

Inspection Report

27 January 2022



Croft Lodge

Type of service: Residential (RC)

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

Telephone number: 028 2563 7799

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation: Croft Lodge</p> <p>Responsible Individual: Mrs Sharon Magee</p>	<p>Registered Manager: Mr Arthur John Magee</p> <p>Date registered: 1 April 2005</p>
<p>Person in charge at the time of inspection: Mr Arthur John Magee</p>	<p>Number of registered places: 5</p> <p>Maximum of 2 residents in DE category of care – RC- DE 2 named individuals in -RC- MP(E).</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category MP – Mental disorder excluding learning disability or dementia DE – Dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 4</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Residential Care Home which provides health and social care for up to five residents. The home is a two storey dwelling with resident bedrooms on both floors. Residents have access to a communal lounge, dining room and garden space.</p>	

2.0 Inspection summary

An unannounced inspection took place on 27 January 2022, from 9.20 am to 11.50 am by a care inspector.

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

Residents were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner.

The feedback from residents confirmed that they were satisfied with the care and service provided in Croft Lodge.

RQIA was assured that the delivery of care and service provided in Croft Lodge was safe, effective and compassionate and that the home was well led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mr Arthur Magee, manager at the conclusion of the inspection.

4.0 What people told us about the service

We met with three residents individually. Residents told us that they felt safe and well cared for. They described the staff as being kind and good. Residents stated that they enjoyed the food and there was always a choice of food available. Residents commented that the care delivery was to a good standard. Residents told us: "I am very content, I wouldn't want to leave" and "The food is great, we get too much".

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 16 March 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 22.4 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of records confirmed this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

No new staff had been recruited since the last inspection. Arthur and Sharon Magee both work rotationally in the home to cover the shifts supported when required by a relief care worker.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected all of the staff working in the home on a daily basis.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

There were systems in place to ensure staff were trained and supported to do their job. The manager had good oversight of staff compliance with the required training.

We observed that staff were always available to support residents and spoke kindly to them.

5.2.2 Care Delivery and Record Keeping

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner and by offering personal care to residents discreetly.

Staff members were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff members were seen to seek residents' consent when delivering care. We observed residents able to walk around freely.

Examination of records and discussion with the staff confirmed that the risk of falling and falls were well managed.

We discussed the cooking and meal provision within the home. All the meals are homemade and freshly cooked daily. We observed the residents have their morning coffee/ tea served in the dining room. The residents told us they had no issues with the food or drink served within the home.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Resident's individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them. It was observed that some of the care records examined did not evidence a resident signature, the specific examples were discussed with the manager and an email post inspection from the manager confirmed that all the appropriate care records have now been signed.

A review of the progress notes confirmed that while staff maintained a record of care provided to residents, this was not always done on a daily basis. This was discussed with the manager how the progress notes should be updated daily going forward, the manager agreed to implement this change to include a daily record in all residents care records. This will be reviewed on a future inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items that were important to them such as family photographs, furniture and ornaments. The lounge and dining room were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire exits and corridors were observed to be clear of clutter and obstruction. Written evidence was available dated 13 December 2021; confirming there were no actions required following the homes fire safety risk assessment completed on 18 December 2020.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with Department of Health guidance.

5.2.4 Quality of Life for Patients

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Staff members were seen to be attentive to residents needs including their social well-being. A programme of activities was in place which included crafts, games, exercising and one to one time. The hairdresser was in the home on the day of inspection and residents were seen to avail of this service. During the past year the home had participated in events delivered by the local council and a charity these included a “Day at the Beach” themed event where volunteers sang outside the front of the home and the residents enjoyed an ice cream. On fish supper day the residents’ enjoyed fish and chips.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents’ next of kin, their care manager and to RQIA.

The home had a monthly monitoring report completed; the report examined all areas of the running of the home. The reports were completed in detail. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Arthur Magee, manager as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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