prevention Care Plans will be included in the monthly care plan auditing</p>

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



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