

**Unannounced Care Inspection
of
Croft Lodge**

6 October 2015

1. Summary of inspection

An unannounced care inspection took place on 6 October 2015. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement resulting from this inspection

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

1.3 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service details

Registered Organisation/Registered Person: Croft Lodge	Registered Manager: Arthur John Magee
Person in charge of the home at the time of inspection: Mr and Mrs Magee were both on duty	Date manager registered: 1 April 2005
Categories of care: RC-I, RC-MP, RC-LD, RC-MP(E), RC-DE	Number of registered places: 5
Number of residents accommodated on day of inspection: 5	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: **The death of a resident is respectfully handled as they would wish.**

Theme: **Residents receive individual continence management and support.**

4. Methods/processes

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

Prior to inspection the following records were analysed: The previous inspection report and notifications of accidents and incidents since the last inspection.

During the inspection the inspector met with five residents as well as the registered providers. There were neither visitors nor allied professionals in the home on the day.

The following records were examined during the inspection:

- Policy on death and dying
- Policy on the management of continence
- Care files (5)
- Fire safety
- Complaints
- Accidents/incidents

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an estates inspection dated 29 April 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of requirements and recommendations from the last care inspection

The previous care inspection was carried out on 16 October 2014. There were no requirements or recommendations made as a result of that inspection.

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

Croft Lodge is a small (5 beds) residential care home. The premises are the family home of the registered providers Mr and Mrs A Magee. Mr Magee is also registered manager of the home. In the main, care is provided by Mr and Mrs Magee. There is one part time permanent member of staff in addition to Mr and Mrs Magee. We were informed that residents who are very ill could remain in the home unless there were documented healthcare needs which would prevent this. There had not been an occasion where a resident had been cared for after a terminal diagnosis had been made. There has been just one death in the home to date. This was an unexpected death several years ago. Mr and Mrs Magee were knowledgeable about the care required if a resident became very ill. They were also aware of the importance of keeping families updated on the resident's condition.

Is care effective? (Quality of management)

The home had a policy on death and dying dated May 2015. There is just one permanent staff member employed part time in the home. Two additional staff are employed on an as and when required basis. The policy provided guidance for staff in the event of a death in the home. Care files record the end of life wishes of each resident with the details of the person to contact in the event of serious illness/death. Two care files also contained a medical review undertaken by the GP. The reviews recorded end of life wishes and a medical care plan. The care files recorded the cultural and religious views of residents and we were informed that priests and ministers are welcome to visit at any time.

Is care compassionate? (Quality of care)

We were informed that the family of the resident who had died unexpectedly in the home were able to spend time in the bedroom with their loved one prior to removal by funeral directors. The home provided support and refreshments to the family. The resident was not moved from the home until the family felt ready. Both Mr and Mrs Magee felt that a compassionate approach had been taken with the grieving family and informed us that the family had expressed their gratitude. We were informed that the room of a deceased resident is left untouched until the family feel able to remove personal belongings. Other residents were told individually and sensitively about the resident's death. The home's policy stipulates that (in the event of a resident who is at end of life stage) "the resident should not be left alone"

Areas for Improvement

There were no areas for improvement noted. The criteria of the standard are assessed as met and care was found to be effective, safe and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

Four of the home's residents are not assessed with any continence needs and are independent in this area. One resident has been recently referred for a continence assessment by the district nurse. We were informed that when there is an indicator of incontinence a sample is obtained and forwarded to the GP. As a result an antibiotic may be prescribed. If the symptoms persist an assessment is carried out by the district nurse who prescribes the type and amount of continence products. The home then can re order the products as required. There was a plentiful supply of gloves, aprons and hand sanitisers available.

Is care effective? (Quality of management)

Mrs Magee undertook training on the management of continence in 2013 and completed a training course on "Hydration and Nutrition in the Prevention of Skin Breakdown" in November 2014. The home had facilitated continence training for the part time care staff in May 2015. In discussion with Mr and Mrs Magee they demonstrated knowledge of the reasons for and risks associated with incontinence. We were informed that residents' skin integrity is monitored daily and a referral made to the G P if required.

Is care compassionate? (Quality of care)

We spent time with residents all of whom were articulate and able to fully describe their life in the home. In conversation many examples of a compassionate approach by management and staff were shared. The practice we observed on the day was respectful and caring.

Areas for Improvement

There were no areas for improvement noted. There was a limited need for continence care in the home. This was found to be provided in a safe, effective and compassionate manner.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents

We spent time speaking with all five residents. Residents were very positive in their comments regarding the care they receive in the home. Residents were complimentary about the food and the kindness of the staff. Prior to the inspection satisfaction questionnaires had been forwarded to residents. All had been completed and returned to RQIA in time for inclusion in this report. A selection of comments received on the day and reflected in the questionnaires is below –

"I couldn't be any better cared for if I was the Queen"

"From the first day I came here I thought I'd come home"

"My family comes all the time and they are made welcome"

"The food is wonderful"

5.4.2 Staff

Apart from the registered providers there were no other staff on duty. Questionnaires were left for the three care staff employed by the home. These were not returned in time for inclusion in this report.

5.4.3 Relatives/visiting professionals

There were no visitors in the home at the time.

5.4.4 Complaints

Inspection of the complaints record showed that complaints are dealt with and recorded appropriately

5.4.5 Accidents/incidents

Inspection of the accident record showed that accidents/incidents in the home are dealt with appropriately.

5.4.6 Environment

Croft Lodge is a detached modern family home. Residents have individual bedrooms which have been personalised to meet the preferences of the occupant. The standard of internal décor and cleanliness was found to be high. An inspection of the kitchen had been undertaken in September 2015 by the Environmental Health Department. The home had been awarded the top achievement of 5 stars. This is commendable.

5.4.7 Fire

A fire risk assessment of the premises in line HTM 84 had been undertaken in October 2015. Fire training for the registered providers and the staff was last provided on 26 September 2015. Fire alarms are tested weekly and the result recorded.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Arthur Magee	Date Completed	18/11/15
Registered Person	Sharon Magee	Date Approved	18/11/15
RQIA Inspector Assessing Response	Rut Greer	Date Approved	23/11/15

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

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address