



Secondary Unannounced Care Inspection

Name of Service and ID: Rosemary Lodge Care Home (1457)
Date of Inspection: 19 August 2014
Inspector's Name: John McAuley
Inspection ID: IN017455

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Rosemary Lodge Care Home (1457)
Address:	9 Fennel Road Antrim BT41 4PB
Telephone number:	02894428877
E mail address:	rosemary.lodge@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons (Bamford) Ltd
Registered Manager:	Mrs Julie Beacom
Person in charge of the home at the time of inspection:	Mrs Julie Beacom
Categories of care:	RC-I, RC-LD, RC-MP(E), RC-PH, RC-PH(E), RC-DE
Number of registered places:	44
Number of residents accommodated on Day of Inspection:	35 plus 2 residents in hospital and 2 residents on leave
Scale of charges (per week):	£461 plus £20 - £50 top up
Date and type of previous inspection:	17 December 2014 Primary announced
Date and time of inspection:	19 August 2014 1.15pm – 4.45pm
Name of Inspector:	John McAuley

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and two visiting relatives
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard 9: Health and Social Care.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Rosemary Lodge Residential Care home is situated on the Fennel Road on the outskirts of the town of Antrim.

The residential home is owned and operated by Four Seasons Healthcare. The registered manager is Mrs Julie Beacom and has been in this position for a number of years.

Accommodation for residents is provided single rooms on two storeys. Access to the first floor is via a passenger lift and stairs.

Communal lounges and dining areas are provided in the ground floor.

The home also provides for catering and laundry services.

A number of communal sanitary facilities are available throughout the home.

There is a well-appointed garden to the home, with good access to same.

The home is registered to provide care for a maximum of 44 persons under the following categories of care:

Residential Care

I – Old age not falling into any other category

LD – Learning disability

DE – Dementia

MP (E) – Mental disorder excluding learning disability or dementia – over 65 years

PH – Physical disability other than sensory impairment

PH (E) – Physical disability other than sensory impairment – over 65 years.

7.0 Summary of inspection

This secondary unannounced care inspection of Rosemary Lodge was undertaken by John McAuley on 19 August 2014 between the hours of 1:15 pm and 4:45pm. The registered manager Mrs Julie Beacom was available during the inspection and for verbal feedback at the conclusion of the inspection.

The one recommendation made as a result of the previous inspection was also examined. There was evidence that the home has addressed this.

The focus of this unannounced inspection was the DHSSPS Residential Care Homes Minimum Standard 9 on Health and Social care. From review of this standard there was found to be processes in place to ensure the effective management of the standard.

During the inspection the inspector met with residents, staff, and two visiting relatives, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Similar views were expressed from discussions with two visiting relatives.

Staff indicated that they were supported in their respective roles, that there was good staff morale, teamwork and managerial support in place. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives and staff are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, and nicely decorated and furnished.

A number of additional areas were also examined these included the record of complaints and the most recent monitoring visit report. Further details can be found in section 10.0 of the main body of the report.

No requirements and no recommendations were made as a result of the secondary unannounced inspection.

The inspector would like to thank the residents, staff and the registered manager for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 17 December 2013.

NO.	STANDARD REF.	RECOMMENDATION	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	16.3	<p>Staff have completed training on and can demonstrate knowledge of: -</p> <ul style="list-style-type: none"> • Protection from abuse • Indicators of abuse • Responding to suspected, alleged or actual abuse • Reporting suspected alleged or actual abuse. <p>Reference to this is made, in respect of ensuring that training provided is effective, and staff are knowledgeable on reporting suspected alleged or actual abuse. This is to include the role of the health and social care trust(s).</p>	<p>This aspect of training has been reviewed with staff via staff supervision, team meetings and training.</p> <p>There was also found to protocol in place of contact details of such referrals.</p>	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed:	COMPLIANCE LEVEL
9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	
Inspection Findings:	
<p>A review of a sample of five residents' care records confirmed that contact details of the residents' aligned GP and their aligned health care professionals were appropriately maintained.</p> <p>Evidence was also in place to confirm that as applicable a resident is provided with information on the choice of GP services in the locality and is assisted in registering with same.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	
Inspection Findings:	
<p>Discussions with staff on duty, together with a review of residents' care records, confirmed that staff has understanding and knowledge of the general health and social care needs of residents.</p> <p>Observations of how senior staff interacted with aligned health care professionals also confirmed compliance with this standard criterion.</p>	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>A review of residents' care records found that the progress records of residents' general health and well-being was monitored and recorded appropriately.</p> <p>Evidence was in place to confirm that issues of assessed need had a corresponding statement of care / treatment given and effect of same. This included referral to the aligned health care professional(s).</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>The resident's representative is encouraged as appropriate to be involved in the referrals to health and social care appointments. Contact with the resident's representative is appropriately recorded, including feedback from such appointments.</p> <p>Discussions with two visiting relatives at the time of this inspection, confirmed that they are kept well informed of changes in care and subsequent healthcare appointments / referrals.</p>	<p align="center">Compliant</p>

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The home maintains a matrix of dates of residents' health care screening and appointments with aligned health care professionals</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>General observations at the time of this inspection, found that residents' aid, appliance and personal equipment were maintained appropriately to provide maximum benefit for the resident.</p>	<p align="center">Compliant</p>

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with a large number of residents individually and with others in groups. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Comments received included:

- "I love it here"
- "I couldn't be any better looked after"
- "This place is wonderful"
- "no complaints"
- "Everyone is lovely"
- "The food is perfect"

No concerns were expressed or indicated.

10.2 Relatives/representative consultation

The inspector met with two visiting relatives at the time of this inspection. Both expressed satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

No concerns were expressed or indicated.

10.3 Staff consultation

The inspector spoke with six members of staff of various grades on duty. Discussions with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents. Staff spoke in a positive basis about the teamwork, morale and the overall provision of care.

No concerns were expressed or indicated.

10.4 General environment

The home was found to be clean and tidy with a good standard of furnishings and décor being maintained.

Residents' facilities were found to be comfortable and accessible to avail of.

The gardens to the home were nicely appointed and again accessible for residents to avail of.

10.5 Complaints

A review of the record of complaints together with discussions with the registered manager confirmed evidence that expressions of dissatisfaction are taken seriously and managed appropriately.

10.6 Monitoring visits

The most recent monitoring visit report (12 August 2014) on the behalf of the registered provider was reviewed. This report was found to be maintained in excellent detail with good evidence to support necessary governance arrangements.

10.7 Care practices

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. Staff of all grades were observed to be helpful, accommodating and courteous to residents.

Tasks and duties were found to be carried out in an organised, unhurried manner. Call assistance alarms were answered promptly.

Residents were found to be comfortable, content and at ease in their environment and interactions with staff.

Quality Improvement Plan

The findings of this inspection were discussed with the registered manager Mrs Julie Beacom as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of this report.

Enquires relating to this report should be addressed to:

**John McAuley
Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



No requirements or recommendations resulted from the unannounced inspection of Rosemary Lodge which was undertaken on 19 August 2014 and I agree with the content of the report. Return this QIP to care.team@rqia.org.uk

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING	Julie Beacom
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	<i>John Dirlatow</i> John McCall DIRECTOR OF OPERATIONS 29.9.14

Approved by:	Date
<i>John McCall</i>	6/10/14