

Inspection Report

8 June 2022



Croft Lodge

Type of service: Residential (RC)

**Address: 6 Woodcroft Lane, Oldpark Road, Ballymena,
BT42 1FZ**

Telephone number: 028 2563 7799

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation: Croft Lodge Responsible Individual: Mrs Sharon Magee	Registered Manager: Mr Arthur John Magee Date registered: 01 April 2005
Person in charge at the time of inspection: Mr Arthur John Magee	Number of registered places: 5 Maximum of 2 residents in DE category of care. 2 named individuals in MP (E).
Categories of care: Residential Care (RC) I – Old age not falling within any other category MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 5
Brief description of the accommodation/how the service operates: Croft Lodge is a registered Residential Care Home which provides health and social care for up to five residents. The home is a two storey dwelling with resident bedrooms on both floors. Residents have access to a communal lounge, dining room and garden space.	

2.0 Inspection summary

An unannounced inspection took place on 8 June 2022, from 11.20 am to 13.30 pm by a care inspector.

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

Residents were seen to be well cared for and said that living in the home was a good experience.

RQIA was assured that the delivery of care and service provided in Croft Lodge was safe, effective and compassionate and that the home was well led. No areas for improvements were identified as a result of this inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

We met with all of the residents both individually and in a group setting. Residents told us that they felt safe and well cared for. They described the staff as being kind and very good. Residents stated that they enjoyed the food and there was always a choice of food available. They said that staff ensured they were warm, comfortable and were available to help them when they needed them. Some of the comments provided were: "I am very happy here" and "The food is great, plenty of it".

Four completed questionnaire responses were received from residents' following the inspection. The responses indicated a high level of satisfaction with the care received in Croft Lodge. One relative questionnaire response was received and indicated a high level of satisfaction with the care provided within Croft Lodge. No feedback was received from the online staff survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

This care inspection on the 27 January 2022 resulted in no areas for improvement being identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

No new staff had been recruited since the last inspection. Arthur and Sharon Magee, manager and responsible individual, both work rotationally in the home to cover the shifts, supported when required by a relief care worker.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected all of the staff working in the home on a daily basis.

There were systems in place to ensure staff were trained and supported to do their job. The manager had good oversight of staff compliance with the required training.

We observed that staff were always available to support residents and spoke kindly to them, taking account of their preferences and wishes.

5.2.2 Care Delivery and Record Keeping

Staff members were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. Staff interactions with residents were observed to be friendly, polite, warm and supportive.

Examination of records and discussion with the staff confirmed that the risk of falling and falls were well managed.

We discussed the cooking and meal provision within the home. All the meals are homemade and freshly cooked daily. Residents had their lunch served in the dining room. The residents told us they enjoyed the food and had no issues with the food or drink served within the home.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Resident's individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them. Newly admitted residents are

required to have timely completion of appropriate care plans and risk assessments in place to assist care delivery.

One care record evidenced that appropriate care planning had not been completed in a timely manner; this was discussed with the manager and confirmation was received post inspection to evidence that the care record had been updated to reflect the needs of the resident.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items that were important to them such as family photographs, furniture and ornaments. The lounge and dining room were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire exits and corridors were observed to be clear of clutter and obstruction.

There was evidence that systems and processes were in place to assist the management of risks associated with COVID-19 infection and other infectious diseases.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with Department of Health guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Residents could choose where to spend to their day and were able to watch television in the lounge. A programme of activities was in place and displayed on a notice board. Some of the comments made by residents were, "I like watching tv in here (lounge) whilst another commented "I love reading and this is a lovely room". A hairdresser also attends on a regular basis for the residents who wish to avail of this service.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There were records available to evidence the system in place to maintain oversight of residents during night time.

The home had a monthly monitoring report completed; the report examined all areas of the running of the home. The reports were completed in detail. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Arthur Magee, Manager and Mrs Sharon Magee, Registered Individual as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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