



The Regulation and  
Quality Improvement  
Authority

Ross Lodge  
RQIA ID: 1710  
288 Moyarget Road  
Dervock  
Ballymoney  
BT53 8EG

Inspector: Ruth Greer  
Inspection ID: IN23656

Tel: 02820741490  
Email: [tgage@tiscali.co.uk](mailto:tgage@tiscali.co.uk)

---

**Unannounced Care Inspection  
of  
Ross Lodge**

**1 October 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 1 October 2015 from 10 00 a m to 1 45 p. m. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011).

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	0

The details of the QIP within this report were discussed with the Mrs Creelman (manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Alex McKinney and Mrs Joyce McKinney	<b>Registered Manager:</b> Barbara Creelman (registration pending)
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Creelman	<b>Date Manager Registered:</b> 13 June 2015
<b>Categories of Care:</b> RC-LD, RC-LD(E), RC-PH, RC-PH(E)	<b>Number of Registered Places:</b> 13 This is made up of 7 permanent places and 6 dedicated respite places
<b>Number of Residents Accommodated on Day of Inspection:</b> 12	<b>Weekly Tariff at Time of Inspection:</b> Permanent residents from £470 to £700 Respite residents £60.86 per day

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard had been met:

#### **Standard 1: Residents' Involvement**

### 4. Methods/Process

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

Prior to inspection the following records were analysed: notifications of accidents/ incidents and the quality improvement plan from the previous care inspection.

During the inspection the inspector met with four residents, two care staff and the manager. There were no visiting professionals and no residents' visitors/representatives available.

The following records were examined during the inspection:

- Care files x 4
- Duty rota
- Accidents/incidents
- Complaints
- Staff meeting minutes

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced finance inspection dated 10 August 2015. The completed QIP was returned. On-going finance issues are being addressed by the finance inspector in conjunction with the funding trust.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19(2) Schedule 4 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 16 May 2015</p>	<p>A requirement was made on 11 March 2015 in relation to the manager's hours being included on the duty rota. On this current inspection the manager's hours were still not recorded on the rota. This requirement is stated for a second time. It should be noted that if requirements are stated for the third time then enforcement action may ensue.</p> <p><b>Action taken as confirmed during the inspection:</b> An examination of the duty rota showed that the manager's hours are recorded.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 16 Standard 6.7</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 16 May 2015</p>	<p>Where there are any restrictive practices in relation to the individual health and welfare of residents this must be fully assessed by the Trust. A care plan to manage the identified risk should be devised in conjunction with the resident and his/her representative.</p> <p><b>Action taken as confirmed during the inspection:</b> A care plan has been devised as required.</p>	<b>Met</b>
<b>Recommendations</b>		
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 16 May 2015</p>	<p>The home had a policy on the use of restraint. This policy requires to be amended to include all practices in the home which are restrictive and may undermine independence. The policy should also include reference to Human Rights legislation and good practice guidelines.</p> <p><b>Action taken as confirmed during the inspection:</b> The policy had been amended to reflect the recommended guidance</p>	<b>Met</b>

### 5.3 Standard 1: Residents' involvement

#### Is Care Safe? (Quality of Life)

Ross House/Ross Lodge is comprised of two adjoining buildings and is registered to provide residential care to seven persons on a permanent basis and six for respite care. Respite residents stay in the home for varying periods. Respite is provided to a core group of service users who live at home with their families. We inspected care records which identified that residents' choices and preferences were detailed. For respite residents these are amended before each admission, if any changes have occurred since the previous stay in the home. At the conclusion of each respite period a written account is prepared and given to families when the resident is discharged. Permanent residents' care files showed regular and frequent reviews have been undertaken by the care manager.

In our discussion with the manager and staff we confirmed that residents views are sought in regard to any changes proposed.

#### Is Care Effective? (Quality of Management)

Mrs Creelman has been in post as manager since June 2015. Since her appointment she has introduced several new processes. These include a key worker system which will ensure that each resident has a designated staff member to advocate for them. A staff meeting was held in August 2015 and minutes were available for inspection. The next staff meeting is planned for October 2015. Satisfaction questionnaires were issued to residents in June 2015 and copies of the responses were available for inspection. The responses in the questionnaires identified that residents are happy with the service provided. Mrs Creelman stated that the introduction of the key worker scheme will give the residents an opportunity to meet individually with a staff member to explore any issues they may have.

#### Is Care Compassionate? (Quality of Care)

In our observation of practice we noted that there was a warm, friendly rapport between the residents and staff. Personal care was seen to be provided in discreet and caring manner. Residents who had no verbal communication were addressed respectfully by staff and included in the conversation. In our discussion with staff we identified that residents were listened and responded to by them. Several residents were at day care and we were informed that staff are always on hand when they return to talk over the day's activities and plan the evening.

#### Areas for Improvement

There were no areas of improvement identified in relation to this standard. Overall the care was found to be safe, effective and compassionate and the criteria of the standard met.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

## **5.4 Additional Areas Examined**

### **5.4.1. Residents**

There were five residents in the home one of whom was on a respite break and four were permanent residents. Three residents were able to articulate their views and opinions of life in the home. Their views in regard to the new manager, staff and the care they receive was all positive. One resident showed us his/her room and said they "loved it." Two residents had no verbal communication but they presented as at ease with their surroundings and familiar with staff. A selection of the views expressed is below:

- "I like it here, like healthy eating and doing exercises with the staff"
- "X"( staff member) helped me leave out my clothes to wear to Gateway tonight"
- "The staff are lovely to us"

### **5.4.2. Staff**

We spoke with all staff on duty who informed us that the care in the home is good. Staff presented as knowledgeable about their work and about the residents both permanent and temporary respite users. We were informed that the manager has introduced new systems which staff feel will improve the quality of care for residents. Staff stated that they work together as a team and feel supported by the manager.

### **5.4.3. Environment**

The home was found to be warm, bright and tidy. Communal areas are well furnished with a variety of seating arrangements to suit the needs of the residents. The individual bedrooms of permanent residents are personalised to suit the preferences of the occupant. It was noted that several internal doors were wedged open. This is in breach of fire regulations and a requirement has been made. It was also noted that a bucket of dirty water and a mop was not stored in line with COSHH guidance. A requirement has been made.

### **5.4.4. Complaints**

Inspection of the complaints record found it to be satisfactory.

### **5.4.5. Accidents/incidents**

Inspection of the record of accidents found that accidents/incidents were being recorded and dealt with appropriately.

### **5.4.6. Fire Safety**

Fire training was last provided on 28 April 2015. This training is planned again for 19 November 2015. The manager confirmed that the fire alarm system is tested weekly and the result recorded.

## **6. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Creelman, manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. 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.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements.

<b>Requirement 1</b>	Fire doors must not be wedged open.		
<b>Ref:</b> Regulation 27(4)(b)  <b>Stated:</b> First time  <b>To be Completed by:</b> 2 October 2015 and on going	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> All door wedges removed. We are in possession of a quote for Door Hold Devices for installation, awaiting on approval.		
<b>Requirement 2</b>	Cleaning materials should be stored in line with COSHH guidelines.		
<b>Ref:</b> Regulation 12 (1) (b)  <b>Stated:</b> First time  <b>To be Completed by:</b> 2 October 2015	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> All cleaning materials are now stored inline with COSHH guidelines and all staff have been updated on the COSHH guidelines.		
<b>Registered Manager Completing QIP</b>	Ms Barbara Creelman	<b>Date Completed</b>	26/10/2015
<b>Registered Person Approving QIP</b>	Mrs Joyce Mc Kinney	<b>Date Approved</b>	26/10/2015
<b>RQIA Inspector Assessing Response</b>	Ruth Greer	<b>Date Approved</b>	26/10/2015

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**