

**Unannounced Care Inspection
of
Ross Lodge/Ross House**

21 January 2016

1. Summary of inspection

An unannounced care inspection took place on 21 January 2016 from 10.30am to 3.40pm. The standard and theme we inspected was considered to be partially met. 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 and the DHSSPS Residential Care Homes Minimum Standards (2011), The DHSSP Residential Care Homes Standards (2011), NICE guidelines on the management of urinary incontinence in (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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
Total number of requirements and recommendations made at this inspection	2	1

The details of the QIP within this report were discussed with Joyce McKinney, the registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Persons: Mrs Joyce McKinney Mr Alex McKinney	Registered Manager: Mrs Dot Mc Clements (acting)
Person in charge of the home at the time of inspection: Dot McClements, deputy manager	Date manager registered: registration pending
Categories of care: RC-LD, RC-LD(E), RC-PH, RC-PH(E)	Number of registered places: 13
Number of residents accommodated on day of inspection: Ross lodge – 3 residents plus 1 resident at day care Ross house – 3 residents plus 4 residents at day care	Weekly tariff at time of inspection: £470 - £528

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 and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/processes

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

Prior to inspection we analysed the following records; notification reports and previous inspection report.

During the inspection we met with six residents, three staff and the registered persons.

We inspected the following records; residents' care records, accident/ incident reports, complaints records, policies and procedures and aligned guidance available to the standards inspected.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 1 October 2015. The completed QIP was returned and approved by the inspector.

5.2 Review of requirements and recommendations from the last care inspection dated 1 October 2015

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27(4)(b) Stated: First time To be Completed by: 2 October 2015 and on going	Fire doors must not be wedged open.	Not met
	Action taken as confirmed during the inspection: We noted that one fire door was wedged open. This is unacceptable and unsafe practice and must cease. Where a resident wishes a bedroom door opened permanently a safe hold open device must be fitted. This requirement is stated for the second time within this report.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 2 Ref: Regulation 12 (1) (b) Stated: First time To be Completed by: 2 October 2015	Cleaning materials should be stored in line with COSHH guidelines.	Met
	Action taken as confirmed during the inspection: Cleaning materials were seen to be stored appropriately.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

Residents can spend their final days of life in the home. This is unless there is a documented health care need that prevents this. We were informed that there had not been a death in the home. The residents are, in the main, younger persons who require residential care. Needs assessments and care plans were in place within the care files we examined. There was evidence that families are involved with the care. We were informed that in the event of a death families would be contacted and undertake any funeral arrangements.

Is Care Effective? (Quality of Management)

In the event of the home providing end of life care, a care plan would be devised by the district nurses and put in place for each resident who is receiving palliative care.

We inspected residents' care records and could confirm that death and dying arrangements were assessed. There was information as to the identified person to be contacted in the event of serious illness or death.

The home had no policy in relation to this standard which would guide and inform staff with this area of care. A recommendation was made for a policy and procedure to be put in place, with staff trained accordingly.

Is Care Compassionate? (Quality of Care)

We were informed that there have been no occasions where end of life care had been provided in the home and that staff had not received specific training in this area of care.

In our discussions with staff they demonstrated that they had knowledge and understanding how to care for residents who may be at end of life stage. This knowledge needs to be underpinned and directed by the development of relevant policies and procedures. The practice we observed on the day of the inspection was caring, friendly and compassionate.

Areas for Improvement

There was one area of improvement identified with this standard inspected. This was in relation to developing a policy and procedure on "Death and Dying" and the training of staff in relation to this.

Number of Requirements	0	Number of Recommendations:	1
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5.4 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

In our discussions with the deputy manager and staff they demonstrated knowledge and understanding of this area of care. Staff had not received specific training in continence management.

We reviewed residents' care records and found that an individualised assessment and plan of care was in place in relation to the management of continence. Issues of assessed needs were referred to district nursing services. The district nurse, in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of continence aids.

From our observations we found there to be adequate supplies of aprons, gloves and hand washing dispensers.

In our discussions with staff, general observations together with a review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

Is Care Effective? (Quality of Management)

The home had no policy in relation to the management of continence. A recommendation was made for this to be put in place, with staff trained accordingly.

In our conversations with staff and examination of care records there was evidence that they are able to recognise where continence management/assistance is required for individual residents.

Identified issues of assessed need are reported to the district nursing services, for advice and direction.

Residents who come to the home for a period of respite have an already established continence management programme. The staff in the home adhere to the care plan already in place for these residents.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Continence care was undertaken in a discreet private manner.

Areas for Improvement

There was one area of improvement identified in relation to the standard and theme inspected. This was in relation to developing policies and procedures for staff guidance pertaining to death and dying and the management of continence.

Number of Requirements	0	Number Recommendations:	1
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5.5 Additional Areas Examined

5.4.1 Residents' views

We met with all the residents in the home at the time of this inspection. Residents expressed that they were happy with their life in the home, their relationship with staff, and the provision of meals.

Some of the comments made included;

- "I like it here. They are all good to me"
- "Things are great. It is nice and peaceful now"
- "I love it here"

Two residents could not articulate their views about the home. However from their body language and appearance, they appeared comfortable and at ease in their environment and in interactions with staff.

5.4.2 Relatives' Views

There were no visiting relatives interviewed during this inspection.

5.4.3 Staff Views

We met with three members of staff on duty. Staff presented as knowledgeable about the residents as individuals. We were informed that staff feel the care in the home is compassionate. Staff were able to describe how dignity and privacy are preserved when personal care tasks are being carried out.

5.4.4 General Environment

We found that the home was clean and tidy, with good housekeeping arrangements in place. The décor and furnishings were of a good standard.

Residents' bedrooms were personalised with choice of furnishings and personal belongings.

It was noted that one bedroom door was wedged open. This practice contravenes fire safety regulations and must cease.

5.4.5 Accident / Incident reports

We inspected these reports from the 1 October 2015 to the date of this inspection.

One incident was recorded. This incident was found to be appropriately managed and reported.

5.4.6 Complaints records

An inspection of these records was undertaken. There were three complaints recorded. No substantive details of the complaints were recorded, such as, the nature of the complaint, the action taken, any follow up action or confirmation of whether the complainant was satisfied. A requirement was made that complaints should be managed, recorded and acted upon appropriately.

5.4.7 Care Practice

Throughout our discreet observations of care practices we evidenced the residents being treated with dignity and respect. Staff interactions with the residents were found to be polite, friendly, warm and supportive.

A homely atmosphere was in place with this resident being comfortable, content and at ease.

Areas for improvement

There were two areas of improvement identified with the additional areas examined. These were in relation to the management of complaints and the wedging open of fire doors.

Number of requirements:	2	Number of recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Joyce McKinney, the registered person, 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 and The 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 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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1		Fire doors must not be wedged open.	
Ref: Regulation 27 (4) (b) Stated: Second time To be completed by: 21 January 2016		Response by Registered Person(s) detailing the actions taken: Wedge has been removed and all staff advised that doors must not be wedged open. Quotation has been sought with respect to installation of electromagnetic door hold devices if required.	
Requirement 2		Complaints must be managed, investigated and recorded in line with legislative and good practice requirements.	
Ref: Regulation 24 Standard 17.10 Stated: First time To be completed by: 21 January 2016		Response by Registered Person(s) detailing the actions taken: Any complaint received is documented, managed, investigated, responded to and recorded in line with statutory requirements and best practice.	
Recommendations			
Recommendation 1		Policies on Death and Dying and on Managing Continence should be devised and implemented.	
Ref: Standard 21 appendix 2 Stated: First time To be completed by: 31 January 2016		Response by Registered Person(s) detailing the actions taken: The home's policies in relation to Death and Dying and Managing Continence are currently being devised and implemented by the 21 st March 2016.	
Registered Manager completing QIP		Dorothy McClements Acting Registered Manager	Date completed 10 th March 2016
Registered Person approving QIP		Joyce McKinney	Date approved 10 th March 2016
RQIA Inspector assessing response		Ruth Greer	Date approved 14 March 2016

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