

Unannounced Care Inspection Report 10 November 2016



Croft Lodge

Type of Service: Residential Care Home

Address: 6 Woodcroft Lane, Ballymena, BT42 1FZ

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Inspector: Ruth Greer

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Croft Lodge residential care home took place on 10 November 2016 from 10 45 to 14 00.

The inspection sought to assess progress with any issues raised during and 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 staff training, safeguarding, 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, audits and reviews, 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 Artie and Sharon Magee, registered person and registered manager 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 7 July 2016.

2.0 Service details

Registered organisation/registered provider: Croft Lodge	Registered manager: Arthur John Magee
Person in charge of the home at the time of inspection: Artie 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 the private residence of Mr and Mrs Magee. Mr Magee is the registered manager and Mrs Magee is the registered provider. There are no additional permanent staff employed in the home. Mr and Mrs Magee provide the care for the residents. The home is registered to accommodate five persons in addition to Mr and Mrs Magee. This report should be read in accordance with the special circumstances of the registered persons also residing in the registered premises.

Prior to inspection we analysed the following records: the previous inspection report and quality improvement plan and notifications to RQIA.

During the inspection the inspector met with four residents and one resident's visitor.

The following records were examined during the inspection:

- Staff duty rota
- Staff annual appraisal schedules
- Sample of competency and capability assessments
- 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 plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control register/associated records
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent medicines management inspection dated 30 September 2016

The most recent inspection of the home was an unannounced medicines management inspection. No requirements or recommendations were made as a result of that inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 7 July 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.5 Stated: First time To be completed by: 30 July 2016	The registered provider should update the policy on safeguarding vulnerable adults to reflect the new regional guidance. Action taken as confirmed during the inspection: The policy on safeguarding vulnerable adults was available and up to date at the time of inspection.	Met
Recommendation 2 Ref: Standard 20.12 Stated: First time To be completed by: 30 July 2016	The registered provider should compile all information already gathered into an annual quality review report. Action taken as confirmed during the inspection: The annual quality report was available and up to date at the time of inspection.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home were, in the main, himself and his wife (registered provider). Two care assistants are retained on an as and when basis. No concerns were raised regarding staffing levels during discussion with residents and one resident's representative.

A review of the duty roster confirmed that it accurately reflected the shift allocated to the "as and when" care assistants.

A schedule for mandatory training and annual staff appraisals was maintained and was reviewed during the inspection.

The registered manager 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. Samples of completed staff competency and capability assessments were reviewed and found to satisfactory.

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 staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. There have been no new staff recruited since the last inspection when personnel files were examined.

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

Arrangements were in place to monitor the registration status of staff with their professional body

An up to date certificate was in place in regard to the home's registration with the Information Commissioner's Office

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

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

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 new resident had been admitted in the week of the inspection. Records showed that a pre admission assessment had been undertaken by the registered provider although the resident was in the home for a temporary period of respite care only. This is good practice.

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 all staff 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.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. 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 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently on 22 August 2016. 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 had been reviewed by an outside company on 18 October 2016. The N.I. Fire and Rescue Service undertook an inspection of the premises in October 2016. No further action was recommended as a result of that inspection.

Comments received from a residents and a resident's relative were as follows:

- "There's always someone to call here, I wasn't able to manage on my own before"
- "We as a family have peace of mind knowing our Mum is here and is safe"

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 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 observed to be signed by the resident and/or their representative. Discussion with the registered manager confirmed that a person centred approach underpinned practice. There are just five residents and the registered persons know them and their families individually.

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. As has been previously stated the registered provider lives in the home and is fully involved with the daily delivery of the care. The registered provider prepares a monthly report to audit accidents, incidents complaints etc.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. There are never any visitors to the home who are not greeted by either the registered manager and/or the registered provider.

Residents and one representative spoken with and observation of practice evidenced that the registered manager and registered provider staff were able to communicate effectively with residents and their representatives.

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. One incident in regard to a resident's health had occurred since the last inspection. Records examined and the views of the resident and her representative confirmed that the registered manager had dealt with the incident appropriately.

Comments received from a resident's representative were as follows:

"When (resident) took a stroke Artie and Sharon (registered persons) were on the ball right away and immediately got her to the hospital"

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. Discussion with residents and one representative confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents and a representative confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records and in the observation of practice. One resident's pain level, following a fracture obtained prior to admission, was being monitored by the registered manager.

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

Discussion with residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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 staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, one resident attends day care and church activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. The layout of the home enables a family like culture and visiting families can join the residents in the lounge or in the resident's bedrooms if they prefer privacy.

Comments received from residents and a representative were as follows:

- " This is a lovely place I'm happy here"
- "The food is great"
- "You'll get no complaints about here"
- "They're (registered persons) are a great couple, nothing is too much trouble"

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. Discussion took place in regard to the possible admission of a new resident who had been assessed as outside the home's current registration categories. The registered manager is aware of the re registration process to be followed if the resident is to be admitted to the home.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

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. There have been no complaints since the last inspection.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. The policy had been updated and reviewed in October 2016. 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 was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff For example the Nutritional Awareness Tool. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example the registered provider had attended Dementia Awareness training on 14 September 2016. Mr Magee had undertaken refresher training as Fire Warden for the home on 2 November 2016.

There was a clear organisational structure and Mr and Mrs Magee were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

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 any adult safeguarding issues would be managed appropriately and that reflective learning would be undertaken as a result. 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.

The registered manager had arranged a staff appraisal for the part time care assistant for later on the day of the inspection. The pre appraisal templates had been prepared and were available for inspection.

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.

Comments received from residents and a representative was as follows:

“Artie and Sharon are always here to answer any questions I have about (resident’s) care”
 “They (registered manager and registered provider) know us all and what we like”
 “I don’t find the day long at all”

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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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 standards.



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