

Inspection Report

29 May 2024



Rose Lodge

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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
Person in charge at the time of inspection: Mrs Julie McAleavey - Manager	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.	Number of patients accommodated in the nursing home on the day of this inspection: 31
Brief description of the accommodation/how the service operates: 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 29 May 2024 from 9.15 am to 12.00 pm by two care inspectors.

This inspection was undertaken to assess the level of compliance with the Failure to Comply (FTC) notice (FTC Ref: FTC000217 (E)) first issued on 29 February 2024.

The FTC notice was issued in respect of Regulation 10 (1) relating to the management and governance arrangements within the home. Following a care inspection on 25 April 2024 the FTC notice was extended to allow the Provider more time to achieve compliance with the notice. The new date for compliance to be achieved was 29 May 2024. Details of the notice can be viewed on our website www.rqia.org.uk.

As a result of this inspection all of the actions within the FTC notice were assessed as met, and compliance has been achieved with this FTC notice. RQIA will continue to monitor the quality of care within Rose Lodge during subsequent inspections.

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. A range of documents were examined to determine that effective systems were in place to manage the home.

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. One patient said they were very happy with their recently decorated bedroom and was waiting for the new curtains.

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.

5.0 The inspection

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

Due to the focus of this inspection, the areas for improvement from the last inspection were not reviewed and have been carried forward for review at the next inspection.

Areas for improvement from the last inspection on 25 April 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) (b)	The registered person shall ensure that patient care plans and risk assessments are reviewed and updated as required following a fall.	Carried forward to the next inspection

	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.	
Area for Improvement 2 Ref: Regulation 27 (2) (d) Stated: 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.	Carried forward to the next inspection
	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.	
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	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 place should be put in place to drive the necessary improvement.	Carried forward to the next inspection
	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.	
Area for improvement 4 Ref: Regulation 14 (2) (a) (c) Stated: Second time	The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety.	Carried forward to the next inspection
	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.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 41 Stated: First time	The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.	Carried forward to the next inspection
	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.	
Area for improvement 2 Ref: Standard 21.1 Stated: First time	The registered person shall review the provision of wound care to ensure that wounds are managed in keeping with best practice guidance.	Carried forward to the next inspection
	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.	
Area for Improvement 3 Ref: Standard 4.9 Stated: First time	The registered person shall ensure nursing staff record a meaningful evaluation of care on a regularly basis within the patient record.	Carried forward to the next inspection
	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.	
Area for Improvement 4 Ref: Standard 11 Stated: First time	The registered person shall ensure that a meaningful programme of activities is available to patients.	Carried forward to the next inspection
	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.	
Area for Improvement 5 Ref: Standard 46 Stated: First time	The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection. This area for improvement specifically related to the storage of patient toiletries in communal bathrooms.	Carried forward to the next inspection

	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.	
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5.2 Inspection findings

5.2.1 Review of the FTC Notice

FTC Ref: FTC000217 (E)

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 been appointed and commenced working in the home. An application to register the manager with RQIA has been submitted.

Review of a sample of governance audits evidenced that some were completed well and included action plans. Improvements in audit completion were noted since the previous inspection. It was evident feedback had been taken on board regarding the completion of the falls/incidents audit which evidenced good managerial oversight with development of action plans. Good oversight of wound care audits was identified and a 'nil return' was completed for complaints. The manager had also introduced a matrix to monitor when monthly audits had been completed along with a separate nurse manager audit check to review the audits delegated to other staff.

Further work was required to develop the environment and care record audits. This was discussed with the deputy manager who agreed to review their current systems. This will be reviewed at a future care inspection.

Monthly monitoring reports evidenced improvement in the detail contained within. Review of the report received for April 2024 confirmed that the RI had included a review of actions highlighted at previous monitoring visit and any progress made. The report referenced the most recent RQIA Quality Improvement Plan and the enforcement action taken by RQIA.

The Regulation 29 monitoring reports for April 2024 was received by RQIA on 3 May 2024. This was in keeping with the timescale set out in the FTC notice.

All requested records were available for inspection.

As all of the actions have been assessed as met, compliance has been achieved with this FTC notice.

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
Total number of Areas for Improvement	*4	*5

*The total number of areas for improvement includes four under regulation and five under the standards which are carried forward for review at the next inspection.

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	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: 14 February 2024	<p>The registered person shall ensure that patient care plans and risk assessments are reviewed and updated as required following a fall.</p> <p>Ref: 5.1</p>
	<p>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.</p>
Area for improvement 2 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 23 February 2024	<p>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.</p> <p>Ref: 5.1</p>
	<p>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.</p>
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: 14 February 2024	<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>Ref: 5.1</p>
	<p>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.</p>

Area for improvement 4 Ref: Regulation 14 (2) (a) (c) Stated: Second time To be completed by: 25 April 2024	The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety. Ref: 5.1 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.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: 14 February 2024	The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly. Ref: 5.1 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.
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<p>Area for improvement 5</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 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: 5.1</p>
	<p>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.</p>

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