

Inspection Report

Name of Service:	Rose Lodge
Provider:	Rose Lodge Care Home (Lisburn) Ltd
Date of Inspection:	17 December 2024

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 (Lisburn) Ltd
Responsible Individual:	Mr Kevin McKinney
Registered Manager:	Mrs Julie McAleavey- not registered
Service Profile: This home is a registered Nursing Home which provides general nursing and physical disability care for up to 48 patients. The home is divided into two units, Dowling and Warnock unit – both are 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 17 December 2024 from 9.30 am to 4.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 29 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients 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.

As a result of this inspection eight areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated again. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us they were happy with the care and services provided. Comments made included "staff treat me well" and "I'm very well looked after".

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff.

Questionnaires returned from relatives indicated that they were very happy with the care, the comments included; "we feel that is well looked after"

Following the inspection, no staff questionnaires were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Staff said there was good team work and that they felt well supported in their role. It was noted that there was enough staff in the home to respond to the needs of the patients and to provide patients with a choice on how they wished to spend their day. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Review of the staff duty rotas evidenced that the staffing levels consistently fell below planned levels for the morning. Patients told us that on occasion, there was no morning “tea trolley” to avail of a hot drink and staff confirmed that they did not always have the time to provide this. This was identified as an area for improvement.

The staff duty rota accurately reflected the staff working in the home on a daily basis. However, the duty rota did not consistently identify the person in charge when the manager was not on duty. This was identified as an area for improvement.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients’ needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients’ needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients’ needs

It was observed that staff respected patients’ privacy by their actions such as knocking on doors before entering, discussing patients’ care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

An isolated incident was observed where a staff member left medication with a patient and had not observed the administration of the medication. This was discussed with the manager who provided assurance that this would be addressed with staff.

Review of a sample of care records specific to wound care evidenced shortfalls in documentation recording. This was discussed with the manager for review and action as appropriate; this area for improvement has been stated for a second time.

Where a patient was at risk of falling, measures to reduce this risk were put in place.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. The dining

experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience.

Observation noted that a menu was not displayed in the dining room and discussion with staff confirmed that the planned menu was not always adhered to. Review of records confirmed that variations to the menu were not recorded; therefore two areas for improvement were identified.

The importance of engaging with patients was well understood by the manager and staff.

Life story work with patients and their families helped to increase staff knowledge of their patients' interests and enabled staff to engage in a more meaningful way with their patients throughout the day.

Staff understood that meaningful activity was not isolated to the planned social events or games. The weekly programme of social events was displayed on the front door advising of future events. Patients were well informed of the activities planned for the week and of their opportunity to be involved and looked forward to attending the planned events.

During the inspection, patients were observed enjoying live music. Some visitors were also in attendance and patients appeared to enjoy each other's company. Other patients were observed watching TV, resting or chatting to staff and were seen to be content and settled in their surroundings and in their interactions with staff.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

Patients were encouraged to participate in regular meetings which provided an opportunity for patients to comment on aspects of the running of the home. Records of these meetings were maintained.

3.3.3 Management of Care Records

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A small number of bedroom walls required painting and assurances were given on the day of the inspection by the responsible individual that this was being addressed. This will be reviewed at the next care inspection.

The secure storage of thickening agents was also highlighted to the manager who agreed to address this with staff.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. However, a small number of staff were observed to be wearing nail polish. This was identified as an area for improvement.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection and RQIA had been notified appropriately. Mrs Julie McAleavey has been the Manager in this home since 10 December 2024.

Patients, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. However, it was not clear from the care record audits reviewed who had responsibility to make improvements where deficits were noted and if the recommended actions had been addressed. An area for improvement was identified.

Records confirmed that staff meetings were held regularly.

The home was visited each month by a representative of the responsible individual (RI) to consult with patients, their relatives and staff and to examine all areas of the running of the home. Review of records evidenced that monthly monitoring reports in accordance with Regulation 29 were insufficiently robust and lacked the required detail to drive the necessary improvements to ensure compliance with regulations and standards. An area for improvement was identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	7*

* the total number of areas for improvement includes one standard that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Julie McAleavey, 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 29 Stated: First Time To be completed by: 28 February 2025	The registered person shall ensure that the Regulation 29 monitoring visits are robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards. Ref: 3.3.5
	Response by registered person detailing the actions taken: A discussion has taken place with Mr T.G. following care inspection. Regulation 29 monitoring visits will be more robust with clear actions going forward.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 21.1 Stated: Second time To be completed by: 31 January 2025	The registered person shall review the provision of wound care to ensure that wounds are managed in keeping with best practice guidance. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: Staff nurse meeting held on 21.01.25 which included wound management , documentation of this, updating care plans and carrying forward in the diary. Memo for staff nurses has been placed on the staff notice board and a reminder message has been placed in the staff nurse whatsapp group. Weekly wound audits to be commenced to ensure compliance going forward
Area for improvement 2 Ref: Standard 41.1 Stated: First time To be completed by: 28 February 2025	The registered person shall ensure that staffing levels are reviewed to ensure that there are adequate staffing levels on at all times. The review should take account of but not limited to dependencies of patients and the layout of the building. Ref: 3.3.1
	Response by registered person detailing the actions taken: Staffing levels are reviewed daily in line with resident dependency and ongoing resident needs by the interim manager. Every effort is made to rectify any shortfalls due to sickness.

Area for improvement 3 Ref: Standard 41.1 Stated: First time To be completed by: 31 January 2025	The registered person shall ensure that the duty rota identifies the nurse in charge of the home on each shift. Ref: 3.3.1 Response by registered person detailing the actions taken: The interim manager is responsible for identifying the nurse in charge on the duty rota prior to this being displayed.
Area for improvement 4 Ref: Standard 12 Stated: First time To be completed by: 31 December 2024	The registered person shall ensure that the daily menu is clearly displayed in a suitable format and location in order that patients know what the choices are at each mealtime. Ref: 3.3.2 Response by registered person detailing the actions taken: New A3 sized menu displayed on the notice board. Menus with photos are currently being placed in all residents rooms to ensure that they are able to view the weekly menu in advance.
Area for improvement 5 Ref: Standard 12 Stated: First time To be completed by: 31 January 2025	The registered person shall ensure that variations to the planned menu are recorded. Ref: 3.3.2 Response by registered person detailing the actions taken: A new variation folder has been placed in the kitchen. Kitchen staff have been made aware of this
Area for improvement 6 Ref: Standard 46.11 Stated: First time To be completed by: 31 January 2025	The responsible person shall ensure that staff are aware of their responsibilities regarding maintaining effective IPC measures. This is in relation to the use of nail polish and its impact on effective hand hygiene. Ref: 3.3.4 Response by registered person detailing the actions taken: All staff have been informed regarding the implications of wearing false or painted nails on maintaining effective IPC. One staff member was sent off shift and random hand hygiene checks are being carried out by the interim manager.

<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2025</p>	<p>The registered person shall ensure that deficits identified by the homes care record audits are included in an action plan that clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>An action plan is now in place detailing the deficits identified within the audit, the person responsible and the date for completion</p>
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