

Unannounced Care Inspection Report

28 August 2016



Ross Lodge/Ross House

Type of service: Residential Care Home

Address: 288 Moyarget Road, Dervock, Ballymoney, BT53 8EG

Tel No: 02820741490

Inspector: Ruth Greer

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ross Lodge/Ross House took place on 25 August 2016 from 11 15 to 14 15.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction and training and the home's environment.

One requirement was made within this domain. This was in relation to competency and capability assessments for staff who take charge of a shift in the absence of the manager.

Is care effective?

There were examples good practice found throughout the inspection in relation to care records, and 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 t to the management of complaints and incidents 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 DHSPPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Tracy Booth, care assistant on the day and Dot Clements, acting manager, by telephone 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.

1.2 Actions/enforcement taken following the most recent Finance inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Mr A and Mrs J Mc Kinney	Registered manager: Dorothy Clements (acting)
Person in charge of the home at the time of inspection: Tracy Booth, care assistant	Date manager registered: "Registration pending".
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 13

3.0 Methods/processes

Prior to inspection we analysed the following records: The previous care inspection report and quality improvement plan and all notifications to RQIA in regard to accidents/incidents.

During the inspection the inspectors met with seven residents, two care staff and one maintenance staff .

The following records were examined during the inspection:

- Staff duty rota
- Staff training schedule/records
- Four resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings / representatives' / other
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 12 August 2016

The most recent inspection of the home was an announced follow up finance inspection. There were no requirements or recommendations as a result of that inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 21 January 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (4) (b) Stated: Second time To be completed by: 21 January 2016	Fire doors must not be wedged open.	Met
	Action taken as confirmed during the inspection: Work has been undertaken to fit automatic hold open devices which are linked to the fire alarm system. These have been fitted to several doors and inspectors were informed that plans are in place to extend this to all internal doors. There were no fire doors wedge open on the day of the inspection.	
Requirement 2 Ref: Regulation 24 Standard 17.10 Stated: First time To be completed by: 21 January 2016	Complaints must be managed, investigated and recorded in line with legislative and good practice requirements.	Met
	Action taken as confirmed during the inspection: A review of the complaints record showed that any expression of dissatisfaction are treated seriously and investigated appropriately.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21 appendix 2 Stated: First time To be completed by: 31 January 2016	Policies on Death and Dying and on Managing Continence should be devised and implemented.	Met
	Action taken as confirmed during the inspection: Policies as outlined in this recommendation had been devised.	

4.3 Is care safe?

The acting manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty:

- Care assistant x 2
- The manager was on duty but had taken a resident to hospital

Review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

The staff member in charge confirmed that no 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. A requirement has been made in the QIP.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. A 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.

Enhanced Access NI disclosures were viewed by the acting manager for all staff prior to the commencement of employment.

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

The adult safeguarding policies and procedures in place were consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

A review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

Discussion with staff on duty 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 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).

Inspection of care records confirmed there was a system of referral to the multi-disciplinary 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.

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. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. 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. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

Staff 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.

The home had an up to date fire risk assessment in place and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff spoken with during the inspection made the following comments:

- “This is a lovely wee home and residents are well looked after”
- “ I had a really thorough induction when I started and shadowed other staff for several shifts before I was on duty on my own “

Areas for improvement

One area for improvement was identified in relation to competency and capability assessments for any person in charge of a shift in the absence of the manager.

Number of requirements:	1	Number of recommendations:	0
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4.4 Is care effective?

Discussion staff and residents evidenced that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four 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. 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 resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

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.

Staff confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The staff on duty confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, 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.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

Staff confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home.

Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected by describing how they undertake personal care tasks.

Discussion with staff, and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example residents attend various community groups in the evenings. One resident stated that he enjoys helping with household chores like putting away the shopping.

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

Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Residents spoken with during the inspection made the following comments:

- "I'm just here for a wee break and I like it .I'd come back"
- "The girls (staff) are kind to me"
- "I enjoy my dinner"

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The health and social care 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.

A range of policies and procedures were 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 DHSPPS guidance on complaints handling. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. 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.

There was a clear organisational structure and all staff 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 home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of notifications of accidents and incidents and 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 staff confirmed that any adult safeguarding issues were managed appropriately. 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. Discussion with staff established that they were knowledgeable regarding the policy and procedure. Staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

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.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tracy Booth, care assistant as part of the inspection process and with Dot McClements, acting manager, by telephone. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSPPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 20 (3)

Stated: First time

To be completed by:
30 September 2016

Competency and capability assessments must be undertaken for any person left in charge of the home in the absence of the registered manager.

Response by registered provider detailing the actions taken:

An assessment checklist has been compiled which includes all areas of staff induction / training. Once staff have completed induction / training the registered manager will assess their capability and competency using the checklist and if satisfied will sign to confirm that that staff member can be left in charge of the home in the absence of the manager.

****Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address****



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