



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Croft Lodge (1362)
Date of Inspection: 16 October 2014
Inspector's Name: Ruth Greer
Inspection No: IN017763

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of home:	Croft Lodge
Address:	6 Woodcroft Lane Oldpark Road Ballymena BT42 1FZ
Telephone number:	(028) 2563 7799
Email address:	mail@artiemagee.co.uk
Registered Organisation/ Registered Provider:	Mrs Sharon Magee
Registered Manager:	Mr Arthur Magee
Person in charge of the home at the time of inspection:	Mr and Mrs Magee were both on duty
Categories of care:	RC-I ,RC-MP, RC-DE, RC-MP (E)
Number of registered places:	5
Number of residents accommodated on day of Inspection:	5
Scale of charges (per week):	Trust rates
Date and type of previous inspection:	16 January 2014
Date and time of inspection:	16 October 2014 10:00 to 13:45
Name of Inspector:	Ruth Greer

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered provider
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice

- Consultation with residents individually
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	4
Staff	0
Relatives	1
Visiting Professionals	1

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	3	1

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **Standard 10 - Responding to Residents' Behaviour**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **Standard 13 - Programme of Activities and Events**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of service

Croft Lodge Residential Care home is a domestic home and is situated in a modern housing development on the outskirts of Ballymena.

The residential home is owned and operated by Mr and Mrs A Magee and the premises form part of their private residence. The current registered manager is Mr A Magee.

Accommodation for residents is provided single rooms one on the ground floor and four on the first floor. Access to the first floor is via a stair lift and stairs.

A communal lounge and a dining area are provided on either side of the front entrance of the home.

The home also provides for catering and laundry services which are undertaken in the private quarters of the building on the ground floor.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of five persons under the following categories of care:

Residential care

I	Old age not falling into 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

8.0 Summary of Inspection

This primary announced care inspection of Croft Lodge was undertaken by Ruth Greer on 16 October 2014 between the hours of 10:00 and 13:45. Mr and Mrs Magee were available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these had been addressed satisfactorily. The detail of the actions taken by provider/manager (can be viewed in the section following this summary).

Prior to the inspection, Mr and Mrs Magee completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mr and Mrs Magee in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, one relative, one visiting professional discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, reviewed staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Croft Lodge provides residential accommodation for five persons in the private home of Mr and Mrs Magee. Mr and Mrs Magee provide the care on a daily basis assisted by one care staff who is employed on a temporary basis as and when required. Due to these circumstances there were several criteria which were not applicable to this home.

8.1 Standard 10 - Responding to Residents' Behaviour

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents, confirmation was that restraint is never used in the home and would only be considered as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Mr and Mrs Magee demonstrated that they had knowledge and understanding of individual residents assessed needs. They also confirmed that they have received training in behaviours which challenge. Mr and Mrs Magee were aware of their responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Croft Lodge was compliant with this standard.

8.2 Standard 13 - Programme of Activities and Events

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and one relative confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Croft Lodge is compliant with this standard.

8.3 Resident, Representatives, Staff and Visiting Professionals Consultation

During the course of the inspection the inspector met with residents, one relative/representatives, Mr and Mrs Magee and one visiting professional. One questionnaire was also completed and returned by a member of staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

8.4 Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

8.5 Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements and no recommendations were made as a result of the primary announced inspection.

The inspector would like to thank the residents, relatives, the visiting professional, registered manager, registered provider for their assistance and co-operation throughout the inspection process.

9.0 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 16 January 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 11.3 and 11.4	The information prepared by the home in advance of the review meeting should be in written form and a copy held in the resident's file.	This information is now held in the care files.	Compliant
2	Standard 16.1	The home's policy of the protection of vulnerable adults should reference DHSSP and Trust guidelines.	The policy was updated in February 2014 and now contains the information required.	Compliant
3	Standard 19.1	The home should devise and have in place a policy in relation to staff recruitment.	The home has devised a policy on staff recruitment as required.	Compliant
4	Standard 19.3	Records sought in respect of Access NI should be stored in accordance with DHSSP document "Choosing to Protect".	Records are now stored in line with good practice guidance.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 16.9	The home should confirm that all persons working in the home have refresher training in the area of safeguarding vulnerable adults. Records showed that this was planned for 1 March 2014.	Mr and Mrs Magee and the one person employed in the home have had refresher training on 5 and 19 March 2014.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
The detailed pre and post admission assessment of each resident is shared with staff and informs the formation of the individual care plan which includes details of the resident's known behaviours and conduct. Care plans are reviewed and updated regularly with an emphasis on ensuring that staff have up to date knowledge of each resident's needs and the responses appropriate to the needs presenting. A detailed policy on Responding to Residents Behaviours is in place to inform staff, amongst other things, as to the responses appropriate to a range of residents conducts and behaviours.	Compliant
Inspection Findings:	
<p>The home had a Policy on Responding to residents' behaviour and restraint dated June 2014 in place. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge which included a human rights approach.</p> <p>A review of five residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed in relation to the use of bedrails for one resident. Mr and Mrs Magee demonstrated a knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	Compliant

A review of the returned staff questionnaire identified that the home provides a good standard of care for the residents.	
Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The expectations and actions required of staff in responding to uncharacteristic and concerning behaviour from a resident, is clearly detailed in the home's policy (Responding to Resident's Behaviours). To date this has not been an issue in Croft Lodge with no such situations requiring reporting occurring.	Compliant
Inspection Findings:	
<p>The policy and procedure dated June 2014 included the following:</p> <ul style="list-style-type: none"> • Identifying uncharacteristic behaviour which causes concern • Recording of this behaviour in residents care records • Action to be taken to identify the possible cause(s) and further action to be taken as necessary • Reporting to, the trust, relatives and RQIA. • Agreed and recorded response(s) to be made by staff <p>Five care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussions with a visitor and a professional confirmed that they had been informed appropriately.</p>	Compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>If and when such situations arise the details are recorded in the individual care plan and appropriate others informed.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of five care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate and the registered manager.</p>	Compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>To date this has not occurred but if and when a behaviour management issue arises the appropriate professional will be involved in agreeing a management plan..</p>	Not applicable
<p>Inspection Findings:</p>	
<p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not applicable

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>No behaviour management programme has been initiated to date.</p>	Not applicable
<p>Inspection Findings:</p>	
<p>There are no residents who have a behavioural management plan in place.</p>	Not applicable
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>No such instances have arisen in the home to date but the above steps will be followed when an instance occurs.</p>	Not applicable
<p>Inspection Findings:</p>	
<p>A review of the accident and incident records from the date of the previous inspection to current and discussions with Mr and Mrs Magee identified that residents' representatives, Trust personnel and RQIA had been appropriately notified in regard to any illness/accident</p> <p>A review of five care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant other whenever required by any change in circumstances.</p>	Compliant

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>No instances of restraint have occurred to date in the home however the Home policy relating to restraint is in place, forming part of Responding to Residents behaviour Policy.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>A review of records, discussions with residents and Mr and Mrs Magee and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose.</p>	<p>Not applicable</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The pre and post admission assessments identifies each resident's interests and social needs. The home's activity programme caters for both communal and individual needs identified with records being maintained.	Compliant
Inspection Findings:	
The home had a policy dated June 2014 on the provision of activities. A review of five care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The activity programme is varied and stimulating based on the known social, recreational and spiritual needs of the residents. Involvement in local community events including church attendance, is facilitated by the home.	Compliant

Inspection Findings:	
<p>Examination of the programme of activities identified that social activities are organised every week day .</p> <p>The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents inclusion in community based events. Of the five persons accommodated one do not wish any spiritual input, two attend church and a minister visits the other two residents in the home.</p>	Compliant
Criterion Assessed:	
<p>13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Each resident is consulted daily as regards involvement in activities and any particular interests they wish to pursue that day. Activities are also discussed during One to One with residents' and during the residents' group discussions with any suggestions made accommodated as far as possible.</p>	Compliant
Inspection Findings:	
<p>A review of the record of activities provided and discussions with residents and one relative identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home. Formal residents meetings do not take place. Given the domestic nature of the home Mr and Mrs Magee are in daily contact with all residents. Residents, social inclusion and activities are discussed at care management review meetings.</p>	Compliant
Criterion Assessed:	
<p>13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>The resident friendly activity programme is clearly displayed in the residents' lounge.</p>	Compliant

Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in the lounge. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents and one relative confirmed that they were aware of what activities were planned.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	
Provider's Self-Assessment	
Assistance is given from staff also aids and equipment are provided as required.	Compliant
Inspection Findings:	
<p>Activities are provided for each afternoon by the member of care staff and/or Mr and Mrs Magee</p> <p>There was evidence that there was an acceptable supply of activity equipment available. This equipment included flowers for arranging, craft supplies, games, quizzes, bingo etc.</p> <p>Mr and Mrs Magee confirmed that the cost of any equipment is met by the home this includes when residents are taken out for coffee.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	
Provider's Self-Assessment	
The programmes is flexilbe to allow for variations in times and duration as required.	Compliant

Inspection Findings:	
The registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Mr and Mrs Magee demonstrated an awareness of individual residents’ abilities and the possible impact this could have on their participation in activities.	Compliant
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
All the activities are provided by the home’s staff. Appropriate vetting will take place should an outsider be involved in the future.	Not applicable
Inspection Findings:	
The registered manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.	Not Applicable
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Not applicable	Not applicable
Inspection Findings:	
Please refer to inspector’s comments at previous point.	Not applicable

<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>A record of activities is maintained to include name of lead staff and names of residents attending</p>	Compliant
Inspection Findings:	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p>	Compliant
<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Regular reviews of the programme takes place and amendments made as appropriate.</p>	Compliant
Inspection Findings:	
<p>A review of the programme of activities identified that it had last been reviewed in July 2014. The evaluation was available for inspection. The records also identified that the programme had been reviewed at least twice yearly.</p> <p>The registered manager confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with four residents individually and in a group. One resident was at day care placement. Residents were observed relaxing in the communal lounge area. In accordance with their capabilities all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "We are well looked after"
- "I have a really comfortable bed"
- "I enjoy the food very much"

11.2 Relatives/representative consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to her relative and complimented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "X neglected himself but since coming here he has improved so much. They have got his diabetes stabilised and he has put on weight"

11.3 Staff consultation/Questionnaires

A review of a completed questionnaire identified that this member of staff was supported in his/her respective roles and was provided with the relevant resources to undertake his/her duties.

11.4 Visiting professionals' consultation

One community nurse visited the home. She expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

Comments received included:

- "The home always follows any instructions I leave"
- "Residents always seem happy"

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

The information provided by the home indicated that all residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home accompanied by Mrs Magee and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a high standard.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated August 2014.

The review identified that there were no recommendations made as a result of this assessment.

A review of the fire safety records evidenced that fire training, had been provided to staff on April 2014. The records also identified that an evacuation had been undertaken on April 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mr Magee. Mr Magee confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The findings of this inspection were discussed with Mr and Mrs Magee as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

Ruth Greer
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



No requirements or recommendations resulted from the primary announced inspection of Croft Lodge which was undertaken on 16 October 2014 and I agree with the content of the report.

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

NAME OF REGISTERED MANAGER COMPLETING	Arthur Magee
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Sharon Magee

Approved by:	Date
Ruth Greer	15 12 2014