



Unannounced Care Inspection Report 7 February 2019



Rosemary Lodge Care Home

Type of Service: Residential Care Home
Address: 9 Fennel Road, Antrim, BT41 4PB
Tel No: 028 9442 8877
Inspector: John McAuley

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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.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 44 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd Responsible Individual(s): Maureen Claire Royston	Registered Manager: Gail Donnell .
Person in charge at the time of inspection: Gail Donnell	Date manager registered: Application not yet submitted
Categories of care: 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	Number of registered places: 44

4.0 Inspection summary

An unannounced care inspection took place on 7 February 2019 from 10.30 to 13.50 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

This was a focused inspection to review the provision of meals and mealtimes and also reviewed and assessed compliance with the one area of improvement identified following the last care inspection.

Evidence of good practice was found in relation to observations of care practices and how residents' needs were being met and in particular with regard to meals and mealtimes. Good practices were also found in relation to care documentation pertaining to meals and the environment.

One area requiring improvement was identified during this inspection. This was in relation to a mal odour in one identified bedroom.

Feedback from residents and one visiting relative was all positive. Many residents were keen to express their praise and gratitude for the provision of care, the kindness and support received from staff and the provision of meals.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 July 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 18 residents, one visiting relative, and the manager.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

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

- Three residents' care files
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment
- Individual written agreements
- Policies and procedures

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 most recent inspection dated 25 July 2018

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 18 July 2018

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 5.5 Stated: First time	The registered person shall review the do not resuscitate instructions of residents, as applicable, and the associated documentation in line with current guidance.	Met
	Action taken as confirmed during the inspection: These instructions have been reviewed accordingly.	

6.3 Inspection findings

6.3.1 Meals and mealtimes

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The menu is rotated over a three weekly cycle. It was advised that this is revised on a six monthly basis to take account seasonal availability of foods and residents' views. The menu offered a choice of meal each mealtime.

Residents are involved in the planning of menus. This is a standing item on the agenda of residents' meetings and quality assurance audits.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The menu was displayed in suitable format in a prominent position in the home, so that residents and their representatives knew what was available at each mealtime. Discussions with residents found that they were knowledgeable about the planned meals. There was also a daily menu placed in each dining table which formed a topic of conversation and interest with residents.

Meals were provided at conventional times throughout the day with drinks and snacks available in between. Residents could also have a snack or drink on request. Fresh drinking water was readily available.

Meals are available for special occasions, as well as daily home cooking.

The dinner time meal was appetising and wholesome. The dinner room was nicely facility as were the tables with choice of condiments. There was a nice ambience in place for residents to enjoy their meal. Staff assisted residents in an organised, unhurried manner. There were adequate numbers of staff present to assist with residents' needs. The meal was served in suitable portion sizes.

Discussions with residents throughout this inspection confirmed that they were very satisfied with this area of care. Some of the comments made included statements such as;

- "The food is lovely. There is always a choice and lovely desserts"
- "It is great the dinners"
- "Wonderful meals, all taken care of"

Discussions with staff confirmed that they were aware of matters concerning residents' eating and drinking as detailed in residents' care plans. An inspection of a sample of three residents' care records pertaining to eating and drinking was undertaken. These records were maintained in informative detail with good account of prescribed needs and evaluations of care.

A record also was kept of the meals provided in sufficient detail of each resident's dietary intake.

The catering facility was tidy and well organised.

6.3.2 The 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 comfortable and suitably facilitated.

New flooring had been put in place to the reception area of the home, with positive effect.

The home was appropriately heated and fresh smelling. One area of improvement in accordance with standards was identified with a malodour in an identified bedroom.

The grounds of the home were well maintained.

There were no obvious health and safety risks observed in the internal or external environment.

6.3.3 Residents' views

The inspector met with 18 residents at the time of this inspection. All confirmed/indicated that they were very happy with their life in the home, their relationship with staff, the provision of meals and the overall general atmosphere in the home.

Some of the comments made included statements such as;

- "It's lovely here. I have no complaints"
- "This is a very good home, as are the staff"
- "I don't have any worries here"
- "We all get on great here"
- "I am very happy here. The staff are lovely and kind and can't do enough for you"

The inspector also met with one visiting relative. This relative spoke in complimentary terms about the provision of care in the home and the kindness and support received from staff. The relative also advised that she had good confidence with the home and was kept well informed. Particular praise was given on how staff assisted her elderly relative to visit the home, which she felt very grateful for.

6.3.4 Care practices

Discreet observations of care practices evidenced residents being treated with dignity and respect. Care duties and tasks were organised and unhurried. Staff interactions with residents were polite, friendly, warm and supportive.

Residents appeared comfortable, content and at ease in their environment and interactions with staff.

A programme of planned activity was in place with a designated activities co-ordinator. Those residents who choose to partake in it were observed to gain enjoyment and fulfilment.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Some of the comments made by staff included statements such as;

- "It is good to see the new manager in post"
- "We are well supported by senior staff in the home"

Catering and housekeeping were on duty daily to meet the needs of the residents and to support the care staff.

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 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: 8 March 2019</p>	<p>The registered person shall make good the malodour in the identified bedroom.</p> <p>Ref: 6.3.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Capex completed for replacement flooring. Registered Manager will monitor malodours during the daily walk about using QOL.</p>



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