



# Unannounced Care Inspection Report

## 20 June 2019



## Croft Lodge

**Type of Service: Residential Care Home**

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

**Tel no: 028 2563 7799**

**Inspector: Marie-Claire Quinn**

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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 registered residential care home which provides care for up to five residents in the categories of care listed in section 3.0 below.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Croft Lodge</p> <p><b>Responsible Individual:</b> Sharon Magee</p>	<p><b>Registered Manager:</b> Arthur John Magee 1 April 2005</p>
<p><b>Person in charge at the time of inspection:</b> Marie O'Neill, Senior Care Assistant</p>	<p><b>Number of registered places:</b> 5</p> <p>RC-DE – 1 RC-I – 1 RC-MP- 1 RC-MP (E)- 2</p> <p>Maximum of 2 residents in DE category of care. 2 named individuals in MP (E)</p>
<p><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 LD - Learning Disability</p>	<p><b>Total number of residents in the residential care home on the day of this inspection:</b> 5</p>

### 4.0 Inspection summary

An unannounced inspection took place on 20 June 2019 from 14.00 hours to 17.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care and estates inspections and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the homely and relaxed atmosphere, planning and delivery of person centred care and relationships between residents and staff.

One area requiring improvement was identified in relation to care plans.

Residents were positive about their experiences living in the home. Residents unable to clearly voice their opinions were seen to be at ease and comfortable in their surroundings and in their interactions with others.

Comments received from residents, people who visit them and staff during the inspection, are included in the main body of this report.

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

Details of the Quality Improvement Plan (QIP) were discussed with Marie O'Neill, person in charge, as part of the inspection process. Feedback was also provided to Arthur Magee, registered manager following the inspection. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 31 August 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 31 August 2018. No further actions were required to be taken following the most recent inspection on 31 August 2018.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings, registration information, and any other written or verbal information received.

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

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. One relative responded and stated they were very satisfied that the care in the home was safe, effective, compassionate and well led.

During the inspection a sample of records was examined which included:

- the care records of five residents
- fire safety records
- monthly monitoring reports dated 4 March 2019, 1 April 2019, 2 May 2019 and 3 June 2019
- staff supervision and annual appraisal records
- staff training matrix
- annual quality review report 2018 (submitted post-inspection)

The findings of the inspection were provided to the person in charge at the conclusion of the inspection and to the registered manager following the inspection.

## 6.0 The inspection

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

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

Three areas of improvement were identified at the previous estates inspection. These have been reviewed and have been met.

### 6.2 Inspection findings

#### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

Staffing levels on the day of inspection appeared adequate to meet the needs of the residents. Care was delivered in a calm and relaxed manner, and residents' needs were responded to very promptly. No concerns regarding staffing levels were raised by residents or staff. Staff stated "It can be busy in the mornings, but we manage."

Residents had just finished lunch when we arrived to the home and were now resting in the lounge. Residents confirmed they were happy with the care provided in the home:

- "We have all we need."
- "yes, they (staff) keep the place clean. We get lots to eat."
- "I like it here, it's very nice. The rooms are nice and my bed is comfy."

Discussion with staff confirmed their knowledge and understanding of adult safeguarding policy and procedure. Staff were able to provide examples of how this is incorporated into daily practice, including the use of body maps when necessary, "We document everything."

The home was clean, bright and tidy, and decorated to a high standard. We noted that the pull cords for window blinds were not securely attached to the wall. This was discussed with the registered manager following the inspection and has since been rectified.

There were no obvious fire safety hazards in the home. Review of fire safety records was satisfactory. Staff confirmed that fire safety training and drills were regularly reviewed and they felt confident in knowing what to do in case of an emergency.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and the homely atmosphere.

### Areas for improvement

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

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

### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

We saw lovely interactions between residents, staff and their visitors. Staff reported “I love working with the residents, you couldn’t do this job if you didn’t!” Staff were able to identify the specific needs and preferences of residents, and respond accordingly. Staff were vigilant in monitoring the fluid intake of residents.

Staff described training as helpful and interesting, and confirmed that this was regularly reviewed. Discussion with staff and correspondence with the registered manager following the inspection confirmed that refresher training was planned in July, September and December of this year.

Review of care records was satisfactory and included holistic and person centred assessments and care plans. Resident’s physical health needs were met and reviewed by district nursing, physiotherapy, chiropody and opticians, all of whom visited residents at home. Care plans were in good order and regularly reviewed. Annual care reviews were up to date and feedback from relatives and professionals was positive about the care provided in the home. We did note that two care plans did not include sufficient detail on the management of mental health. This was discussed with the registered manager who explained the reasons for this, but accepted that this was an area of improvement.

Staff had advised that all the meals served in the home are cooked from scratch, “I made champ today and they (residents) loved it.” Management had batch cooked and frozen a range of meals prior to their holiday, and staff advised that the home was stocked with ample supply of food and drink. Hot and cold drinks were available throughout the day. Residents were observed enjoying their evening meal of lasagne, wheaten bread and salad, which they reported was lovely. Additional portions were offered and staff were available to support and encourage residents with eating as required.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to person centred care delivery and catering arrangements.

## Areas for improvement

One area for improvement was identified within this domain during the inspection in relation to the further detail required in the two identified care plans.

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

### 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff outlined how their practice promotes and supports residents to maintain their independence, for example during personal care and toileting. Daily routines are flexible; one resident had declined to attend day opportunities today as they wanted to relax at home. Rising and retiring times vary, and staff stated "Some residents like an early night, they like their bed!"

Care records contained personalised and detailed information on resident's social needs and preferences. Independence was supported where possible, for instance some residents self-administered medication. Restricted practices were reviewed and agreed in conjunction with residents, relatives and the multi-disciplinary team.

Discussion with residents and observation of practice confirmed that residents were satisfied with activities in the home:

- "I like the peace and quiet. Chairs are comfy, so you can have a wee dose."
- "I like to go out for my tea to the Harbour bar sometimes."

An activities schedule was displayed in the lounge, listing activities such as arts and crafts and one-to-ones. On the day of inspection, residents were enjoying watching the Royal Ascot on television. Newspapers and magazines were available, and one resident enjoyed showing me the puzzles they like to do every day. They also enjoy listening to music and talked about their favourite singers. Residents also enjoyed chatting with staff and visitors to the home.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the relationships between residents and staff.

## Areas for improvement

No areas for improvement were identified within this domain during the inspection.

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

### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

This is small, family owned home where the responsible individual and registered manager reside with the five residents. On the day of inspection, management were on holiday. The person in charge has been employed in the home for several years and provides cover throughout the year. Staff were very positive about management arrangements in the home, "They are always on the other end of the phone, even for any wee questions."

Staff outlined the handover and communication arrangements in the home, which they described as good, "I come in and do an evening or morning shift, make sure I know the routines. I get handovers before they (management) go on holiday, or I come in if a new resident is admitted, or if there's any changes with a resident who already lives here. I get supervision twice a year, even if I'm not going to be working in the home any time soon." Review of staff records and correspondence with the registered manager confirmed that these arrangements were in place.

We reviewed the home's monthly monitoring reports, which were adequate. During one visit, a relative is recorded as stating, "I would pick Croft Lodge over any other home, even if the other home was closer to where I lived."

The home's annual quality review report was not accessible on the day of inspection; however this was promptly submitted to RQIA electronically following the inspection and was found to be adequate.

### Assessment of premises

Following the inspection, an inspector from the estates team reviewed the areas of improvement from the previous estates inspection.

An area of improvement had been made regarding the servicing of TMVS. RQIA received confirmation on 30 June 2019 that the thermostatic mixing valves had been serviced on 30 April 2019. This area for improvement has been met.

An area of improvement had been made regarding the LOLER report for stair lift. RQIA received confirmation on 30 June 2019 that the stair lift at Croft Lodge has been thoroughly examined on 13 April 2019 and no defects were found. This area for improvement has been met.



An area of improvement had been made regarding the fire risk assessment. The fire risk assessment was reviewed by an accredited fire risk assessor on 19 October 2019. The action plan is in hand. This area for improvement has been met.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the working relationships between staff and management.

### Areas for improvement

No areas for improvement were identified within this domain during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marie O'Neill, person in charge and Arthur Magee, Responsible 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 care 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.

## Quality Improvement Plan

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 August 2019</p>	<p>The registered person shall ensure that an individual care plan includes details of the management of any identified risks and strategies or programmes to manage specified behaviours. This is specifically in relation to support resident's to maintain positive mental health.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Relevant care plans have been reviewed and updated to fulfill the Standard above</p>

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



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