

Unannounced Care Inspection Report

9 May 2017



Croft Lodge

Type of Service: Residential Care Home

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

Telno: 028 2563 7799

Inspector: Ruth Greer

1.0 Summary

An unannounced inspection of Croft Lodge took place on 9 May 2017 from 10.20 to 14.00.

The inspection sought to assess progress with any issues raised since the last care inspection and to determine if the residential home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to infection prevention and control, risk management and the home's environment.

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

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, communication between residents, staff and other key stakeholders.

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

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

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

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

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

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

1.1 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 were discussed with Arthur and Sharon Magee, registered manager and registered provider, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered person: Croft Lodge	Registered manager: Arthur John Magee
Person in charge of the home at the time of inspection: Arthur Magee	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability	Number of registered places: 5

3.0 Methods/processes

It should be noted that Croft Lodge residential care home is also the private residence of Mr and Mrs Magee. Mr Arthur Magee is the registered manager and Mrs Sharon Magee is the registered provider. There are no additional permanent staff employed in the home. One person is employed as an “as and when required” care assistant. The home is registered to accommodate five persons in addition to Mr and Mrs Magee.

Prior to inspection the following records were analysed: the report of the last inspection and notifications of accidents to RQIA since that date.

During the inspection the inspector met with five residents, the registered manager and the registered provider. There were no visiting professionals and no resident’s visitors/representative.

The following records were examined during the inspection:

- Staff (one temporary /part time) supervision and annual appraisal
Competency and capability assessment for the one staff member
- Staff training schedule/records
- Five resident’s care files
- The home’s Statement of Purpose and Residents’ Guide

- Complaints and compliments records
- Audits of risk assessments, care reviews; accidents and incidents (including falls, outbreaks),
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings / representatives' / other
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 November 2017

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.

4.2 Review of requirements and recommendations from the last care inspection dated 10 November 2017

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 in the home is provided, in the main, by himself and his wife. At times, when neither the registered manager nor registered provider is available, a care assistant is on duty. No concerns were raised regarding staffing levels during discussion with residents.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for the part time staff member, relevant to her specific roles and responsibilities.

Discussion with the registered manager confirmed that mandatory training was provided. A schedule for mandatory training was reviewed. An annual staff appraisal and supervision session had been undertaken with the one care staff employed by the home on 27 April 2017.

The registered manager confirmed that a competency and capability assessment was undertaken for the care assistant who is given the responsibility of being in charge of the home for any period in the absence of the manager and provider. The record of the competency and capability assessment was retained and was seen to be updated each year at the staff member's appraisal.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of a staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for the staff member prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Mr and Mrs Magee, as well as the staff member, are registered with the N I S C C.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that there had been no suspected, alleged or actual incidents of abuse.

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.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

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.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that Mr and Mrs Magee and the care assistant had received training in IPC 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 practice identified that staff adhered to IPC procedures.

Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the Trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion 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 19 October 2016. No recommendations had been made as a result.

Review of staff training records confirmed that fire safety training was undertaken twice annually. Fire drills were completed most recently on 18 March 2017. All three management and staff attended. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Five completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents included:

- "I think I have lost my memory but I feel safe in here and I didn't before when I was in hospital" (resident)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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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 five 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. Care needs assessment and risk assessments e.g. manual handling, nutrition and 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. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were signed by the resident where possible.

An individual agreement setting out the terms of residency was in place and appropriately signed. 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 risk assessments, care plans, care review and accidents and incidents were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

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 and multi-professional team reviews. The registered manager confirmed there was good communication within the home. As has been previously stated in this report the registered manager and registered provider live with the residents and therefore are always available to both the residents and their relatives, when they visit.

Residents spoken with and observation of practice evidenced that Mr and Mrs Magee were able to communicate effectively with residents.

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. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Five questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents included:

- "I've been here for a good while now and I'm still happy and well looked after" (resident)
- "I like it here it's nice and quiet and the food is lovely" (resident)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. A review of the policy file showed that policies had been reviewed and updated (where required) in January 2017. Discussion with residents confirmed that their spiritual and cultural needs were met within the home. One resident attends her church every Sunday. Visiting clergy are welcome at any time in the home.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

The registered manager and registered provider confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

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. Given the nature of the service in that the registered manager and/or registered provider provide the daily care and they are always on hand to speak with residents and their families.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. A list of activities was on view in the sitting room. This was seen to include quizzes, daily newspapers and shopping. One resident stated that she enjoys reading and knitting. One resident attends day care on two days each week and goes out with a befriender. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Five completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents included:

- “I like to help with setting the tables and clearing up” (resident)
- “I was in hospital and I’m still not great but Artie and Sharon (registered manager and provider) couldn’t do enough for you “(resident)

“The food is too good I’ve had to buy bigger trousers” (resident)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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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 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.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and leaflets.

Review of the complaints records confirmed that there had been no complaints.

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 reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. Completed questionnaires from residents and relatives were available for inspection and had been used to compile an annual quality review report. The report reviewed and audited the care for the period April 2016 to April 2017.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A monthly monitoring visit under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 is not a requirement in this home where the registered provider is fully involved in the day to day running of the home. However the registered provider undertakes a monthly audit and reports of the audits are produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered provider identified that she had understanding of her role and responsibilities under the legislation.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within 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 confirmed that there had not been any adult safeguarding issues. The registered manager confirmed that if any allegations were made then these would be managed appropriately and that reflective learning would take 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. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Five completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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



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