



Unannounced Care Inspection Report 2 September 2020



Ross Lodge/Ross House

Type of Service: Residential Care Home (RCH)

Address: 288 Moyarget Road, Dervock, Ballymoney BT53 8EG

Tel No: 028 2074 1490

Inspector: Marie-Claire Quinn

www.rqia.org.uk

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 13 residents.

3.0 Service details

<p>Organisation/Registered Provider: Ross Lodge</p> <p>Responsible Individual(s): Alex McKinney Joyce McKinney</p>	<p>Registered Manager and date registered: Karen Nelson, acting manager</p>
<p>Person in charge at the time of inspection: Karen Nelson</p>	<p>Number of registered places: 13</p> <p>Only residents with sufficient mobility can be accommodated on the first 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 in Ross House.</p>
<p>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</p>	<p>Number of residents accommodated in the residential home on the day of this inspection: 7</p>

4.0 Inspection summary

This unannounced inspection took place on 2 September 2020 from 10.55 to 16.50 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised during the previous care and medicines management inspection, detailed in the Quality Improvement Plan (QIP) below.

The following additional areas were also examined during the inspection:

- Infection Prevention and Control (IPC) measures
- care delivery
- management and governance arrangements.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed, including:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

'Tell Us' contact cards and easy read questionnaires were supplied to the home for distribution to residents and relatives. A poster was provided for staff inviting them to provide feedback to RQIA on-line.

The following records were examined during the inspection:

- care records for three residents
- the home's Statement of Purpose
- accidents and incidents records
- complaints records
- Annual Quality Review report for 1 April 2018 to 31 March 2019
- a sample of governance records
- monthly monitoring reports dated 30 March, 30 April, 26 June and 27 July 2020.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance recorded as met.

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 previous care and medicines management inspection on 17 June 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19(5) Stated: First time To be completed by: with immediate affect	The registered person shall ensure that any information about a resident's health and treatment is handled confidentially at all times.	Met
	Action taken as confirmed during the inspection: The home confirmed that staff were provided with a copy of the home's confidentiality policy. Observation of practice and discussion with staff confirmed that this area of improvement had been met.	
Area for improvement 2 Ref: Regulation 6(a) Stated: First time To be completed by: 18 August 2019	The registered person shall keep under review and, where appropriate, revise the home's statement of purpose.	Met
	Review of the home's statement of purpose confirmed it reflected the home's current registration and categories of care. This area of improvement has been met.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.15 Stated: Second time To be completed by: with immediate affect	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 and other relevant organisations in accordance with legislation and procedures. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Review of care and governance records identified overall improvements and compliance in this area. We did identify one accident which had not been fully or adequately reported; this was discussed with management who acknowledged the oversight. The home provided written assurances following the inspection of how this had been addressed with staff, including the implementation of a new checklist to guide and support staff. There has therefore been sufficient progress to meet this area of improvement as written. A new area of improvement was identified however, regarding the recording of staff's contact with primary health services.	
Area for improvement 2 Ref: Standard 13.4 Stated: Second time To be completed by: 18 August 2019	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. This is specifically in relation to Ross Lodge.	Met
	Action taken as confirmed during the inspection: Discussion with residents, inspection of the environment and review of care records confirmed this area of improvement had been met.	
Area for improvement 3 Ref: Standard 6.2 Stated: First time To be completed by:	The registered person shall ensure that an individual comprehensive care plan includes details of the management of any identified risks. This is in relation to a medical condition of one resident and must include the use of pain medication used on an "as needed" basis.	Met

with immediate affect	<p>Action taken as confirmed during the inspection: Review of care records confirmed this area of improvement had been met.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 10</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2019</p>	<p>The registered person shall ensure that:</p> <p>10.2 when a resident's behaviour causes concern, staff make contact with any relevant professional or service</p> <p>and</p> <p>10.3 when a resident needs a consistent approach or response from staff this is detailed in the resident's care plan. This must include the use of medication prescribed on an "as needed" basis.</p> <p>Action taken as confirmed during the inspection: Review of care and governance records confirmed that this area of improvement had been met.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2019</p>	<p>The registered person shall ensure that the home contributes to or organises reviews of residents' placement in the home. This is on a minimal annual basis.</p> <p>Action taken as confirmed during the inspection: Review of care records confirmed this area of improvement had been met.</p>	Met
<p>Area for improvement 6</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2019</p>	<p>The responsible person shall ensure that records are kept of all complaints and these include details of all communication with complainants and the action taken.</p> <p>Action taken as confirmed during the inspection: Review of complaints records confirmed that this area of improvement had been met.</p>	Met

Area for improvement 7 Ref: Standard 20.10 Stated: First time To be completed by: 18 August 2019	The responsible person shall ensure that working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken where necessary. Reference to this was also made in respect of confidentiality and use of staff mobile phones.	Met
	Action taken as confirmed during the inspection: A planned audit and governance system was now in place. A sample of completed audits evidenced timely review and action by the manager. We did identify a discrepancy between complaints records and audits of complaints; discussion with the manager provided sufficient assurances regarding this. This area of improvement has therefore been met.	

6.2 Inspection findings

6.2.1 Infection Prevention and Control (IPC) measures

The home was clean, tidy and warm.

Information and advice regarding covid-19, IPC and hand hygiene had been laminated and was on display in both homes. Staff and residents temperatures were checked and recorded, in line with current covid-19 guidance.

Staff were observed to practice good hand hygiene and encourage and support residents to maintain this as well.

Staff used Personal Protective Equipment (PPE) as required, and no issues or concerns were raised regarding the availability or supply of this.

6.2.2 Care delivery

Residents had been supported to attend to and maintain their personal care.

Residents looked comfortable and were relaxed and content when engaging with staff. Interactions between residents and staff were very friendly. Discussion with staff and observation of practice confirmed that staff knew their resident's needs, interests and likes and dislikes.

We saw that residents were offered choice regarding their meals and how they spent their time.

A range of therapeutic activities was offered to residents throughout the day including watching television, writing, using Lego and listening to music. Photographs were on display throughout the home of residents enjoying activities such as an Easter Egg hunt. One resident enjoyed playing a board game with staff while other residents were keen to have an afternoon nap after their lunch time meal.

6.2.3 Management and governance arrangements

We discussed the home's current registration status with RQIA. The responsible person agreed to submit written confirmation to RQIA of their wish to withdraw a variation application which is no longer required. The manager agreed to progress their registered manager application as soon as possible. This remains under review.

We reviewed a sample of monthly monitoring reports. Due to visiting restrictions due to covid-19, some of these visits were conducted remotely. There was no recorded evidence of how residents had been provided with opportunities to give their views and feedback during these visits. It was also difficult to clearly identify what actions were required by the home following these visits, or trace management's review and response. An area for improvement was made.

Areas of good practice

An area of good practice was identified in relation to the interactions between residents and staff and the choices offered to residents.

Areas for improvement

Two new areas for improvement were identified in relation the recording of staff's contact with primary health services and monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

The home was clean and tidy.

Residents looked content and cared for.

All areas for improvement identified at the last care inspection were reviewed had been met and we emphasised the need for improvements to be sustained.

New areas for improvement were identified in relation to the recording of staff's contact with primary health services and monthly monitoring reports.

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 and Joyce McKinney, responsible person, 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 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>Area for improvement 1</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>The registered person shall ensure care records fully record any contact between staff and primary health services regarding the resident.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Memo to staff highlighting the importance of ensuring records are completed promptly and accurately. Staff training also completed in relation to completing records and guidance given to each member of staff to keep as a reference.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>The monthly monitoring report shall include a summary of any views of residents ascertained about the quality of the service provided.</p> <p>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.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Monthly monitoring has returned to normal practice which includes visiting each home and chatting with residents and ascertaining their views about the quality of service provided. This is included in the written report.</p> <p>The written report has also been amended to include a clear plan of action and time frame, which is then completed and signed of by person in charge.</p>

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



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