

# Unannounced Care Inspection Report 19 January 2017



## Ross Lodge/Ross House

Type of service: Residential Care Home  
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Inspector: Ruth Greer

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Ross Lodge/Ross House Residential Home took place on 19 January 2017 from 10.00 to 14.30.

The inspection sought to assess progress with any issues raised since the last care inspection and to determine if the residential care 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 the home's environment.

Two requirements were made in regard to staff recruitment practice.

### Is care effective?

There were examples of developing practice found throughout the inspection in relation to care records, audits and reviews. There were examples of good practice in relation to communication between residents, staff and other key stakeholders.

One recommendation was made in relation to pre admission information.

### 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 developing practice found throughout the inspection in relation to governance arrangements in the form of recently introduced audits, and maintaining good working relationships.

One recommendation was made in regard to a review of on call staffing arrangements.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Dorothy Mc Clements, acting manager 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 care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection on 28 August 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mr A and Mrs J Mc Kinney	<b>Registered manager:</b> Dorothy Clements (acting)
<b>Person in charge of the home at the time of inspection:</b> Dorothy Clements	<b>Date manager registered:</b> "Registration pending".
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 13

## 3.0 Methods/processes

Prior to inspection the following records were analysed: the report of the last inspection and notifications of accidents/incidents to RQIA since that date.

During the inspection the inspector met with seven residents, two care staff, one administrative staff and one resident's visitors (two)

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file(2)
- Four resident's care files

- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Programme of activities
- Policies and procedures manual

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 17 November 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next estates inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 28 August 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 20 (3) <b>Stated:</b> First time <b>To be completed by:</b> 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. <b>Action taken as confirmed during the inspection:</b> Inspector confirmed assessments for staff who undertake charge of a shift were available and up to date at the time of inspection.	<b>Met</b>

#### 4.3 Is care safe?

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

- Manager (acting) x 1
- Care staff x 2
- Administrator x 1

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

Discussion with staff and a review of records confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained and was available for inspection. Training provided for staff since the last inspection included:

- COSHH on 24 October 2016
- Safeguarding Vulnerable Adults on 27 October 2016
- Moving and Handling on 11 October 2016
- Medicine management on 22 September 2016
- Infection prevention and control on 24 October 2016
- Food hygiene 24 October 2016
- Fire training/drill 16 January 2017

The acting manager and staff confirmed that 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; records of competency and capability assessments were retained. A review of a sample of staff competency and capability assessments were reviewed and found to satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation. However an examination of two personnel files showed that in one case written references had been requested but had not been received by the home prior to the staff member commencing duty. A requirement was made that the staff member should not undertake a shift in the home until all pre-employment checks were in place in with the line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. A further requirement was made in regard to a review of all personnel files.

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.

A copy of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) was available for staff within the home. The acting manager had been named as the safeguarding champion and specialist training for the role is scheduled. 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.

The acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager 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. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

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).

The acting manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

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.

The acting manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the 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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 12 April 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every 6 months most recently on 16 January 2017. Records were retained of staff who participated and any learning outcomes. Four staff had been identified as fire wardens and received additional training for the post on 19 May 2016. 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.

Comments received from residents, relatives and staff included:

- "I still like it here and I love my room. I got lovely things at Christmas" ( resident)
- "We fought very hard to get ( resident) in here and we know she is safe and sound"( relative )

- “We get loads of training” ( staff )

### Areas for improvement

Two areas of improvement were identified in relation to staff recruitment.

<b>Number of requirements</b>	2	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

Discussion with the acting manager established that staff in the home responded appropriately to and met the assessed needs of the residents. One resident may be displaying early signs of dementia and is in the process of assessment and diagnosis. In response training on dementia awareness had been provided for staff on 6 December 2016.

A review of four care records confirmed that there was an up to date care plan in place. The acting manager confirmed that the home is currently reviewing the process of care planning and documentation is being reviewed and developed. Advice was given that any new system should comply with standards 5 and 6 of the Residential Care Homes Standards 2011 and should include 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. Residents and/or their representatives should be encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Progress in this area will be reviewed at the next inspection. The care records in place on the day did reflect 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.

The home operates a respite care scheme in partnership with the Northern Health and Social Services Trust for five dedicated beds in the home. In the main, respite residents are admitted on a “rolling programme” and a new care plan is not required as there have not been any changes since the previous admission. It is recommended written confirmation is received from the trust that the needs of these residents remain unchanged prior to each admission to the home.

The acting manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls) environment and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports. The registered provider had employed an outside professional consultant to undertake the monthly monitoring visits. This provides a further degree of objectivity in the governance arrangements.

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

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

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.

Comments received from residents, relatives and staff included:

- “This is a great wee home and it just suits X” (relative)
- “I like it here this is my first time on respite and it’s brilliant” (resident)
- “I like the staff they are good to me” (resident)
- “It’s a good home and we get lots of training” (staff)

**Areas for improvement**

One area for improvement was identified during the inspection in relation to updating the information of respite residents prior to each admission to the home.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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**4.5 Is care compassionate?**

The acting manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights and choice of residents.

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

The acting manager, residents and two relatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives 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.

One resident (respite) who was in the home for the first time told the inspector that he “couldn’t believe” how kind staff were. “I never knew places like this existed I had a good night’s sleep last night for the first time in years. I’ll definitely be back here”.

Discussion with staff, residents and relatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The acting manager confirmed that activities are planned in the evenings and these include pamper sessions, board games, arts and crafts and baking. In addition the home arranges a monthly trip out to local places/events. Arrangements were in place for residents to maintain links with their friends, families and wider community. Relatives who spoke with the inspector confirmed that they are free to call at any time and are always welcomed.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.



The inspector was informed that a system had been introduced to consult residents about the quality of care and environment. The findings from the consultation are being collated into a summary report and will be made available for residents and other interested parties to read. The report will reflect the operation of the home for 2016. This report will be examined at the next inspection.

Comments received from residents, relatives and staff included:

- “We truly couldn’t wish for a better place for X. This is just like her home and that is how she views it” ( relatives )
- “ We just want to do the best we can for residents” ( staff )
- “ We have introduced a once a month evening trip and residents really look forward to it” ( staff )
- “ When we get cleared up after dinner we all sit down and spend time together like playing games or giving the ladies a manicure” ( staff )
- “It was great at Christmas we had a brilliant time” ( resident )

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The acting manager outlined the management arrangements and governance systems in place within the home. The registered providers live on site and are readily available if required.

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.

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. A regular audit of accidents and incidents was undertaken. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

It was noted that there are two staff members on duty in the evenings and at the weekend with the acting manager on call if required. Staff spoken with were aware of these arrangements. However, it is recommended that the on call arrangements should be clearly recorded on the duty rota.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

The acting manager confirmed that the registered provider was kept informed regarding the day to day running of the home. The registered provider lives on site and is involved with the home on a regular basis.

The acting manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and certificate was 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 with the acting manager confirmed that there had not been any adult safeguarding issues. The acting manager confirmed that any incidents would be managed appropriately and that reflective learning would take place. The acting 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. The acting manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Comments received from residents, relatives and staff included:

- “If there is anything wrong or I’m sad I just tell Dot (acting manager)” ( resident )
- “We can phone about anything at all and the home phones us if there is anything to do with X” (relative)
- “I have never seen anything but good care in here” (staff)

### Areas for improvement

One area for improvement was identified in regard to the management on call system.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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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 Dot Clements, acting manager, as part of the inspection process. 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 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 DHSSPS 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 to be 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](mailto: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

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 21 (1)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p>	<p>The registered provider must ensure that all pre-employment documentation is in place before any new staff commence employment in the home.</p> <p><b>Response by registered provider detailing the actions taken:</b> All files audited 29/01/2017. Action plan implemented to address any deficits. Files reaudited 01/03/2017. New starts not to be rostered for duty until file signed off by responsible person and home manager</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 19 ( 2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p>	<p>The registered provider must undertake a review of the personnel files of all employees and provide confirmation that these are in compliance with regulations.</p> <p><b>Response by registered provider detailing the actions taken:</b> .All files audited 29/01/2017. Action plan implemented to address any deficits. Files reaudited 01/03/2017. New starts not to be rostered for duty until file signed off by responsible person and home manager.</p>
<h3>Recommendations</h3>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p>	<p>The registered provider should ensure that the on call arrangements are clearly set out on the staff rota.</p> <p><b>Response by registered provider detailing the actions taken:</b> On call now noted on the off duty.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> 9.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p>	<p>The registered provider should ensure that written confirmation in regard to any/no change in the resident's care plan is received from the trust prior to each new respite admission to the home.</p> <p><b>Response by registered provider detailing the actions taken:</b> Residents are not to be admitted without a pre-admission assessment-permanent. Residents for respite have care plan from the trust with an email from the care manager confirming current status.</p>

*\*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\**





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