

Unannounced Care Inspection Report 26 July 2016



Rosemary Lodge

Type of service: Residential care home
Address: 9 Fennel Road, Antrim, BT41 4PB
Tel No: 02894428877
Inspector: John McAuley

1.0 Summary

An unannounced inspection of Rosemary Lodge took place on 26 July 2016 from 10:30 to 14:30 hours.

The inspection sought to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

One requirement was made in regard to notification of an identified event to a resident's aligned care manager.

Is care effective?

No requirements or recommendations were made in relation to this domain.

Areas of good practice were found during this inspection in relation to audits of care plans, care reviews and progress records being in place and corresponding evidence that any actions identified for improvement were incorporated into practice

Is care compassionate?

No requirements or recommendations were made in relation to this domain.

Areas of good practice were found during this inspection in relation to discussions with residents. All spoke on a positive basis about the provision of care, the kindness and support received from staff and the provision of meals.

Is the service well led?

No requirements or recommendations were made in relation to this domain.

Areas of good practice were found during this inspection in relation to residents and/or their representatives being aware of how to make a complaint by way of information provided at the residents' meetings, care reviews and provision of written information

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Shirley Martin, the Registered 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.

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare Maureen Claire Royston	Registered manager: Shirley Martin
Person in charge of the home at the time of inspection: Shirley Martin	Date manager registered: Shirley Martin- application received - "registration pending".
Categories of care: 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

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and accident and incident notifications.

During the inspection the inspector met with 18 residents, five members of staff of various grades, one visiting relative and the registered manager.

The following records were examined during the inspection:

- A sample of a competency and capability assessment
- Staff training records
- Four residents' care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents and complaints
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings

- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors
- Programme of activities

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 22 March 2016

The most recent inspection of the home was an unannounced care inspection. No requirements or recommendations were made at that inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 22 March 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty:

- 1 x registered manager
- 2 x senior care assistants
- 3 x care assistants
- 2 x domestics
- 1 x cook
- 1 x catering assistant
- 1 x activities co-ordinator and 1 x trainee
- 1 x administrator
- 1 x maintenance man

Discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of a sample of one competency and capability assessment found this to be satisfactory.

The adult safeguarding policies and procedures in place were consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The new regional guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) was available and the registered manager was established as the safeguarding champion.

Discussions with staff confirmed that they were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. However an incident was identified where significant bruising was found as a result of a fall. A subsequent complaint was received in relation to this. A requirement was made for the identified resident's care manager to be notified of this event and the subsequent complaint.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

At the time of this inspection no restrictive type care practices were observed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

Staff training records confirmed that all staff had received training in infection prevention and control; in line with their roles and responsibilities. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection prevention and control principles.

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained. The corridors and doors had recently been redecorated with good effect.

There were observed to be no obvious hazards to the health and safety of residents, visitors or staff. Discussions with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 28 April 2016. The four recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

One area of improvement was identified in relation to notification of an identified event to a resident's aligned care manager.

Number of requirements:	1	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four residents' care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the resident's health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Care records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care reviews and progress records were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. For example recent audits instigated that a further audit from aligned healthcare professional be put in place to add governance with residents with a particular assessed need.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers.

The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Discussions with residents with and observation of practice evidenced that staff were able to communicate effectively with residents.

The minutes of resident and/or their representative meetings were inspected. These were recorded in an informative basis.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The inspector met with 18 residents at the time of this inspection. All spoke on a positive basis about the provision of care, the kindness and support received from staff and the provision of meals. Some of the comments made included statements such as:

- "I love it here"
- "They are all very good to me"
- "Things are just fine"
- "You couldn't complain about a thing"
- "It's nice and friendly here"
- "It's the next best thing to being at home"

The inspector met with one visiting relative at the time of this inspection. This relative spoke with praise and gratitude for the care provided and the kindness and support afforded by staff.

Discussion with residents and staff confirmed that residents' spiritual and cultural needs, were met within the home.

Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example staff knocked bedroom doors before entering and were discreet in the handover of information.

Observation of care practices and discussion with residents and staff confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the time of this inspection a small group of residents were engaged in planned activity, whilst others choose to enjoy the company of one another, watch television or read. Other residents choose to spend time in their rooms which were comfortably facilitated. Arrangements were in place for residents to maintain links with their friends, families and wider community. One resident, for example talked about his frequent trips to the local town and how his pursuits and interests were catered for.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with residents and observations of care practices confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSPPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of information provided at the residents' meetings, care reviews and provision of written information. Discussions with one resident in relation to this confirmed that he/she felt comfortable about raising a complaint and felt that this would be taken serious and appropriately managed.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. The registered manager discussed one area of learning that being in detailing effect and progress of the resident after administration of as and when medications.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. Quality assurance surveys are implemented via a computerised system which is feedback to the organisation's senior management. This adds to the governance arrangements in the home.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Shirley Martin, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSPPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 14(1)
(b)

Stated: First time

To be completed by:
27 July 2016

The registered provider must notify the resident's aligned social worker of the identified injury sustained and of the subsequent complain received in respect of this.

Response by registered provider detailing the actions taken:

As per policy the resident's aligned Social Worker is informed of all accidents/incidents on the day they occur or on the next working day should the event occur during the evening or at the weekend. Serious accidents/incidents which occur at the weekend or out of hours are reported to the duty Social Worker and followed up on the next working day with the residents own Named Worker.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care