



Inspection Report

Name of Service: Rosedale

Provider: Northern HSC Trust

Date of Inspection: 16 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:	Northern HSC Trust
Responsible Individual:	Ms Jennifer Welsh
Registered Manager:	Ms Geraldine Lindsay – not registered
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 38 residents over 65 years of age and up to 2 residents under 65 years of age.</p> <p>There are a range of communal areas throughout the home.</p>	

2.0 Inspection summary

An unannounced inspection took place on 16 December 2024, between 9.50 am and 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 24 October 2023; 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 residents 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 residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents 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 four areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. 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 resident'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

Residents spoken with told us that they were happy with the care they received in Rosedale. Residents said the staff were supportive and approachable. Comments shared included; "the staff are very polite" and "the staff are very helpful, if I need help I just buzz." Residents told us they had choice about how they spend their day and residents commented positively about access to activities and the quality of food in the home.

Resident questionnaires returned confirmed that residents found the care to be; safe, effective, compassionate and well led. Some of the comments shared in the questionnaires included; "when I arrived here I felt a warm welcome" and "every member of staff is helpful."

Families who were visiting the home and spoken with provided positive feedback about the care their relative had been receiving in the home. Comments shared included, "I have no concerns, mum loves the food."

One questionnaire returned by a relative indicated that they found the care to be; safe, effective, compassionate and well led. Some of the comments shared in the questionnaire included; "it is a brilliant service, mum has been in this place and is so pleased with this service, five stars."

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

Residents explained that they could have birthday parties with family and friends in their room or one of the lounges, could go out to church, local shops, clubs, or other activities in the community.

Residents told us that staff offered choice to residents 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.

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 residents. There was evidence of systems in place to manage staffing. One of the recruitment files reviewed did not evidence a full employment history. The previous area for improvement identified relating to this has been partially met and will be stated for a second time.

There was evidence of systems in place to monitor staff compliance with training. A discussion took place with the manager regarding staff compliance with Adult Safeguarding training, assurances were provided a date has been scheduled for all staff to attend this training.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

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 residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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

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

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. A discussion took place with the manager and a recommendation was made for the implementation of a Deprivation of Liberty safeguard (DoLs) tracker to monitor and review those residents with a DoLs in place.

Where a resident 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 residents. Residents 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 residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was evident that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Discussion with staff and residents confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The weekly programme of social events was displayed on the noticeboard and shared with residents, families and staff advising of future events.

Activities for residents were provided which involved both group and one to one activities. Birthdays and annual holidays were celebrated and on occasions residents, families and staff attended larger events such as carol services.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. A discussion took place with the manager to ensure that the assessments completed with residents on admission to the home are holistic.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There was evidence of 'homely' touches such as flowers, newspapers, magazines, snacks and drinks available.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks, resident call system checks and electrical installation checks.

There was evidence of one room being used for storage which was not in keeping with it's original stated purpose. A discussion took place with the manager and a request to change the purpose of the room was submitted to RQIA following the inspection.

A Fire Risk Assessment had been completed by an accredited fire risk assessor on 30 July 2024, the overall risk had been assessed as tolerable. It was evident that some of the actions had not been taken within the timeframes agreed by the fire risk assessor, for example; ensuring that the wedging/propping of doors would cease. This was addressed at the time of inspection and assurances were provided that the actions outlined by the fire risk assessment would be addressed. An area for improvement was identified.

Review of records and observations confirmed that there were systems and processes in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. Hand hygiene audits did not always note the date these were completed, a discussion took place with the manager to ensure this is clearly documented to ensure these records are robust.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Geraldine Lindsay has been the manager in this home since 1 September 2021. A discussion took place with the manager regarding progressing her application to become registered as manager with RQIA.

Residents, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Some of the comments shared by the staff included, "the manager is so accommodating, she is excellent."

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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*	0

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Geraldine Lindsay, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Findings of the inspection were discussed with Geraldine Lindsay, manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 16 December 2024</p>	<p>The Registered Person shall ensure the pre-employment checklist evidences a full and complete employment history, reasons for leaving and gaps in employment.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Employment gap in the identified employment record has explored and explanations recorded. Manager will continue to complete a Pre-employment checklist which has been implemented to include evidence of any gaps in an employment record.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 16 December 2024</p>	<p>The Registered Person shall ensure that the actions outlined as part of the Fire Risk Assessment are taken within the timeframes agreed by the fire risk assessor.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Staff have been directed to refresh their training/knowledge in relation to Health and Safety as propping of doors is not permitted as per fire risk assessment and as part of long-term management plan a works request has been submitted to have two doors fitted with hold open devices.</p>

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