

Inspection Report

7 November 2021



Ross Lodge/Ross House

Type of service: Residential

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Ross Lodge Responsible Individuals: Mr Alex McKinney Ms Joyce McKinney	Registered Manager: Ms Karen Nelson – registration pending
Person in charge at the time of inspection: Mrs Teresa Scullion, care assistant in Ross Lodge and Ms Stephanie Carmichael, care assistant in Ross House, then joined by Ms Karen Nelson at 12 midday.	Number of registered places: 13 Only residents with sufficient mobility can be accommodated on the 1st floor. Ground floor room at the front of the home cannot be used as a double. A maximum of six persons to be accommodated in Ross Lodge and a maximum of seven persons to be accommodated
Categories of care: Residential Care (RC) 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.	Number of residents accommodated in the residential care home on the day of this inspection: 12
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 13 residents. The home is divided into two houses (Ross Lodge and Ross House) which are in very close proximity to one another. Each house has accommodation for residents over two floors.	

2.0 Inspection summary

This unannounced inspection took place on 7 November 2021, from 10am to 2.20pm by a care I inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

It was evident that staff promoted the dignity and well-being of residents.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Ross Lodge / Ross House was safe, effective, compassionate and that the home was well led. However an area of improvement was identified during this inspection in relation to review the staffing levels as the current levels could have an impact in the provision of safe and effective care.

The findings of this report will provide the manager/management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents stated that they were happy and content with their life in the home and that staff were supportive and caring. Those residents who were unable to articulate their needs were observed to be well presented and comfortable in their environment.

Staff spoke positively about the care provided in Ross Lodge / Ross House describing the care as good and good team working.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 30 September 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 8.2 Stated: First time	The registered person shall ensure care records fully record any contact between staff and primary health services regarding the resident.	Met
	Action taken as confirmed during the inspection: A review of care records confirmed these details were duly recorded.	
Area for improvement 2 Ref: Standard 20.11 Stated: First time	The monthly monitoring report shall include a summary of any views of residents ascertained about the quality of the service provided.	Met
	If any issues are identified, the report will also include a clear and time limited plan outlining any actions to be taken by the registered person or the registered manager, to ensure that the home is being managed in accordance with regulations and minimum standards. Action taken as confirmed during the inspection: A review of monthly monitoring reports confirmed these areas were detailed.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of a staff member's recruitment records confirmed that these procedures were in accordance with legislation and standards.

All staff working in the home were provided an induction appropriate to their roles and duties. There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics, with the majority of courses provided for on an eLearning platform and courses with practical elements delivered face to face.

Staff said that they felt they were adequately trained to perform their roles and duties.

Review of records provided assurances that all were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

Any member of staff who have responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place to account for this responsibility.

At the time of this inspection there was only one staff member on duty in each of the two houses. The staff member in each house was responsible for a variety of tasks, which included personal care, social care, medications, catering, house-keeping and laundry and documentation. During the inspection, there were tasks that needed the staff member to go from one house to another such as helping with increased needs of another resident. An area of improvement was made for the staffing levels to be reviewed to take account of the size and layout of the home that is the two houses, residents' dependencies and the issue of mixed duties. Also during this inspection it was observed that there was no effective way from one member of staff to contact another member of staff in either house, other than physically going from one house to another. An area of improvement was made for this issue to be reviewed.

Residents told us that they were satisfied with the delivery of care and the kindness and support received from staff. Some comments made, included the following statements; "They (the staff) are all very good to me here and the food is very good too. I like it here very much." and "They (the staff) are super here."

Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, from where and how they wished to spend their time and what activity they wished to engage in.

5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care with statements such as: "Would you like to..." or "Can I help you with..." and to knock resident's bedroom doors to seek permission on entry.

Residents' needs were assessed at the time of their pre admission to the home. During this stage care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. Added to this any advice or directions by other healthcare professionals is included in the assessment and care plans. Residents' care records were held safely and confidentially.

Resident areas were free from clutter and trip hazards. Those residents who were at risk from falls had care plans in place.

Records confirmed that in the event of a resident falling, post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate on-ward referral, where required, such as Occupational Therapy or the HSC Trust's falls prevention team. Following a fall, relevant persons such as the resident's next of kin, their aligned named worker and where appropriate RQIA, were informed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

There was a choice of meals offered and a variety of drinks available. The dinner time meal was appetising and nicely presented. There was a nice ambience in place for residents to enjoy their meal and residents gave positive feedback on such provision.

Records were also kept of what residents had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that it was well maintained. Residents' bedrooms were comfortable, suitably furnished and nicely personalised. Communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Bathrooms and toilets were clean and hygienic.

The home's most recent fire safety risk assessment was dated 24 May 2021. No recommendations were made from this assessment. Fire safety training and fire safety drills were maintained on an up-to-date basis as were fire safety checks in the environment.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

Staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Residents were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home. Two residents made the following comments; "All is very good." and "I like it here."

5.2.5 Management and Governance Arrangements

Ms Karen Nelson has applied to be registered manager of the home and this application is being processed by RQIA. She was on a day off during this inspection but choose to come into the home to assist with the inspection process.

The home was visited each month by a representative of the responsible individuals to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern to the manager.

A system of quality assurance audits was in place in the home to help the manger monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, action plans were in place with associated timeframes for completion and recorded as when completed.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

6.0 Conclusion

Residents were seen to be well cared for and some were able to give positive feedback on all aspects of their life in the home. There was a nice rapport between staff and residents and interactions were kind and supportive.

The environment was comfortable and well maintained.

Two new areas of improvement were identified and are outlined within the Quality Improvement Plan in Section 7.0.

7.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Karen Nelson, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20(1)(a) Stated: First time To be completed by: 14 November 2021	The registered person must review the staffing levels to take account of the size and layout of the home (the two houses), residents' dependencies and the issue of mixed duties. Ref: 5.2.1 Response by registered person detailing the actions taken: Ross House and Ross Lodge are two separate houses / units with 7 and 6 residents respectively. A review of the staffing levels and a review of the dependency levels have been completed.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 28.5 Stated: First time To be completed by: 7 December 2021	The registered person shall put in place a review of how staff can effectively communicate with one another between both houses, (Ross Lodge and Ross House). Ref: 5.2.1 Response by registered person detailing the actions taken: A two way communication system has been installed.

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



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