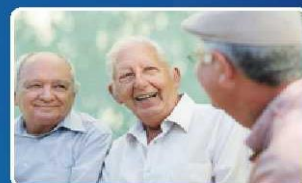


# Inspection Report

25 April 2024



## Rose Lodge

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

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Rose Lodge Care Home (Lisburn) Ltd  <b>Responsible Individual:</b> Mr Kevin McKinney	<b>Registered Manager:</b> Mrs Julie McAleavey – not registered
<b>Person in charge at the time of inspection:</b> Mrs Julie McAleavey - Manager	<b>Number of registered places:</b> 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.
<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 residents accommodated in the residential care home on the day of this inspection:</b> 32
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 48 patients. The home is divided in two units both situated on the ground floor of the home. Patients have access to communal living and dining spaces as well as to the garden areas.	

## 2.0 Inspection summary

An unannounced inspection took place on 25 April 2024 from 9.10 am to 3.55 pm by two care inspectors.

RQIA had undertaken an unannounced care inspection of Rose Lodge on 14 February 2024. As a result of this inspection RQIA were not assured that the governance, management and leadership systems were effective to ensure the delivery of safe and effective care to patients, and that patients, staff and visitors may be at risk of harm.

Enforcement action resulted from the findings of the inspection on 14 February 2024.

One Failure to Comply (FTC) notice (FTC Ref: FTC000217) was issued in respect of Regulation 10 (1) relating to the management and governance arrangements, with the date of compliance to be achieved by 25 April 2024.

The quality improvement plan (QIP) was partially reviewed as part of this inspection which evidenced improvements since the previous care inspection. Other areas for improvement have been carried forward for review at the next inspection. Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

Patients were happy to engage with the inspectors and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Rose Lodge was provided in a compassionate manner.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, staff and relatives were asked for their opinion on the quality of the care and their experience of living, visiting or working in Rose Lodge. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were discussed with Mrs Julie McAleavey, Manager; and Mr. Kevin McKinney, Responsible Individual (RI), at the conclusion of the inspection.

### 4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "They always look after me

very well. We had a meeting yesterday about the food. We have activities, depending on the staff. We have had some events recently which I enjoyed”, while another patient said, “The nurses are first class.” A third patient said, “The care couldn’t be better. It is not home but they do their best.”

A relative who is a regular visitor to the home said, “The staff interact very well with the patients and the food always looks good. There are different musicians and things like that. I know Julie (manager) and Kevin (RI). They would sort anything out and I have confidence in them.”

Staff spoken with said that Rose Lodge was a good place to work. Staff commented positively about the manager and described them as supportive and approachable.

No responses were received to the online staff survey and no questionnaires were returned by patients or their relatives after the inspection.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 14 February 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> First time	The registered person shall ensure competency and capability assessments are completed with any nurse who is given responsibility of being in charge of the home in the absence of the manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time	The registered person shall ensure that patient care plans and risk assessments are reviewed and updated as required following a fall.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<b>Area for improvement 3</b> <b>Ref:</b> Regulation 19 (5) <b>Stated:</b> First time	The registered person shall ensure that information about a patient's health and treatment is securely stored to ensure patient information is only accessible to those with permission.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 27 (2) (d) <b>Stated:</b> First time	The registered person shall ensure the environmental deficits identified on inspection are addressed without delay. A suitable and achievable time bound program for this work should be submitted, along with the returned QIP, for information and comment.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 5</b> <b>Ref:</b> Regulation 27 (2) (l) <b>Stated:</b> First time	The registered person shall ensure appropriate storage of patient equipment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 6</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> First time	The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has not been met and is stated for a second time. This is discussed further in section 5.2.3.	
<b>Area for improvement 7</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> First time	The registered person shall ensure that fire doors are not wedged or propped open.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 8</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	<p>The registered person shall ensure a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene.</p> <p>Where deficits are identified during the monitoring system an action plan should be put in place to drive the necessary improvement.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<b>Carried forward to the next inspection</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 19.4 <b>Stated:</b> Second time	<p>The registered person shall ensure that there is a system in place to easily identify each member of staff by their name and role within the home.</p> <p><b>Action taken as confirmed during the inspection:</b>          There was evidence that this area for improvement was met.</p>	<b>Met</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 41 <b>Stated:</b> Second time	<p>The registered person shall ensure that there is a system in place that effectively communicates to those visiting and living in the home, who the nurse in charge is.</p> <p><b>Action taken as confirmed during the inspection:</b>          There was evidence that this area for improvement was met.</p>	<b>Met</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 39.1 <b>Stated:</b> First time	<p>The registered person shall ensure orientation and induction records are completed for all staff. Records should be available for inspection.</p> <p><b>Action taken as confirmed during the inspection:</b>          There was evidence that this area for improvement was met.</p>	<b>Met</b>

<b>Area for improvement 4</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The registered person shall ensure the staffing rota accurately reflects and includes the full name, designation and the actual hours worked by all staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> First time	The registered person shall review the provision of wound care to ensure that wounds are managed in keeping with best practice guidance.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> First time	The registered person shall ensure nursing staff record a meaningful evaluation of care on a regularly basis within the patient record.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 8</b> <b>Ref:</b> Standard 30.1 <b>Stated:</b> First time	The registered person shall ensure that oxygen cylinders are stored in a safe and secure manner at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	



<b>Area for improvement 9</b> <b>Ref:</b> Standard 46.2 <b>Stated:</b> First time	The registered person shall ensure that patient equipment such as chairs, mattresses, toiletries are not stored where there is a toilet or on the top of a bin.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 10</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time	The registered person shall ensure that a meaningful programme of activities is available to patients.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 11</b> <b>Ref:</b> Standard 44.8 <b>Stated:</b> First time	The registered person shall ensure that the flushing of all identified seldom used water outlets is increased to twice weekly, with suitable records maintained and available for inspection within the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Review of the FTC Notice

**FTC Ref:** FTC000217

**Notice of failure to comply with Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.**

***Registered person: general requirements***

***Regulation 10. —***

***(1) The registered provider and the registered manager shall, having regard to the size***



*of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.*

**In relation to this notice the following actions were required to comply with this regulation:**

- a manager is appointed who has sufficient skill and competence to carry on and manage the nursing home; and who meets the minimum requirements to register with RQIA
- a robust and comprehensive system of governance audits must be developed and implemented to identify any deficits in the delivery of nursing care or other services in the home. This includes but is not limited to: fire safety, infection prevention and control, recruitment practices; risk management and environment/premises
- where deficits are identified through the audit or other processes a detailed, time bound action plan must be developed to ensure the necessary improvements are addressed and monitored by senior management
- the manager's oversight of the audit systems must be clearly demonstrated
- Regulation 29 monitoring visits are conducted in accordance with the regulation and clearly identify the actions required to drive the necessary improvements to ensure compliance with regulations and standards. The reports shall include details of progress made in relation to the home's quality improvement plan (QIP) or any enforcement action taken by RQIA
- a copy of the Regulation 29 monitoring report will be submitted to RQIA on or before the 5th working day of each month until further notice
- records are kept in the nursing home and available for inspection in accordance with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 19, Schedules 3 and 4.

A manager who has sufficient skill and competence to carry on and manage the nursing home; and who meets the minimum requirements to register with RQIA has yet to be appointed. The RI discussed a recent recruitment and selection process for a permanent manager and was hopeful that an appointment would be imminent.

Improvements in the system of governance audits were noted since the previous care inspection. A selection of audits including fire safety, infection prevention and control, recruitment practices; risk management and environment/premises had been developed and implemented. These were easily accessible, available for review and indexed in a file.

Review of care record and wound care audits evidenced that where deficits were identified and action plans were in place.

However, audits of accidents and incidents, the environment and hand hygiene did not include detailed, time bound action plans. For example, while the environment audit had the date completed and by whom, it did not generate an action plan with associated timescales, who was responsible for addressing the actions or evidence of action taken. Further work was required to ensure that the evaluation and analysis of the audit outcomes is understood and evidenced.

Review of the audits confirmed that those completing the audits did not consistently evidence their understanding of the audit process by developing robust action plans and evidencing follow through on the actions.

Monthly monitoring reports evidenced improvement in the detail contained within. Review of those reports received for February 2024 and March 2024 confirmed that the RI had included a review of actions highlighted at previous monitoring visit and any progress made. In addition, they contained the inspection feedback and what improvements have been made against those. Review of the manager copies of the monthly monitoring reports did not evidence managerial oversight or action against the action plans.

Neither of these reports referenced the most recent Quality Improvement Plan and enforcement action taken by RQIA; the details of both and commentary regarding progress against these was not included in either report.

The Regulation 29 monitoring reports for February 2024 and March 2024 were received by RQIA on 10 April 2024. These were not received in keeping with the associated timescales.

A selection of records was requested for review, including maintenance records that were not available on previous inspection. All requested records were available for inspection.

As all of the actions have not been assessed as met, compliance has not been achieved with this FTC notice.

Following the inspection, RQIA senior management held a meeting on 29 April 2024. The decision was made to extend the date for compliance with the FTC Notice to the maximum legislative timeframe of three months. Compliance with the notice must therefore be achieved by 29 May 2024.

### **5.2.2 Care delivery**

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 skilled in communicating with patients and observed to be respectful, understanding and sensitive to their needs. Patients were well presented in their appearance and told us that they were happy living in the home.

### **5.2.3 Management of the Environment**

The home was warm and comfortable. Many patients' bedrooms were personalised with items important to them.

It was pleasing to note painting had commenced in corridors throughout the home and new flooring was being fitted in an identified corridor. The RI confirmed new flooring was planned for all corridor areas and further painting and flooring was arranged for other communal areas such as the foyer, dining room and lounges.

Many of the bedrooms required redecorating while some patient equipment such as an identified shower chair and armchair required repair or replacing. These issues had not been identified on a recent audit of the home's environment. This was discussed with the manager who agreed to address these matters. A refurbishment plan was requested by RQIA following the previous care inspection and is due to be returned with the completed QIP.

Shortfalls in environmental cleaning were noted in some empty bedrooms. This was discussed with housekeeping staff and the manager who agreed to review their current systems for deep cleaning bedrooms when patients are discharged.

It was disappointing to note that inappropriate storage of patient toiletries was observed in identified communal bathrooms. This had been previously identified during inspections on 25 April 2022, 6 October 2022 and 14 February 2024. Improvements made since then have not been sustained. An area for improvement was identified.

Concerns about the management of risks to the health safety and wellbeing of patients, staff and visitors to the home were identified. For example, a sluice room was unlocked with access to cleaning chemicals, while chemicals used for flooring were stored in an area of the home that was accessible to patients and were not appropriately supervised. The door to the electrical services room was unlocked and a domestic cleaning trolley was unsupervised on two occasions allowing potential patient access to substances hazardous to health. These matters were discussed with staff who took immediate action. An area for improvement identified at the previous care inspection was stated for a second time.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	*4	*5

\*The total number of areas for improvement includes three under regulation and four under the standards which are carried forward for review at the next inspection. A further area for improvement under regulation was stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Julie McAleavey, Manager and Mr. Kevin McKinney, Responsible Individual 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 14 February 2024	The registered person shall ensure that patient care plans and risk assessments are reviewed and updated as required following a fall.  Ref: 5.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 23 February 2024	The registered person shall ensure the environmental deficits identified on inspection are addressed without delay. A suitable and achievable time bound program for this work should be submitted, along with the returned QIP, for information and comment.  Ref: 5.2.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 14 February 2024	The registered person shall ensure a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene.  Where deficits are identified during the monitoring system an action plan should be put in place to drive the necessary improvement.  Ref: 5.2.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 25 April 2024</p>	<p>The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All equipment is stored in the 2 equipment stores. There is no equipment stored inappropriately in communal areas. These areas are checked daily by either the manager or deputy manager.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 February 2024</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 February 2024</p>	<p>The registered person shall review the provision of wound care to ensure that wounds are managed in keeping with best practice guidance.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 February 2024</p>	<p>The registered person shall ensure nursing staff record a meaningful evaluation of care on a regularly basis within the patient record.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 February 2024</p>	<p>The registered person shall ensure that a meaningful programme of activities is available to patients.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 April 2024</p>	<p>The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection.</p> <p>This area for improvement specifically related to the storage of patient toiletries in communal bathrooms.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All staff are reminded daily during handover that all residents toiletries are to be removed immediately following assisting a resident with a shower or personal hygiene in the communal bathrooms. A printed notice has been placed in all communal bathrooms to remind staff also.</p>

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



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