

# Unannounced Care Inspection Report

## 16 March 2021



## Croft Lodge

**Type of Service: Residential Care Home (RCH)**

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

**Tel No: 028 2563 7799**

**Inspector: Marie-Claire Quinn**

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to five residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Croft Lodge  <b>Responsible Individual(s):</b> Sharon Magee	<b>Registered Manager and date registered:</b> Arthur John Magee 1 April 2005
<b>Person in charge at the time of inspection:</b> Sharon Magee	<b>Number of registered places:</b> Five  A maximum of two residents in DE category of care and two named individuals in MP(E) category of care.
<b>Categories of care:</b> Residential Care (RC) 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.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> Four

### 4.0 Inspection summary

An unannounced care inspection took place on 16 March 2021 from 07.25 hours to 10.35 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- care delivery
- the home's environment
- staffing arrangements
- staff training
- recording of care
- management and governance arrangements.

Residents said they were content living in the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sharon Magee, responsible individual, and Artie Magee, 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

A number of questionnaires and 'Tell Us' cards were left in the home, for residents and/or their relatives to provide additional feedback following the inspection. Five residents and one resident's representative responded, and their comments are included in the report below.

The following records were examined during the inspection:

- duty rota from to October 2020 to March 2021
- care records for five residents
- staff training records
- records of staff's professional registration with Northern Ireland Social Care Council (NISCC)
- fire safety records
- accident and incidents records from December 2020 to March 2021
- the home's COVID-19 file.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 16 January 2020.

There were no areas for improvement identified as a result of the last care inspection.

## 6.2 Inspection findings

### 6.2.1 Care delivery

Residents were sitting in the lounge when we arrived to the home. Residents confirmed staff had supported them with getting up, washed and dressed, and that they had already had breakfast. Some residents confirmed they were early risers; this was reflected in care records.

Resident's aids and equipment, including rollators, were clean and well maintained. One resident stated that the manager had replaced the batteries in her hearing aid the day before and her hearing was fine.

There was a very quiet and calm atmosphere in the home throughout the inspection. Residents enjoyed watching the news, listening to country gospel music, chatting with each other and knitting. Staff regularly entered the lounge to offer support and chatted with residents about the weather, the news and music. There were lots of birthday cards and Mother's Day Cards displayed in the living room; one resident told us she had enjoyed her recent birthday celebrations in the home.

We observed the morning tea break. Residents moved into the lounge for this, for both a change of scene and to maintain their mobility. Residents told us they had no issues regarding the food and drink offered in the home.

Discussion with residents and staff confirmed that regular contact with relatives and loved ones was facilitated in the home. This ranged from window visits, to regular telephone calls and video calling. Indoor visiting was also in place; this was booked in advance, and held in the dining room which was well ventilated and where social distancing could be maintained. No concerns regarding visiting arrangements were raised during or after the inspection.

Following the inspection, we received feedback from five residents, confirming they felt safe in the home, that staff are kind, that the care is good and that the home is well organised. Specific comments included:

- "I'm very happy in Croft Lodge. Excellent care. Artie and Sharon bend over backwards to help everyone. A great couple."

We received feedback from one resident's relative, who confirmed they were very satisfied that the care in the home was safe, effective and compassionate and that the service was well led;

- “Croft Lodge staff have been exemplary in the care of my (relative) and communicate with me regularly regarding any care needs or medical issues.”

### **6.2.2 The home’s environment**

On arrival to the home, staff took our temperature and ensured we sanitised our hands.

The manager confirmed that all residents and staff have their temperatures monitored twice daily, that staff are tested weekly and residents tested four weekly. This was evidenced in records maintained, which also confirmed that resident’s representatives were kept informed of this process as required.

The home was clean, tidy and comfortable. Cleaning, including touch point cleaning, was completed throughout the inspection. Rooms were well ventilated and residents told us they felt warm and cosy sitting in the front lounge.

Staff were wearing face masks throughout the inspection. Discussion with staff confirmed appropriate Personal Protective Equipment (PPE) and short sleeves were worn when providing residents with personal care. We asked the home to further risk assess use of additional PPE when social distancing could not be maintained and to seek guidance from PHA regarding supporting one resident who self-administers oxygen. The manager confirmed this had been completed immediately after the inspection.

### **6.2.3 Staffing arrangements**

During the inspection, there were enough staff on duty to meet the needs of the residents in a timely manner.

Residents did not raise any concerns regarding staffing levels in the home.

Interactions between residents and staff were respectful, friendly and prompt. Residents appeared very at ease engaging with staff and seeking support as required.

We reviewed the staff duty rota. The duty rota for March 2021 was detailed, including the hours worked by each member of staff. This was not always completed in previous months, which the manager explained was as no other staff worked in the home. We advised the manager to ensure the rota remained detailed in future to ensure the robustness and accuracy of records. This may be reviewed at future inspections.

During discussion with the manager, we established that staff in the home are not awake during the night shift. We discussed how this is managed as staff must remain responsive and available to meet resident’s needs at all times. Management described how this is risk assessed. The level of night time supervision and checks is agreed with the resident and their representatives at the point of admission; management stated that therefore only residents with a low level of dependency at night are admitted to the home. Pressure alarm mats and door alarms were also in place where required, in agreement with the resident and their representatives. Management also described additional night time checks which are completed when staff are up and awake during the night.

On 19 March 2021, during telephone contact with the manager, they reiterated the arrangements in place and how they assured themselves that staff remained responsive to

resident need. We did identify that the additional night time checks, as described by management, were not routinely recorded. Management agreed to commence this, and an area for improvement was made.

#### **6.2.4 Staff training**

Review of staff training records confirmed that all staff had completed fire safety training and took part in an annual fire drill.

A medicines management competency and capability assessment had recently been reviewed with a member of bank staff and was adequate.

The manager and bank staff had completed other mandatory training as required. This included training on Adult Safeguarding, Manual Handling, Infection Prevention and Control and First Aid.

The responsible individual, who also staffs the home, reported that they were making alternative arrangements to complete this training online. On 19 March 2021, the manager confirmed that this online training had been booked, with several sessions being completed that day. Therefore an area for improvement was not required on this occasion.

#### **6.2.5 Recording of care**

Care records contained a range of information on resident's physical, social and mental health needs and preferences.

Progress notes were well maintained, and included detail of the care delivered and how resident's choose to spend their time.

The manager had reviewed the home's existing care plan template to further improve and record information relating to resident's individual needs and wishes. It also more clearly reflected how resident's social histories are used to plan and deliver care in the home. This is good practice.

Records relating to resident's dietary needs and preferences, and weights, were well maintained. Care plans regarding resident's continence needs were also in place, and included information on how staff could protect and promote resident's privacy, dignity and independence.

Annual care reviews were up to date and records maintained. These included positive feedback from resident's representatives, including relatives and care managers. Information on Mental Capacity Assessments and any Deprivation of Liberty Safeguards were also retained in care records.

We did identify that the care plan for one recently admitted resident had not been completed in a timely manner. This was highlighted to the manager, who stated this would be addressed within the week. On 19 March 2021, the manager confirmed the care plan was now complete and retained within the resident's care records. Therefore an area for improvement was not required on this occasion.



## 6.2.6 Management and governance arrangements

Management maintained oversight and records to confirm that staff's professional registration was up to date.

Accident and incidents were infrequent in the home, according to records which were well maintained. There was clear evidence that staff monitored residents and escalated any concerns appropriately, for instance, contacting out of hours G.P's and/or ambulance services as required. There were two incidents which had not been notified to RQIA, in line with Regulation. This was discussed with management and were submitted retroactively following the inspection, therefore an area for improvement was not required on this occasion.

Written evidence was in place confirming that there were no actions required following the home's fire safety risk assessment completed on 18 December 2020.

Management stated that no complaints had been received since the previous care inspection. We discussed how a complaint, which is any expression of dissatisfaction, provides an opportunity for learning and service improvement in the home. Management were in agreement with this, however were also clear that no such complaints have been received. We also agreed on the need to better record compliments received in the home, to monitor feedback received and highlight good practice.

### Areas of good practice

Areas of good practice were identified in relation to care delivery, the home's environment and care records. We received positive feedback from residents and one resident's relative, about the care provided in the home.

### Areas for improvement

One area for improvement was made in relation to maintaining written records of night time checks.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 6.3 Conclusion

Residents looked well cared for and were positive about their experience of living in the home.

Residents were supported and enabled to maintain regular contact with their loved ones, including indoor visits.

The home was clean, warm and tidy.

Deficits identified during the inspection were promptly addressed by the manager and responsible individual. Any areas for improvement are to be managed through the QIP included below.



## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sharon Magee, responsible individual, and Artie Magee, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 22.4  <b>Stated:</b> First time  <b>To be completed by:</b> from the date of inspection	<p>The registered person shall ensure that accurate and up-to-date records are maintained regarding any supervision or support provided by staff while residents are sleeping and/or in their bedrooms.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            As agreed with our inspector during telephone conversation on the 19<sup>th</sup> March 2021 all nighttime checks are now recorded and signed if any support or supervision is needed this is also recorded</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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