



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

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

**Inspector: Ruth Greer and John McAuley**  
**Inspection ID: IN022529**

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**Enforcement Monitoring Care Inspection**  
**of**  
**Ross Lodge / Ross House**  
**28 April 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

We undertook an unannounced care inspection on 28 April 2015 from 10:10 to 01:45. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSPSS Residential Care Homes Minimum Standards.

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

As a result of the findings of an inspection to the home on 11 March 2015 the RQIA began enforcement proceedings as follows –

- Two Notices of Failure to Comply were issued in respect of the home's non-compliance with Regulation 14(4) and Regulation 30 (1)(d)(g) of the Residential Care Homes Regulations Northern Ireland ( 2005)
- A Notice of Proposal under Article 15-(1) of the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003 was issued to cancel the registration of Mrs Joyce McKinney as Registered Manager.

### 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            | 1               |

The details of the QIP within this report were discussed with Mrs McKinney, Registered 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><br>Mr Alex McKinney and Mrs Joyce McKinney   | <b>Registered Manager:</b><br>Mrs Joyce McKinney   |
| <b>Person in Charge of the Home at the Time of Inspection:</b><br>Mrs D Mc Clements was in charge of the home. Mrs Mc Kinney was on sick leave but was available during the inspection | <b>Date Manager Registered:</b><br>24 June 2013  |
| <b>Categories of Care:</b><br>RC-LD, RC-LD(E), RC-PH, RC-PH(E)   | <b>Number of Registered Places:</b><br>13  |
| <b>Number of Residents Accommodated on Day of Inspection:</b><br>10  | <b>Weekly Tariff at Time of Inspection:</b><br>£91.07 – Respite Tariff<br>£407.59 - £624.06 Permanent Tariff |

## 3. Inspection Focus

The inspection sought to assess compliance following the issue of two Failure to Comply Notices, a Notice of Proposal and the quality improvement plans from the inspections on 11 March 2015 and 11 November 2014. The notices were issued in respect of Regulation 30 (1) (d) (g) and Regulation 14 (4). The date for compliance on the notices was 30 April 2015.

## 4. Methods/Process

Specific processes used in this inspection included the following:

During the inspection we met with seven residents and three care staff, the deputy manager and the registered manager. We inspected the internal environment including all communal areas and a selection of residents' bedrooms.

We inspected the following records:

- Staff duty roster
- Staff training, policies relating to restraint and the provision of activities
- Care records of one resident
- The record of activities provided.

## 5. The Inspection

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

The previous inspection of the home was an unannounced care inspection dated 11 March 2015. The inspection was undertaken as a result of whistle blowing information received at RQIA and the quality improvement plan of the announced inspection on 11 November 2014

was not reviewed on that occasion. Therefore, the matters outstanding from both previous inspections on 11 March 2015 and 11 November 2014 were inspected at this inspection.

## 5.1.1 Previous Recommendations from the Inspection on 11 November 2014

| Previous Inspection Recommendations                                  |   | Validation of Compliance |
|--|---|--------------------------|
| <b>Recommendation 1</b><br><br><b>Ref:</b><br>Standard 26.5          | The manager's hours worked must be included on the duty rota.   | Partially Met            |
|  | <b>Action taken as confirmed during the inspection:</b> The manager's hours of duty were not recorded on the duty rota. We were informed that the registered manager has been on sick leave for several months and was not undertaking duty shifts.                         |                          |
| <b>Recommendation 2</b><br><br><b>Ref:</b><br>Standard 10.1 and 21.4 | The home should devise a policy on the use of restraint.  | Partially Met            |
|  | <b>Action taken as confirmed during the inspection:</b> The home have devised a policy on the use of restraint. However this requires to be revised in line with relevant human rights legislation and include details of any area of restrictive practice within the home. |                          |
| <b>Recommendation 3</b><br><br><b>Ref:</b><br>Standard 13.1          | The home should devise a policy on activities.  | Met                      |
|  | <b>Action taken as confirmed during the inspection:</b> The home have devised a policy on the provision of activities.  |                          |
| <b>Recommendation 4</b><br><br><b>Ref:</b><br>Standard 13.9          | Records of activities should comply with the details in this criterion.   | Met                      |
|  | <b>Action taken as confirmed during the inspection:</b> Inspection of the activities record showed that the details of standard 13.9 were included.   |                          |
| <b>Recommendation 5</b><br><br><b>Ref:</b><br>Standard 21.4          | The policy on Challenging Behaviour (and all policies) should be dated when issued and subject to a systematic review every 3 years.  | Met                      |
|  | <b>Action taken as confirmed during the inspection:</b> Policies and procedures had been reviewed and were dated on issue.  |                          |

## 5.1.2 Previous Requirements from the Inspection on 11 March 2015

| Previous Inspection Statutory Requirements                             |  | Validation of Compliance |
|--|--|--------------------------|
| <b>Requirement 1</b><br><br><b>Ref:</b><br>Regulation 14(4)            | The registered person must make arrangements, by training of persons employed or other measures, to prevent residents being harmed or suffering abuse or being placed at risk of abuse.<br><br>The home must notify immediately the Safeguarding Team of the NHSCT about the events in January and March 2015 and how these occurred.  | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>The trust had been informed of the safeguarding issues referred to above.   |                          |
| <b>Requirement 2</b><br><br><b>Ref:</b><br>Regulation 30(1)(c) and (g) | The registered person must give notice to the RQIA without delay of the occurrence of –<br>(c) any serious injury to a resident in the home<br>(g) any allegation of misconduct by the registered person or any person who works at the home.<br><br>Notifications must be submitted to RQIA detailing accurately and precisely what occurred in the two events in January and March 2015. | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b> The home has submitted the information required.   |                          |

|  |   |                             |
|--|---|-----------------------------|
| <p><b>Requirement 3</b></p> <p><b>Ref:</b><br/>Regulation 9(2)(c)<br/>Schedule 2 (5)</p> | <p>A person is not fit to manage a home unless-<br/>(c) full and satisfactory information is available in relation to him in respect of matters specified in paragraphs 1 – 7 of Schedule 2.</p> <p>Schedule 2 (5) details and documentary evidence of any relevant qualifications or accredited training of the person and if applicable, registration with the appropriate professional body.</p> <p>The registered manager is not registered with the Northern Ireland Social Care Council (NISCC).</p> <p>The registered manager must make contact without delay with NISCC and act accordingly to become “live” on the register.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>Documentary evidence was provided to confirm the manager’s registration with the NISCC</p> | <p><b>Met</b></p>           |
| <p><b>Requirement 4</b></p> <p><b>Ref:</b><br/>Regulation 19(2)<br/>Schedule 4(7)</p>    | <p>The registered person must maintain in the home the records specified in Schedule 4.<br/>Schedule 4(7) a copy of the duty roster of persons working at the home, and a record of whether the roster was actually worked. Hours worked in the home by the registered manager must be recorded in detail in the duty rota.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>A current duty roster was examined which contained the hours of persons working in the home. The hours of the manager were not recorded. We were informed that the manager is currently on sick leave and although present in the home at times she is not rostered to work any shifts. These details must be recorded on the duty rota. The requirement will be re stated.</p>                      | <p><b>Partially Met</b></p> |

## 5.2 Inspection Findings

This unannounced care inspection of Ross Lodge/Ross House Residential Home was undertaken by Ruth Greer and John McAuley on 28 April 2015 between the hours of 10:10 and 13:40. Mrs Joyce McKinney, Registered Manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

There were five recommendations made as a result of an inspection on 11 November 2014. Three of the recommendations had been met. Two were found to be partially met and have been re stated in this report.

At an unannounced inspection on 11 March 2015 was undertaken in response to whistle blowing information. Four requirements were made and resulted in RQIA serving the home with two notices of Failure to Comply with regulations and one Notice of Proposal to cancel the registration of Mrs Joyce McKinney as Registered Manager.

### 5.2.1 Notice of Failure to Comply with Regulation 30(1)(d)(g) and Regulation 14(4)

The action required to ensure compliance with the above regulations had been taken. Training for staff in the areas of safeguarding vulnerable adults and challenging behaviours had been provided to staff on 28 April 2015. A record of the content and a list of the attendees were made available. Additional training on challenging behaviour had been organised for 2 June 2015. We were advised that these sessions will be undertaken by a consultant psychologist.

### 5.2.2 Notice of Proposal to cancel the registration of Mrs Joyce McKinney as Registered Manager of Ross Lodge/Ross House

We were informed by Mrs McKinney that the process was underway to recruit a new registered manager for Ross Lodge/Ross House. She advised that interviews had taken place on 22 April 2015 and that two further candidates were being interviewed on 29 April 2015. The interview panel had been drawn from professionals outside of the home. We reminded Mrs McKinney of her own legislative responsibility as registered provider in the appointment of any registered manager.

We made one recommendation as a result of the inspection on 11 November 2014 in relation to a policy on restraint, which was partially met. The policy should refer to Human Rights legislation and there should be reference to any restrictive practice within the home. This recommendation has been stated for a second time.

|                               |          |                                |          |
|-------------------------------|----------|--------------------------------|----------|
| <b>Number of Requirements</b> | <b>0</b> | <b>Number Recommendations:</b> | <b>1</b> |
|-------------------------------|----------|--------------------------------|----------|

## 5.3 Additional Areas Examined

### 5.3.1 Residents

We spoke with seven residents, two of whom were in the home for a period of respite care. Residents advised us that they were happy in the home and one resident stated that he enjoys coming for a holiday. One resident in Ross Lodge was helping with the lunch time dishes. This was not the case in Ross House where we found that residents were not allowed independent access to the kitchen. Two residents told us that they would like to access the kitchen and don't like having to ask staff for a drink when they "could get it myself".

We discussed this issue with Mrs McKinney who told us that the residents in Ross House would be at risk if they had independent access to the kitchen. The kitchen was kept locked unless a member of staff was available to monitor the residents' access. There were no multi-disciplinary risk assessments in place to underpin this restriction. A requirement has been made in this regard.

### 5.3.2 Environment

We inspected the internal environment which was found to be clean, well decorated and well maintained. We found that residents' bedrooms were personalised and well furnished.

### 5.3.3 Staff

We spoke to two staff on duty in addition to the deputy manager and the registered manager. Staff reported to us that residents were well cared for in the home. One staff member stated that she felt that residents could be allowed more independence. This concern enforces the comments made by two residents (see comments at 5.2.1). A requirement has been made in this regard.

|                               |          |                                |          |
|-------------------------------|----------|--------------------------------|----------|
| <b>Number of Requirements</b> | <b>2</b> | <b>Number Recommendations:</b> | <b>0</b> |
|-------------------------------|----------|--------------------------------|----------|

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Joyce McKinney 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 DHSPSS 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 will be completed by the registered manager to 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 by the registered manager. 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.

## Quality Improvement Plan

### Statutory Requirements

|  |   |
|--|---|
| <p><b>Requirement 1</b></p> <p><b>Ref:</b><br/>Regulation 19(2)<br/>Schedule 4 (7)</p> <p><b>Stated:</b><br/>Second time</p> <p><b>To be Completed by:</b><br/>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>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>The Registered Manager's hours are 8am-4pm, Monday-Friday. The hours are included/recorded on all duty rota's from 22 June 2015.</p>   |
| <p><b>Requirement 2</b></p> <p><b>Ref:</b><br/>Regulation 16<br/>Standard 6.7</p> <p><b>Stated:</b><br/>First time</p> <p><b>To be Completed by:</b><br/>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>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>Care plans have all been assessed by the Trust, updated and any identified risks have been devised in conjunction with the client and their representative. All carers are aware of updates and have been allocated one clients care plan to update as and when.</p>             |
| <b>Recommendations</b>   |   |
| <p><b>Recommendation 1</b></p> <p><b>Ref:</b><br/>Standard 21</p> <p><b>Stated:</b><br/>Second time</p> <p><b>To be Completed by:</b><br/>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>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>The use of restraint policy has been amended in accordance of all practices within the home. The policy includes reference to Human Rights legislation and good practice guidelines.</p>   |

|  |                  |                       |         |
|--|------------------|-----------------------|---------|
| <b>Registered Manager Completing QIP</b> | Barbara Creelman | <b>Date Completed</b> | 25/9/15 |
| <b>Registered Person Approving QIP</b>   |                  | <b>Date Approved</b>  |         |
| <b>RQIA Inspector Assessing Response</b> | Ruth Greer       | <b>Date Approved</b>  | 28/9/15 |

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to RQIA at [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**