

# Inspection Report

29 August 2024



## Rosemary Lodge Care Home

Type of service: Residential  
Address: 9 Fennel Road, Antrim, BT41 4PB  
Telephone number: 028 9442 8877

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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> Healthcare Ireland No 2 Ltd	<b>Registered Manager:</b> Mrs Marie-Clare Kennedy
<b>Responsible Individual:</b> Ms Amanda Mitchell	<b>Date registered:</b> 24 November 2022
<b>Person in charge at the time of inspection:</b> Mrs Marie-Clare Kennedy	<b>Number of registered places:</b> 45  Not more than 2 persons in Cat RC-LD
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD – Learning disability. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 41
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered residential care home which provides health and social care for up to 45 residents. The home is divided over two floors. Communal lounges and dining areas are located on the ground floor. Residents have access to a lift.	

## 2.0 Inspection summary

An unannounced inspection took place on 29 August 2024, from 9.50 am to 5.40 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection.

The home was bright and welcoming. Residents were seated in communal areas across the home or their bedrooms if this was their preferred choice.

Residents generally provided positive feedback about their experiences residing in the home. Residents generally reported that the staff were approachable and attentive. Other comments were shared with the management team for review and action as appropriate. Residents said they were provided with choice throughout the day and that the food was of a good standard.

Staff generally provided positive feedback about working in the home and said there was enough staff on duty to meet the needs of the residents. Mixed feedback was provided regarding teamwork in the home and the delays with regards to actions taken on the environment. This is discussed further in the main body of the report.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' 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 RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents 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 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

## 4.0 What people told us about the service

Residents spoken with generally provided positive feedback about their experiences residing in the home. Comments shared included: “if I need help, the staff would be there” and “the staff are very good; they’re always offering help.” The residents commented positively about the food, one resident said, “the food is excellent.” Other comments made by residents were shared with the management team for review and action as appropriate.

Staff spoken with generally provided positive feedback about working in the home. Staff said the manager was supportive and approachable. Some staff reported team-work was not always consistent across the work-force. Comments made by staff regarding delays in action taken about the environment were shared with the management team for action and review.

Visitors spoken with on the day of inspection said they found the staff were communicative and were satisfied with the care their loved one was receiving.

One questionnaire was received from a resident following the inspection. The feedback provided was positive and reported the care to be; safe, effective and compassionate in the home. Comments shared included: “I couldn’t ask for better care and attention.” No relatives completed the questionnaires within the identified timeframes following the inspection. No staff completed the online survey.

## 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 7 March 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13.7  <b>Stated:</b> Third time	The registered person shall ensure that there is a system in place to monitor and address environmental factors which impact on the robustness of the infection prevention and control measures and practices. This is stated in relation to the chipping on the handrails and door frames downstairs, and the four dining room chairs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that the refurbishment plan was completed within the timeframes agreed and the manager evidenced a system	

	in place to monitor these works. This area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (a)  <b>Stated:</b> First time	<p>The registered person shall ensure the Fire Risk Assessment is revised and actions are taken within the agreed timeframes as outlined by the Fire Risk Assessor.</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> Regulation 14 (4)  <b>Stated:</b> First time	<p>The registered person shall ensure staff are competent in the thickening of fluids in accordance with each individuals assessed need.</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> Regulation 14 (4)  <b>Stated:</b> First time	<p>The registered person shall ensure staff are knowledgeable of residents' assessed needs in relation to IDDSI levels for modified meals and thickened fluids.</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 5</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time	<p>The registered person shall ensure repairs to the environment are made without delay.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence a number of repairs were required to areas across the home, for example; loose wiring in the sluice room. The manager had a system in place to record and escalate requests for these repairs, however there was no evidence of action taken by the maintenance department. This area for improvement has not been met and will be stated for a second time.</p>	<b>Not met</b>

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> Second time	The registered person shall ensure that care records reflect the safety measures in place to manage the risk of falls.	<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> Standard 35  <b>Stated:</b> Second time	The registered person shall ensure individual's toiletries are managed and stored appropriately.	<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 3</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	The registered person shall ensure individuals have an up-to-date and comprehensive care plan in place to reflect individual assessed need and the plans in place to direct care.	<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> Standard 35  <b>Stated:</b> First time	The registered person shall ensure a system is implemented to ensure equipment identified as requiring replaced is actioned without delay.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Audits in place to monitor equipment, for example; commodes and mattress checks were not completed within the timeframes agreed to identify equipment requiring replaced. This area for improvement has not been met and will be stated for a second time.	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 35	The registered person shall ensure staff adhere to Infection Prevention Control (IPC) best practice guidance. This is with specific reference to;	<b>Met</b>

<b>Stated:</b> First time	<ul style="list-style-type: none"> <li>• The wearing of watches and gel nails</li> <li>• The appropriate use, donning and doffing of Personal Protective Equipment (PPE)</li> </ul>	
	<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> Standard N10  <b>Stated:</b> First time	The registered person shall ensure that residents have access to a call bell lead to summon assistance from 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 7</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall ensure that risk assessments are completed for the storage of denture cleaning tablets.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence of risk assessments in place to safely manage denture cleaning tablets. This area for improvement was evidenced as met. However, there was evidence that these risk assessments were not always adhered to in practice, for example; denture cleaning tablets were accessible in a resident's bedroom. A new area for improvement was identified. This is discussed further in section 5.2.2 and 6.0.	

## 5.2 Inspection findings

### 5.2.1 Care Delivery and Infection Prevention and Control

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.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. There was a designated mealtime co-ordinator and staff were observed implementing the 'safety pause.' Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. Staff were knowledgeable about residents who required modified diets and knew where to access this information to ensure residents received the correct diet.

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

Staff were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

## **5.2.2 Management of the Environment**

Observation of the home's environment evidenced that the home was clean and tidy. There was evidence of refurbishments having been made to the environment, including; paintwork and new furniture.

Residents bedrooms were generally personalised with items important to the resident, however some of the bedroom furniture appeared worn and damaged which would not allow for this to be effectively cleaned. The janitors store required repairs to ensure this is adhering to IPC standards, for example; the shelving. A discussion took place with the management team and assurances were provided that the areas discussed, excluding the janitors store had been identified as requiring repair prior to the inspection and plans were in place to address these areas. An area for improvement was identified.

The carpet along the main stairwell appeared tired and worn, the management team confirmed dates for this to be replaced following the inspection. This will be reviewed at a future inspection.

A number of ceiling tiles were identified as requiring replaced across the home. A discussion took place with the management team and these were confirmed as replaced following the inspection. This will be reviewed at a future inspection. Those bedrooms identified with an odour were discussed with the management team and confirmation was received following the inspection that this had been addressed. This will be reviewed at a future inspection.

A cigarette lighter was observed as accessible in the smoke room. A discussion took place with the manager and this was addressed immediately. Assurances were provided that those residents who smoke have a care plan and risk assessment in place to reflect the level of supervision and support required with this. The management team agreed to further review these to ensure they are reflective of individual assessed need. This will be reviewed at a future inspection.

Two paint tins were located within an area accessible to residents. A discussion took place with the management team and this was addressed immediately. An area for improvement was identified.

There was evidence of denture cleaning tablets in one resident's bedroom. This was not in keeping with individual risk assessments and care plans to manage these. A discussion took place with the management team and an area for improvement was identified.

A fire risk assessment was completed in the home on 10 June 2024 by an accredited fire risk assessor. The overall risk was assessed as tolerable. There was evidence of ongoing progress on the action plan as identified by the fire risk assessor. This will be further reviewed during a future inspection.

### 5.2.3 Quality of Life for Residents

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 could have birthday parties with family/friends in their room or one of the lounges, could go out to church, local shops, clubs, pubs or other activities in the community.

It was observed that staff offered choices 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.

Residents provided positive feedback about the range of activities which are taking place in the home. Comments included, "there are lots of activities" and "I get involved in everything."

### 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 Residential Care Homes Regulations (Northern Ireland) 2005

**Area for improvement 1** The registered person shall ensure repairs to the environment are made without delay.

**Ref:** Regulation 27 (4) (b)

**Stated:** Second time

**To be completed by:**  
5 September 2024

Ref: 5.0 & 5.2.2

**Response by registered person detailing the actions taken:**

A Health & Safety Checklist has been commenced to be completed by the Person in Charge on each shift and any repairs needed are placed in Maintenance Person log or a Maintenance Request to Estates team is generated. A Maintenance Request Log is maintained and reviewed weekly by Registered Manager.

Any estates issues are also noted within Registered Manager walk round report. Regional Manager will review on Reg 29 visits.

**Area for improvement 2**

**Ref:** Regulation 14 (2) (c)

**Stated:** First time

**To be completed by:**  
29 August 2024

The registered person shall ensure that denture cleaning tablets are stored in accordance with individual's risk assessments and care plans.

Ref: 5.0 & 5.2.2

**Response by registered person detailing the actions taken:**

Risk assessments and care plans are completed for residents with regards to the risk of caring for their own denture tablets. Residents identified as safe are identified on written handover report so all care staff are aware. Checks are carried out by Person in charge, Home Manager and Regional Manager to monitor safe storage of these by the identified residents.

### Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)

**Area for improvement 1**

**Ref:** Standard 35

**Stated:** Second time

The registered person shall ensure a system is implemented to ensure equipment identified as requiring replaced is actioned without delay.

Ref: 5.0 & 5.2.2

<p><b>To be completed by:</b> 5 September 2024</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager carries out monthly audits on equipment such as mattresses and commodes. Equipment identified as requiring repair by resident, relative or staff is noted on Maintenance Person log so that the Maintenance Person will assess and address if he can. If equipment requires replacement, a maintenance request is issued and followed up by Estates or added to refurbishment plan. Registered Manager will follow up at time intervals appropriate to priority of need. Regional Manager will support Registered Manager with follow up. Any daily maintenance concerns including equipment concerns are documented on the shift report to Registered Manager and that equipment put out of use. Any estates/maintenance issues are also noted within Registered Manager walk round report. Regional Manager will review all on Reg 29 visits.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 October 2024</p>	<p>The registered person shall submit a rolling refurbishment plan to RQIA outlining the plans for repairs and timeframes relating to:</p> <ul style="list-style-type: none"> <li>• the janitors store and</li> <li>• furniture in bedrooms</li> </ul> <p>Ref: 5.0 &amp; 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The refurbishment plan has been reviewed and updated. This plan has been forwarded to Estates Manager and Directors to agree timeframes. The updated plan will be forwarded to Lead Inspector by 1.11.24. The Registered Manager and Regional Manager will continue to review at least monthly.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 August 2024</p>	<p>The registered person shall ensure all staff working in the home are aware of their responsibilities to promote safe and healthy working practices. This is with specific reference to the safe storage of paint tins.</p> <p>Ref: 5.2.2</p>

	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The items were removed on the day of inspection and stored safely and appropriately. A supervision was completed with all staff on their responsibilities and spot checks are carried out by Home Manager during daily walkrounds and Regional Manager during REG 29 visits.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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