



The **Regulation** and
Quality Improvement
Authority

Unannounced Care and Medicines Management Inspection Report 22 August 2019 and 28 August 2019



Rosemary Lodge Care Home

Type of Service: Residential Care Home

Address: 9 Fennel Road, Antrim, BT41 4PB

Tel No: 02894428877

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 44 residents within the categories of care detailed in its certificate of registration and 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd Responsible Individual(s): Dr. Maureen Claire Royston	Registered Manager and date registered: Gail Donnell – registration pending
Person in charge at the time of inspection: Gail Donnell	Number of registered places: 44 Not more than 2 persons in Cat. RC-LD.
Categories of care: Residential Care (RC) I - Old age not falling within any other category LD - Learning Disability MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH (E) - Physical disability other than sensory impairment – over 65 years DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 36 plus one resident in hospital

4.0 Inspection summary

The unannounced care inspection took place on 22 August 2019 from 10.10 to 14.30 hours and the unannounced medicines management inspection took place on 28 August 2019 from 10.10 to 12.40 hours.

The inspection assessed progress with the one area of improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, training, support and supervision and medicines management. Good practice was also found in relation to staffs knowledge and understanding of residents' needs, the governance arrangements and the good working relationships in the home.

Four areas requiring improvement were identified during this inspection. These were in relation to the inappropriate storage of a topical medicines trolley, an infection prevention and control practice, inappropriate storage in a linen cupboard and a date memoire board.

Residents described living in the home as being a good experience/in positive terms. Some of the comments included; "We are all well looked after" and "I am very happy. There are all good to me"

Comments received from residents, people who visit them and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Gail Donnell, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 3 April 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 April 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous pharmacy inspection, registration information, and any other written or verbal information received, such as notification reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses from any of these questionnaires were returned in time for inclusion to this report.

During the inspection a sample of records was examined which included:

- staff training schedule and training records
- one staff member’s recruitment and induction records
- three residents’ records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records
- reports of visits by the registered provider/monthly monitoring reports
- legionella risk assessment
- fire safety risk assessment
- fire safety records
- RQIA registration certificate

The one area of improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 7 February 2019 and medicines management inspection dated 3 April 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	The registered person shall make good the malodour in the identified bedroom. <hr/> Action taken as confirmed during the inspection: The floor of this identified bedroom has been replaced with good effect.	Met

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: Second time	The registered person shall ensure that the controlled drugs record is fully and accurately maintained.	Met
	Action taken as confirmed during the inspection: It was evidenced that the controlled drugs record is fully and accurately maintained.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 31 Stated: First time	The registered person shall ensure that the use of food and fluid thickeners is recorded.	Met
	Action taken as confirmed during the inspection: Three residents' records were reviewed. It was evidenced that the use of food and fluid thickeners had been recorded.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

Throughout this inspection residents advised and indicated that they felt safe in the home and that staff were responsive to their needs and were kind and supportive.

Staffing

Inspection of the duty rota confirmed that it accurately reflected the staff on duty at the time of this inspection.

The manager advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed. The manager is seeking to recruit an additional care assistant for the evening / night period (twilight hours), in response to resident dependencies at this time.

Discussions with residents, one visiting relative and staff confirmed that they felt there was adequate staffing in place to meet residents' needs but at times the workload was busy.

Increased pressures on staff were added with staff absences but the manager was managing these events accordingly.

Staff advised that morale had improved greatly with the effect of a recent turnover of some staff members.

Staff recruitment

The recruitment records of a recently appointed staff member were inspected. This confirmed that the recruitment process was in accordance with regulations and standards.

Staff induction, supervision and appraisal

Discussions with staff confirmed that they had received a comprehensive programme of induction on appointment. One member of care staff was supernumerary to assist with their induction. This is good practice. An inspection of an induction record for a recently appointed staff member was undertaken and found to be appropriately in place. An inspection of the programme of supervisions and appraisals found these were being maintained in a regular and up-to-date basis for all staff. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis.

Staff training

Inspection of staff training records found that mandatory requirements and other training were being met. A matrix of staff training is in place which identifies when staff have last received their mandatory training and when up-date training is required.

Safeguarding

Discussions with staff confirmed that they had knowledge and understanding of safeguarding principles. Staff were aware of their obligations to report any concerns and advised that they found management to be approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust's role in safeguarding and these contact details were displayed.

Environment

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

Residents' bedrooms were comfortable and personalised.

Communal areas were nicely facilitated and provided a relaxing space for residents to enjoy the company of one another, if desired.

An area of improvement was identified in accordance with standards regarding the cleanliness surrounding toilet roll holders. This posed a risk with infection prevention and control and was highlighted when discovered during this inspection. There was otherwise good provision of infection prevention and control aids and equipment throughout the environment. Added to this there was accessible information available to residents, their representatives, visitors and staff on the need for good infection prevention and control practices.

Inappropriate storage was found in one of the linen cupboards with furniture and walking aids. This was identified as an area of improvement in accordance with standards to make good.

The grounds of the home were accessible and well maintained.

Health and safety

An unlocked topical medications trolley was found in a store in the first floor of the home. This has been identified as an area of improvement in accordance with regulations to make good.

There were no other obvious health and safety risks observed in the environment at the time of this inspection.

Legionella risk assessment

The home's most recent legionella risk assessment was dated 13 November 2018. The nine recommendations made from this assessment had a corresponding action plan detailing that these issues had been dealt with.

Fire safety

An inspection of the home's most recent fire safety risk assessment, dated 17 April 2019, was undertaken. There were five recommendations made as a result of this assessment. Confirmation was received from the manager after this inspection advising that these recommendations had been addressed.

An inspection of fire safety records confirmed that all staff were in receipt of up-to-date fire safety training and drills. Fire safety checks on the environment were also carried out by staff on a regular and up-to-date basis.

Medicines management

The sample of medicines examined showed that patients were receiving their prescribed medicines.

Medicines were managed in compliance with legislative requirements, professional standards and guidelines. Medicines were managed by staff who have been trained and deemed competent to do so. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Audits which cover all areas of medicines management are performed regularly, discrepancies investigated and records maintained. There were satisfactory arrangements in place to manage changes to prescribed medicines. There were procedures in place to ensure the safe management of medicines during a resident's admission to the home. There were robust arrangements in place for the management of medicine related incidents.

Medicines records complied with legislative requirements, professional standards and guidelines.

Medicines were safely and securely stored in compliance with legislative requirements, professional standards and guidelines. Medicines were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

The management of controlled drugs was in compliance with legislative requirements, professional standards and guidelines. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, support and supervision and medicines management.

Areas for improvement

There were three areas of improvement identified in relation to an area of infection prevention and control, inappropriate storage in a linen cupboard and inappropriate storage of a topical medications trolley.

	Regulations	Standards
Total number of areas for improvement	1	2

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussions with the manager and staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

Care records

An inspection of a sample of three residents' care records was undertaken. The care records were methodical and detailed in the information recorded. These records also were maintained in line with the regulations and standards. Records included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, such as, safe moving and handling, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

There was evidence that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Signatures of participation in this process were included in the two care records inspected.

Effectiveness of care

Throughout this inspection there were examples of good delivery and effectiveness of care observed. Care practices such as safe moving and handling and infection prevention and control were found to be maintained in line with good practice.

Staff took time to interact with residents and consent was requested when seeking to undertake tasks with personal care or with assistance with mobility.

Residents were dressed well in matching clean attire. Glasses and walking aids were clean and appeared in good working order.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffs’ knowledge and understanding of residents’ needs, prescribed care interventions and how this impacted on the culture and ethos of the home.

Areas for improvement

There were no areas of improvement identified in relation to this domain during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with residents were found to be friendly, polite and supportive. A nice homely ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

Residents' Views

Discussions were undertaken with 20 residents in the home at the time of this inspection. Residents confirmed that they were happy with the provision of care, the kindness and support received from staff, the provision of meals and the general atmosphere in the home. Some of the comments included;

- “If anyone complaints about here, they’d be very hard to please”.
- “I am very happy. There are all good to me”.
- “It’s alright here. No complaints”.
- “We are all well looked after”.
- “I enjoy it here very much”.

Relative’s views

Discussions with one visiting relative at the time of this inspection confirmed that she was satisfied with the provision of care in the home. The relative advised that they felt staffing levels were short-staffed at times, with a lack of visibility of staff in the lounge areas. The relative agreed that she was more than comfortable to report this concern directly to the manager.

Dining experience

The dining room was suitably facilitated with tables nicely set with choice of condiments. The choice of lunchtime meal was appetising, wholesome and nutritional. Staff attended to residents’ needs in a caring unhurried manner. A nice ambience was in place for residents to enjoy their meal. Feedback from residents throughout this inspection on the provision of meals was all positive.

The catering facility was tidy, clean and appeared well organised.

Date memoir

A date memoir board in the reception of the home had not been updated for three days. This is considered as important for residents’ orientation and dignity. This has been identified as an area of improvement in accordance with standards to maintain accurately at all times.

Areas of good practice

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from residents and general observations of care practices.

Areas for improvement

One area of improvement was identified in relation to ensuring date memoir information is displayed accurately at all times.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

During this inspection, the manager assisted in this inspection process in a calm, professional manner.

Management arrangements

The manager is supported in her role by a deputy manager and a team of senior care staff. The company have a senior management structure which provides support, guidance and governance amongst other matters.

Monitoring visits

The last two months (17 July 2019 and 18 June 2019) monitoring visits reports were inspected. These reports were recorded in good detail, with concise action plans in place pertaining to any issues identified.

Quality assurance

A comprehensive range of quality assurance audits were in place. A sample of these audits was inspected and found to have good evidence that any identified as a result were addressed. Audits included care records, the environment, infection prevention and control and the dining experience.

Accidents and Incidents

An inspection of accidents and incidents reports from 7 February 2019 confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The format of recording accidents and incidents was considered good. A monthly audit of accidents and incidents was undertaken. This was discussed with the manager who demonstrated good governance in respect of this.

Complaints

An inspection of the record of complaints together with discussions with the manager confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

Staff views

Staff advised that they would feel comfortable about raising any concerns and they felt that any such would be dealt with appropriately by management. Staff confirmed that there were good morale and working relationships within the home. Staff also advised that they felt a good standard of care was provided for and discussions revealed that they were positive and enthusiastic about their roles and duties.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and feedback from staff.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gail Donnell, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

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 13(4)(a)</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2019</p>	<p>The registered person shall ensure that the topical medications trolley is safely and appropriately stored at all times.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The topical medications trolley has been relocated to the treatment room downstairs and all staff have been made aware.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2019</p>	<p>The registered person shall put in place robust cleaning of toilet roll holders.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The cleanliness of the toilet roll holders will be inspected during a daily walkaround audit. A supervision was put in place to ensure the Domestic team completes this area of cleaning on a daily basis.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.11</p> <p>Stated: First time</p> <p>To be completed by: 22 September 2019</p>	<p>The registered person shall ensure that there is no inappropriate storage of items in designated store rooms or cupboards.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>These items have been removed from the designated store rooms or cupboards. This will be inspected during a daily walkabout audit.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 10.1</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2019</p>	<p>The registered person shall ensure that all date memoir information is accurate at all times.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The date memoir is now situated in the Administrators office to ensure access to change this information on a daily basis.</p>



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