



Inspection Report

Name of Service: Rosevale Lodge

Provider: Healthcare Ireland No 2 Ltd

Date of Inspection: 28 January 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:	Healthcare Ireland No 2 Ltd
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Cheryl Palmer
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 36 residents over 65 years of age, living with dementia or with a past or present alcohol dependence. There are a range of communal areas throughout the home and residents have access to an outdoor area.</p> <p>There is a separate registered nursing home which occupies the same building and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 28 January 2025, between 9.45 am and 5.20 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 on 5 March 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced 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 who were able to make their wishes known 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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection the area for improvement previously stated has not been met and will be stated again for a third time. 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 spoke positively about their experience of life in the home. Some of the comments shared by residents included; "the staff are very friendly and approachable" and "the food is lovely." Other comments regarding activities were shared with the management team for review as necessary.

Relatives of residents who were visiting at the time of inspection and spoken with provided positive feedback about their loved one's time in the home. Comments shared included; "the staff are all excellent" and "my relative is well looked after." Other comments made by a relative were shared with the management team and confirmation of the actions taken by the home were provided.

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.

Staff were observed offering choice to residents throughout the day which included preferences for getting up, 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. There was evidence that one staff member who was required to be registered with the Northern Ireland Social Care Council (NISCC) did not have this in place. Assurances were provided following the inspection this had been addressed and the staff member was appropriately registered. An area for improvement was identified.

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. Staff were available and visible in the home providing support and offering assistance to residents, staff were observed responding promptly to call bells.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

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. Throughout the day staff confirmed they attended safety briefings and implemented 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

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. For example; a staff member was observed offering reassurance and responding to a resident who was presenting with distressed reactions.

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. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Residents may require special attention to their skin care. These residents received input from the District Nurse team if this was required and audit systems were in place to ensure the residents' received the care they required.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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 observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Comments made by one resident regarding the food was shared with the management team for review and action as required.

The importance of engaging with residents was well understood by the manager and staff. The hairdresser was in attendance during the inspection and staff were observed supporting residents to attend. There was evidence of residents sitting in communal areas across the home with music playing and interactions between one another and with staff. Residents were observed to be relaxed and comfortable in these interactions.

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 outside of the unit, a discussion took place with the management team to review the location of this to ensure residents could have access to this planner.

Residents' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts or hairdressing, one to one reading or listening to music. There was evidence of meetings scheduled with relatives to discuss the running of the home.

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.

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. A previous area for improvement had been identified for a second time regarding supplementary recordings of care delivery specifically with regards to personal care and showering records. Whilst there was evidence of improvements in the completion of morning care tasks; there was gaps and on occasion no records for evening care delivery. This area for improvement was not met and has been stated for a third and final time.

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 refurbishments having taken place across the home to the interior decoration. The manager provided assurances further refurbishment plans were ongoing for example; new curtains would be put in place and ongoing painting. There was evidence of wear and tear to the woodwork on mirrors in resident's bedrooms. The manager confirmed this has been included as part of the ongoing refurbishment plan.

There was evidence of furniture and equipment stored in the outdoor area, the manager provided assurances arrangements were in place for this to be removed.

On the day of inspection there was evidence of loose wiring in a communal area and the boiler room was not securely locked. These were both addressed at the time of inspection. An area for improvement was identified.

The décor of the home included reminders of the local area with pictures of the local area that would be of interest to residents.

Review of records and observations confirmed that systems and processes were 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.

The Fire Risk Assessment had been completed by an accredited fire risk assessor on the 23 September 2024, the overall fire risk was assessed as tolerable. There was evidence of one action not having been completed within the timeframe identified by the fire risk assessor. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Cheryl Palmer has been the Registered Manager in this home since 20 June 2023.

Residents, relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

The manager has previously undertaken the 'my home life' programme to develop her knowledge, skills and values and share this with the staff team.

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. 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 discussion took place with the management team to ensure documentation in place regarding complaints reflects the date this was resolved and closed.

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	3*	1

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Cheryl Palmer, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 19 (1) (a) (k)</p> <p>Stated: Third time</p> <p>To be completed by: 4 February 2025</p>	<p>The Registered Person shall ensure a contemporaneous record is kept of all care provided to a resident, with specific reference to personal care and showering records.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The personal hygiene records have been reviewed a new template has been introduced. Supervision and Safe Care Huddles were undertaken with all care staff. Implementation and completion of these forms was discussed at the Clinical Governance Meeting held on 11.3.25. Personal Hygiene Records are being completed contemporaneously and a selection of these records will be spot checked by the Registered Manager or Team Leader. If there any actions are identified these will be discussed at a Safe Care Huddle. In addition to this they are reviewed as part of the Resident Care Audits. A selection are also spot checked during the monthly Regulation 29 visit.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: First time</p> <p>To be completed by: 28 January 2025</p>	<p>The Registered Person shall ensure the system in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC) is robust to ensure all staff requiring to be registered, have this in place.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The identified staff member had allowed his annual NISCC fee to lapse but had paid a restoration fee. Unfortunately the Registered Manager, after speaking to NISCC was informed that the guidance had changed in relation to this. A full application was immediately submitted. The staff member was removed from the rota, and his NISCC registration was completed the day after the inspection. The Registered Manager will continue to check the NISCC register monthly to ensure that all staff are registered and have paid their fees in a timely manner. A reminder e-mail is sent to all care staff one month before their annual fee is due. This will be checked during the Regulation 29 visit.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 28 January 2025</p>	<p>The Registered Person shall ensure all parts of the home to which residents have access are free from potential hazards to their safety.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The identified unused TV aerial was removed from the wall in the lounge on the day of inspection. The Registered Manager will conduct spot checks. On the day of inspection a contractor had been in the home and had left the door to the boiler room open. A reminder has now been placed in the contractors folder to ensure all doors are locked after works have been completed. Health and safety was discussed at the recent team meeting and staff were reminded to ensure any areas that pose a risk to residents are secured.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)</p>	

<p>Area for improvement 1</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</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>To be completed by: 28 January 2025</p>	<p>Response by registered person detailing the actions taken: The fire zone plans were submitted for review to ensure they are an accurate reflection of the floor plans to include the two new bedrooms and sunroom. The new plans were received and erected at the fire panel. All actions identified in the Fire Risk Assessment have now been completed.</p>

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



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