

Inspection Report

Name of Service: Rose Lodge

Provider: Rose Lodge Care Home (Lisburn) Ltd

Date of Inspection: 30 May 2025

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:	Ms Oonagh Grant - Acting
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 the garden areas.	

2.0 Inspection summary

An unannounced inspection took place on 30 May 2025 from 9.30am to 5.30pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and the service was well led. However, areas for improvement were identified in relation to food provision and one to one care planning.

As a result of this inspection six areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Two areas for improvement will be stated for the second time and three areas for improvement will be carried forward for review to the next inspection. Full details, including the 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.

Patients spoke positively when describing their experiences of living in the home. Relatives were equally complimentary of the care delivered. Refer to Section 3.2 for more details.

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 patients, 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 that they were happy living in the home and that they were treated well by staff who were caring and supportive. Patients' comments included, "The staff here are excellent," and, "We are well looked after here". However, several patients spoke negatively on the food provision in the home and on long waits for staff when they pressed their call bells for assistance. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Relatives consulted during the inspection were complimentary in regards to the care their loved ones were receiving, though, raised concerns on the availability of staff.

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together and were supported by management to do so. However, some staff felt that additional staff were required to meet patients' needs. There were no responses from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. While there were robust arrangements in place to ensure safe recruitment and staff

were inducted and trained well, concerns were raised by patients, relatives and staff regarding the availability of staff when patients needed attention. Their concerns were shared with the management team and an area for improvement regarding a review of staffing arrangements was stated for the second time.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences. Patients spoke fondly on their interactions with staff. One told us, "The staff here are very helpful and jovial". Another commented, "All the staff are lovely and happy".

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.

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 patients choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

An area for improvement was identified to ensure that any patient in receipt of one to one care had a dedicated one to one care plan to identify, for example, when the one to one was to be provided, the level of supervision required, the duties of the person responsible for the one to one care and what records were to be maintained.

Patients had good access to food and fluids throughout the day and night. Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs. However, several patients complained about the quality of the food served. They told us that they did not enjoy the food they were served and spoke negatively on the food provision. This was discussed with the manager and identified as an area for improvement.

Activities included quiz, hand massage and arts and crafts. In the absence of an activities co-ordinator, staff were fulfilling the role. Records of activity engagement were recorded. Ways of enhancing this record keeping was discussed with the manager.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. Risk assessments and care plans were reviewed regularly to ensure that they remained up to date. Care records were stored securely.

Supplementary care records were maintained to evidence care delivery in areas, such as, personal care delivery, food/fluid intake, continence management and records were kept of any checks staff made on patients.

Nurses completed daily progress notes to monitor and evaluate the care delivered to the patients in their care.

3.3.4 Quality and Management of Patients' Environment Control

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Fire safety measures were in place to protect patients, visitors and staff in the home. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted.

Monthly infection control audits were completed to monitor the environment and staffs' practices. Personal protective equipment was readily available throughout the home.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Oonagh Grant has been managing the home since 29 April 2025. Staff commented positively about the manager and described her as supportive and approachable.

In the absence of the managers there was a nominated nurse-in-charge (NIC) to provide guidance and leadership. The NIC was clearly identified on the duty rota.

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.

The number of complaints to the home was low. There was a robust system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	2*	5*

*The total number of areas for improvement includes two that have been stated for a second time and three which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Kevin McKinney, Responsible Individual and Oonagh Grant, 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 30 (1) (d) Stated: First Time To be completed by: Immediate and ongoing (14 January 2025)	The registered person shall ensure that RQIA are notified of the occurrence of any even in the nursing home which adversely affects the wellbeing or safety of any patient. This area for improvement is made in relation to medicine incidents. Ref: 2.0
	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. I intend to always write detailed reports on all notifiable events, inclusive of medicine incidents including date, time, description of incident, persons notified, adverse effect (if any) and actions taken to assist prevent reoccurrence.

<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)(2) (a)(b)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (30 May 2025)</p>	<p>The registered person shall ensure that any patient in receipt of one to one care has a dedicated one to one care plan in place clearly identifying the responsibilities of the one to one carer in order to safely meet the patient's needs.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: A dedicated one to one care plan is now in place for any patient in receipt of one-to-one care, highlighting the responsibilities of the carer to ensure patients needs are met safely, including separate documentation records the one-to-one carer must complete on a daily basis.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing (30 May 2025)</p>	<p>The registered person shall ensure that the maximum, minimum and current temperature of both medicine refrigerators is monitored and recorded daily and that appropriate action is taken if the temperature recorded is outside the recommended range of 2-8°C.</p> <p>Ref: 2.0 and 3.3.2</p> <p>Response by registered person detailing the actions taken: Staff have been reminded to record both fridge temperatures twice daily (morning and night) ensuring fridge temperatures are maintained between the recommended range. Staff were reminded of the appropriate action required if either of the fridge temperatures fall outside the recommended range.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 21.1</p> <p>Stated: Second time</p> <p>To be completed by: 31 January 2025</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: 2.0</p> <p>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. Short term care plans have been reviewed to ensure wounds are managed appropriately and in a timely manner keeping in line with best practice. Staff have been reminded any new wounds are documented and recorded appropriately; short term care plans are put in place and escalation to allied health professionals is utilised where necessary. I plan to audit all wound care plans and documentation relating to wound management to ensure wound management is maintained effectively.</p>

Area for improvement 3 Ref: Standard 41.1 Stated: Second time To be completed by: 30 June 2025	<p>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.</p> <p>Ref: 2.0 and 3.3.1</p> <p>Response by registered person detailing the actions taken: Staffing levels are reviewed on a daily basis in accordance with the dependency needs of the home and layout. I plan to continue to monitor staffing levels on a daily basis and act accordingly to maintain safety.</p>
Area for improvement 4 Ref: Standard 12 Stated: First time To be completed by: 31 January 2025	<p>The registered person shall ensure that variations to the planned menu are recorded.</p> <p>Ref: 2.0</p> <p>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.</p> <p>I spoke with the head cook regarding variations to planned menu. It has been agreed that any variations to the planned menu are documented in the variations section of the menu folder and that residents are notified of any variations in a timely manner.</p>
Area for improvement 5 Ref: Standard 12 Stated: First time To be completed by: 30 June 2025	<p>The registered person shall review the food provision in the home to ensure patient satisfaction.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Myself and the head cook met with a number of residents in the home and discussed menu change. Residents gave constructive feedback regarding quality of food, likes and dislikes. The menu has been altered to include changes mentioned by the residents. Fruit and vegetable suppliers have changed, delivering a higher quality of fresh fruit and vegetables. Discussions are in progress with other suppliers to maintain a high standard of foods.</p>

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