Unannounced Care Inspection Report
22 June 2018

Rose Lodge

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

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 and residential care for up to 48 persons.

3.0 Service details

Organisation/Registered Provider: Rose Lodge Care Homes Ltd **Responsible Individual:** Ed Warnock	**Registered Manager:** Hilary Clark
Person in charge at the time of inspection: Hilary Clark – Registered Manager	**Date manager registered:** 18 December 2015
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 registered places:** 48 The home is approved to provide care on a day basis to 1 person in the Dowling Wing and 1 person in the Warnock Wing. There shall be a maximum of 1 named individual receiving residential care.

4.0 Inspection summary

An unannounced inspection took place on 22 June 2018 from 11.30 to 19.10 hours.

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 inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to monitoring the professional registration of staff, communication with the multiprofessional team, arrangements for the provision of activities, induction and adult safeguarding. There was also evidence of good practice identified in relation to the management of complaints and accidents/incidents.

Areas requiring improvement were identified and include the recording and completion of mandatory staff training, the communal use of clothing, the completion of patient care records and the management of pressure reliving equipment.

Patients described living in the home in positive terms. 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 and took account of the views of patients.

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	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Ed Warnock, registered provider and Hilary Clark, registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 28 September 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 28 September 2017. 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
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection we met with five patients and 13 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.

A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- duty rota for all staff from 11 to 24 June 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- complaints/concerns record
- compliments received
- RQIA registration certificate
- patient/relative meeting records
- 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 28 September 2017

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

The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 28 September 2017

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 35 **Stated:** First time	The registered person shall ensure that the systems in place to monitor the registration status of nurses with the NMC are effective in confirming registration at the time of renewal.	**Met**
	Action taken as confirmed during the inspection: The inspector reviewed the NMC registration records for registered nurses working in the home. Records reviewed provided assurances of a robust governance system in place.	
Area for improvement 2 **Ref**: Standard 4.9 **Stated:** First time	The registered person shall review the recording of prescribed enteral feeding regimes to ensure that it is in accordance with best practice and evidences care delivery.	**Met**
	Action taken as confirmed during the inspection: Enteral feeding records reviewed on the day of inspection were consistently completed in accordance with best practice advice and guidance.	

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 registered manager confirmed the planned daily staffing levels for the home. Evidence reviewed on the day of inspection confirmed that these levels were subject to regular review to ensure that the assessed needs of patients were met. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels. 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. Staff 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.

Discussion with the registered manager, staff and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal; a matrix was in place to record completed supervisions and appraisals, this will be further examined at the next inspection.

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. However, a review of training records did not provide an assurance of compliance with mandatory training requirements. An area for improvement under the regulations was made. An updated and reviewed training matrix was provided post inspection which provided the necessary assurances required. Observation of the delivery of care evidenced that training had been embedded into practice. Staff who met with the inspector were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of notification records evidenced that notifiable incidents were reported to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. Fire exits and corridors were observed to be clear of clutter and obstruction. During a review of the environment the inspector observed a number of patient wardrobes that had not been secured to the wall. This was discussed with the maintenance person and the registered manager and immediate action was taken and addressed prior to the conclusion of the inspection. The inspector observed environmental improvements that had been completed in the home. However, doors and architraves were observed as badly damaged and scuffed. Following a discussion with the registered persons the inspector was assured that ongoing environmental works would be continuing over the coming months.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures guidance were consistently adhered to.

Review of two staff recruitment files evidenced that these had been maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the completion of pre-employment checks, staff induction, adult safeguarding, infection prevention and control and risk management.

Areas for improvement

The following area was identified for improvement in relation to the recording and completion of mandatory staff training.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

A review of three patients' care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. However, in the case of one patient who was in receipt of wound care, the care plans had not been updated to reflect the dressing regime prescribed by the podiatrist. In addition, a review of wound assessment observation charts did not evidence that these were consistently completed post dressing change. A second patient's enteral feeding care plan did not reflect the prescribed feeding regime or the fluid target for the patient. Care plans for another patient did not reflect an assessed fluid target. The above concerns regarding patient care records were discussed with the registered manager and an area for improvement under regulation was made.

A review of a sample of supplementary care charts, such as food/fluid intake records, evidenced that these had been maintained in accordance with best practice guidance, care standards and legislative requirements.

The inspector reviewed the management of pressure reliving mattresses. Observations identified that for a number of patients pressure reliving equipment used was not being used in keeping with individual patient's weight or assessed need. An area for improvement under the standards was made.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. Details of the adult safeguarding champion were displayed along with relevant safeguarding information.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

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. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The registered manager advised that they operated an open door policy and that patient and/or relatives meetings were held on an annual basis. Minutes were available.

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 communication between residents, staff, other key stakeholders and with the multi-professional team.

Areas for improvement

Areas for improvement were identified in relation to patient care records and the management of pressure reliving equipment.

	Regulations	Standards
Total number of areas for improvement	1	1

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 11.30 hours were greeted by staff who were helpful and attentive. Patients were observed relaxing in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. The inspector noted confidential patient information displayed in the dining room; this was discussed with a staff member on duty and was immediately removed.

All, but one patient, who spoke with the inspector, were positive in their comments regarding their experience of living in Rose Lodge. The concerns identified by one patient were explored by the inspector; these concerns pertained to choice and quality of food. The inspector discussed the concerns with the cook on duty who provided assurances in relation to the matters raised.

Observations in the laundry area and linen stores evidenced that ‘net pants’, socks, stocking and tights were being laundered and used communally in the home. An area for improvement under the standards, was made.

In addition to speaking with patients, their relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients’ relatives/representatives to complete; none were returned within the timescale. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

Feedback from a total of 11 questionnaires received indicated that they were 'satisfied' or 'very satisfied' across the four domains of safe, effective, compassionate and well led care. Comments received said:

- "….excellent, well run home"
- "….nursing assistants role is understaffed, not enough opportunity for one to one time, the quality of food is very poor"
- "….care in Rose Lodge is excellent, I have no complaints about my care, the food is not as good as it was"
- "….the family are very happy with the tailored care our mother has at Rose Lodge, she is very content and appreciates the staff."

Further feedback was received from a relative who contacted RQIA post inspection and stated that the home was;

- "….well organised"
- "….they do listen to any concerns that you have and they do act on them"
- "….I think it's pretty good."

Cards and letters of compliment and thanks were available in the home. Some of the comments recorded included:

- "….my dad has been a resident at Rose Lodge for over nine months now; I continue to be very impressed by the level of care he receives."

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

Consultation with five patients individually, and with others in smaller groups, confirmed that they were generally 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.

Discussion with patients and staff and review of the activity programme displayed evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The inspector observed a number of activities being provided on the day of inspection and noted the improvements made and further improvements planned for the further development of this service.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had tray service as required. Staff were observed assisting patients with their meal appropriately. Staff were observed wearing appropriate personal protective equipment (PPE) and were offering and providing assistance in a discreet and sensitive manner when necessary. The tables were appropriately set with cutlery and condiments. 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.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, availability of patient activities, staff knowledge of patients' wishes, preferences and assessed needs, dignity, privacy and listening to and valuing patients and their representatives.

Areas for improvement

The following area was identified for improvement in relation to the communal sharing of particular clothing items.

	Regulations	Standards
Total number of areas for improvement	0	1

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. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. The registered manager was knowledgeable in regards to the registered categories of care for the home.

Since the last inspection there has been no change in management arrangements.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the registered manager; this was displayed in the foyer of the home.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints and/or concerns were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records confirmed that a process for governance and monthly auditing of accidents/incidents, falls, wounds, weights and infection prevent and control was in place, however there was inconsistent completion of an action plan and follow up of issues identified. This was discussed with the registered manager who agreed to address going forward.

Discussion with the registered manager and review of records evidenced 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.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, understanding of roles and responsibilities, communication amongst staff and completion of Regulation 29 monitoring visits.

	Regulations	Standards
Total number of areas for improvement	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 Ed Warnock, registered provider and Hilary Clark, registered 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 Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 20 **Stated:** First time **To be completed by:** Immediate action required	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. **Ref: section 6.4**
	Response by registered person detailing the actions taken: HR book staff onto mandatory training. This is highlighted on the rota rather than staff booking their own mandatory training. After each training sessionis complete a spreadsheet is updated and at the end of the month a report is generated and forwarded to the nurse manager, for review and auditing purposes. Any staff booked for training who have not attended will attend a supervision with their line manager. Additional cohort sessions will be run in conjuction with scheduled mandatory training to maintain compliance with regulations.
Area for improvement 2 **Ref:** Regulation 16 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that the following matters in relation to patients care records are addressed: • care plans should be devised and updated to reflect any specific/specialist advice provided by visiting professionals. • wound assessment records should be completed contemporaneously post dressing change. • care plans, for those identified patients, should have the assessed daily fluid target recorded. **Ref: section 6.5**
	Response by registered person detailing the actions taken: Care plans have been reviewed since inspection and treatments and advice from specialist HCP have been added to each individual residents care plan. This aspect of care planning requirement is now to be part of regular audit process. Wound documentation notes are completed after each dressing change and information recorded using the acronym BESSOP. Wound measurements are completed weekly as per South Eastern Trust guidelines, unless signs of deterioration are present. Wound audits going forward will focus on wound assessment records. Daily target fluid is now recorded for those identified residents as per Rose Lodge policy and procedure.

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref:** Standard 45 **Stated:** First time **To be completed by:** 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. **Ref: section 6.5** **Response by registered person detailing the actions taken:** The assessed setting has been attached to the top of the control box for all mattresses in use. The repositioning chart has been adapted to include the weight setting for each mattress. Daily weight setting checks have been added to the repositioning charts. Charts are audited for compliance on a weekly basis at present. Visual audit of mattress weight settings is carried out daily by nurses and weekly by senior members of the nursing team
Area for improvement 2 **Ref**: Standard 6.11 **Stated:** First time **To be completed by:** 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. **Ref: Section 6.6** **Response by registered person detailing the actions taken:** All unlabelled net pants, socks, stockings and tights have been removed. Anyone using net pants has been given an individually labelled supply using the Easy Clip system with name label. A letter has been issued to family members to make them aware that every item of clothing including small items such as undergarments and socks must be labelled using an effective labelling system. Regular checks will be carried out and any unlabelled items will be removed from use until appropriately labelled. Information related to labelling clothing and suitable labelling systems has been included in the admission welcome pack.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews