



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Secondary Follow-up Care Inspection Report 19 February 2019



## Ross Lodge/Ross House

Type of Service: Residential Care Home  
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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

Ross Lodge/Ross House is a privately owned residential care home. The home provides care to people living with a physical and/or learning disability. The home is split across two buildings with shared outside communal space. Ross House is a seven-bedded unit for those residents who are living in the home long term. Ross Lodge is a six-bedded unit providing a mix of

respite and longer term care to residents. On the day of inspection, there were 12 residents being accommodated in the home.

### 3.0 Service details

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Ross Lodge<br><br><b>Responsible Individuals:</b><br>Alex McKinney<br>Joyce McKinney  | <b>Registered Manager:</b><br>See below                                |
| <b>Person in charge at the time of inspection:</b><br>Karen Nelson – acting manager   | <b>Date manager registered:</b><br>Karen Nelson – registration pending |
| <b>Categories of care:</b><br>Residential Care (RC)<br>LD - Learning Disability<br>LD (E) – Learning disability – over 65 years<br>PH - Physical disability other than sensory impairment<br>PH (E) - Physical disability other than sensory impairment – over 65 years | <b>Number of registered places:</b><br>13                              |

### 4.0 Inspection summary

An unannounced inspection took place on 19 February 2019 from 10.00 to 14.25. This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The following areas were examined during the inspection:

- environment
- provision of activities
- adult safeguarding
- accident and incidents
- complaints and compliments

Residents were positive about their experiences in the home, and confirmed they liked their rooms, the staff and the food. Comments from residents' included:

- "I like it here. I like my friends and the staff."
- "I like the big TV...Everyone is nice, no one shouts."

Those residents with limited verbal communication presented as content and relaxed in their surroundings; they appeared calm when interacting with staff and other residents.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

## 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 4         |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Karen Nelson, 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.

## 4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 20 September 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the previous inspection report and any communication with the home since the most recent inspection.

During the inspection the inspector met with the registered provider, manager, five residents and three staff.

Several questionnaires and 'Have we missed you cards' were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

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

- Five residents' care files
- Complaints records
- Monthly monitoring reports
- Programme of activities
- Fire safety records
- Accidents and incidents records
- Adult safeguarding policy

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 20 September 2018

The most recent inspection of the home was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 20 September 2018

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

This inspection focused on the areas previously outlined in Section 4.0.

## 6.3 Inspection findings

### Environment

On arrival to the home, some residents were watching television in the lounge while others were finishing their breakfast. Residents had been supported to attend to personal care. There appeared to be a friendly rapport between all the residents and staff; all staff presented as cheerful, friendly and helpful. Staff took time and care to communicate with residents on a one to one basis and described how “Everyone has their own wee personalities and how they like you to talk to them. Some like a bit of jokiness and carry on, some need more guidance.”

The manager showed the inspector around the home, which was clean, tidy and warm. There were improvements being made to the home’s environment, such as key fob entry to improve security and repairs to the stair lift. Bedrooms varied in style, reflecting the individual personalities of residents. For example, one resident had a small sofa, lots of plants, cushions and cuddly toys in their room; another resident preferred an ordered, minimalist style and had brought matching furniture; another resident liked cowboys and tractors and his room reflected this. Residents who were temporarily staying in the home for a period of respite were encouraged to bring any personal items with them that would make their stay more comfortable. Most of the bedrooms were en-suite and this was highlighted as a positive by one resident, who stated, “My bed is comfy. I have my own bathroom! I had a warm shower this morning.”

The kitchens in each unit were clean and homely. All meals are freshly cooked and prepared on site by staff. On the day of inspection, residents had their choice of sandwich to go along with their soup. One resident stated, “I’m getting egg and onion sandwiches for my lunch. I love eggs and white bread.” Discussion with staff and observation of practice confirmed that residents were given a choice and selection of meals and snacks, as residents “know what they like!”

The updated International Dysphagia Diet Standardisation Initiative (IDDSI) guidelines were displayed in both kitchens. Some residents have specialised textured diets and the manager discussed an example of how the home advocates for residents with Speech and Language Therapists. For example, they noted that one resident’s appetite and interest was poor; they disliked the pureed food provided and so the home sought a review of the SALT guidelines and

menu. Together, they were able to identify other foods that the resident enjoyed eating which also minimised their risk of choking. As a result, the resident seems much more content.

Discussion with staff and review of fire safety records confirmed that the home ensured fire drills were conducted regularly. The manager felt very confident that staff had thorough training and education in fire safety, particularly as their trainer is an ex-fire fighter. Staff described the most recent fire drill which included a practice evacuation. Fire safety and fire-fighting equipment are tested and maintained as required, further minimising the risk in the home.

## Activities

On the day of inspection, some residents were attending day opportunities. In Ross Lodge, some residents appeared to be enjoying watching TV in the lounge. Staff were busy completing a range of tasks, including cooking and cleaning; however, they remained responsive to the residents' needs. One resident told the inspector, "I like writing and drawing flowers. Colouring in, that's my favourite." When this was raised with care staff, they immediately responded, and provided the resident with a selection of colouring in books, pencils and pens which were readily available in the home. The resident was delighted and enjoyed colouring in until lunch time.

Staff advised that the planned activity for the afternoon was watching DVDs. The manager advised all the residents are "big fans of Daniel!" and residents in Ross Lodge were observed happily singing and dancing along to a Daniel O'Donnell concert DVD after lunch.

In Ross House, a small activities board displayed the activities available this week. This included board games; client choice; story time; baking; movie night; chair exercises; puzzles; water activity; table top activity; and walks. Staff were also able to outline some of the activities provided in both units of the home. They had hired a DJ and had a disco at the weekend. One resident stated he had enjoyed this: "I'm a great singer!" On Wednesdays, another member of staff organises outings, for example driving to Portrush, where residents enjoy getting some fresh air and ice creams. Other popular activities included DVD nights, hand/foot massage and jigsaws.

Discussion with staff confirmed they had a good knowledge and understanding of individual residents' preferences and needs. For example, one resident was struggling to socialise with other residents when living in Ross House, due to the frequency of change of residents coming for a respite stay. He was moved to Ross Lodge, and is now more settled as he knows the other residents better. Another example is the residents that dislike group activities; staff stated, "I love being with the residents and being able to sit with them and give them personal attention, which you can't always do in a bigger home. If they want, we go for a chat and get a wee cup of tea in the kitchen." Staff were also able to describe how some residents from a farming background respond particularly well to male members of staff and enjoy feeling productive and useful in the home. For example, one resident enjoys shadowing the maintenance manager and got a 'uniform' (a matching boiler suit). The resident will help with planting flowers or collecting small pieces of equipment, and relishes any opportunity to get outside in the fresh air and be busy.

The manager and staff had all confirmed that arrangements for activities are flexible due to the nature of respite care and frequent change of residents. However, review of care records did not reflect staff's knowledge of residents or of the range of activities the home offered to residents. There was insufficient detail of residents' hobbies, interests and preferred activities, and no clear plan or a weekly routine/schedule. Also of note, in Ross Lodge there was no clear activities schedule available or on display. Discussion with the manager confirmed that on admission, the home did complete a "Get to Know Me" booklet with residents; however, this



was not completed or reviewed on a consistent basis. The manager agreed on the importance of clear documentation and information sharing, in order to ensure that residents' individual needs are consistently met and to maximise their involvement and inclusion in activities that are meaningful to them. This has been stated as an area of improvement.

## **Adult safeguarding**

Discussion with staff confirmed they had received adult safeguarding training and they were able to describe how they incorporate this into daily practice. Review of the home's adult safeguarding policy confirmed this was in line with regional standards. The manager is the adult safeguarding champion for the home, and reports there have been no incidents this year. It was positive to note that the home supplied 'easy read' information on adult safeguarding and the process; this is best practice to promote residents' human rights and maximise their involvement in the process. Review of care records highlighted areas where adult safeguarding policy and procedure could be further embedded into practice. One example was to ensure the consistent use of body maps during admission. Another area was in relation to considering the compatibility of residents when arranging dates for respite; the manager was able to outline improvements she had already made in this regard.

Staff were aware of their responsibilities under whistleblowing policy. Staff felt management were responsive and supportive; the manager was singled out as being fair and holding herself to the same standards as care staff. Staff stated, "Karen is very good, she lets us know when we need to do training...Karen is very by the book even for the slightest wee thing."

## **Accident and incidents**

The manager and staff discussed a recent incident where they had maintained close liaison with a resident's GP and specialist nurse due to a longstanding health problem. Unfortunately, this resident had required an emergency hospital admission. This had not been notified to RQIA.

Review of the home's log of accident and incidents confirmed that these were clearly documented, and reported to relevant parties such as family and the trust. However, these incidents had also not been reported to RQIA. This was highlighted to the manager, who apologised, and stated she had not been aware of this. She agreed to address this immediately and it has also been stated as an area for improvement.

## **Complaints and compliments**

Discussion with the manager and review of records confirmed the home had received two complaints since the last inspection. These were clearly documented and included evidence of the manager's investigation and communication with families and the trust. The manager confirmed that both complaints had been fully dealt with and was able to outline how these incidents had been used to drive quality improvement in the service, for example, discussion with staff and review in supervision and staff meetings on how to improve care records.

Some thank you letters and cards were displayed in the home. One letter stated, "X (relative) really enjoyed his time spent with you and still talks about it. Please pass on my special thanks to all who looked after him so well." It was positive to note that management had also taken time to send a thank you card to staff stating, "Thank you for all your dedication and commitment. Your hard work hasn't gone unnoticed." Discussion with staff confirmed there were good working relationships in the home: "I love coming into work. I love the work. Everybody gets on well here; it has a good, positive atmosphere."

The manager advised that she plans to provide relatives and visitors with a comments log, to better capture some of the compliments and positive feedback the home receives. Review of the home's monthly monitoring reports dated 26 November 2018, 18 December 2018 and 30 January 2019 confirmed further positive feedback from residents and relatives had been received. However, review of these records highlighted an issue regarding the professional registration of one new member of staff with Northern Ireland Social Care Council (NISCC). This was highlighted to the manager as a matter of urgency and she agreed it would be addressed within 24 hours. The manager is aware that care staff cannot work in the home unless their registration has been confirmed within six months of their start date of employment in the home. This has been stated as an area of improvement.

### Areas of good practice

There were areas of good practice in relation to the kindness and compassion displayed by staff; the provision of easy read information to residents on adult safeguarding; and the cosy and homely environment.

### Areas for improvement

Four areas for improvement were identified during the inspection, in relation to staff's professional registration; notification of incidents to RQIA; care plans and activities.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 4         |

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Karen Nelson, 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 19.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>with immediate effect</p>  | <p>The registered person shall ensure that before making an offer of employment, registration status with relevant regulatory bodies is confirmed.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Registration status with relevant regulatory bodies is now requested at application stage and proof of confirmation must be obtained and checked as part of the personnel file compliance checklist before making an offer of employment.</p>   |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 20.15</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>with immediate effect</p> | <p>The registered person shall ensure that all accidents, incidents and events occurring in the home which adversely affect the wellbeing or safety of any resident are reported promptly to the Regulation and Quality Improvement Authority in accordance with legislation and procedures.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>All accidents, incidents and events occurred in the home which adversely affects the wellbeing or safety of any resident is report immediately to RQIA, flow chart explaining procedure and contact details is available to all staff. Staff in charge at time of event have received training and guidance on reporting to RQIA.</p> |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>ongoing</p>                 | <p>The registered person shall ensure that individual's care plans includes details of the resident's agreed daily routine and weekly programme.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>New worksheets have been composed for staff to complete with resident, detailing all likes and dislikes. Residents can then set their own daily routine with guidance from staff. Staff support residents in structuring their day and choosing activities. Staff support resident to attend Day Centre and other social events. Activity records are completely on a daily basis.</p>  |

|  |   |
|--|---|
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>ongoing</p> | <p>The registered person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p> <p>Ref: 6.3</p>   |
|  | <p><b>Response by registered person detailing the actions taken:</b><br/>Notice board has been fixed to wall in a designated area and is specifically for activities. Residents and representatives are aware to this notice board and can view at any time. Activity records are kept in individuals file and are updated daily.</p> |

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



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