



The Regulation and  
Quality Improvement  
Authority

## Secondary Unannounced Care Inspection

<b>Name of Establishment:</b>	<b>Ross Lodge / Ross House</b>
<b>Establishment ID No:</b>	<b>1710</b>
<b>Date of Inspection</b>	<b>10 April 2014</b>
<b>Inspector's Name:</b>	<b>Ruth Greer</b>
<b>Inspection No:</b>	<b>17727</b>

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**GENERAL INFORMATION**

<b>Name of Home:</b>	Ross Lodge / Ross House
<b>Address:</b>	288 Moyarget Road Dervock Ballymoney BT53 8EG
<b>Telephone Number:</b>	028 2074 1490
<b>E mail Address:</b>	tgage@tiscali.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Mr Alex McKinney Mrs Joyce McKinney
<b>Registered Manager:</b>	Mrs Joyce McKinney
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Joyce McKinney
<b>Categories of Care:</b>	RC-LD ,RC-LD(E) ,RC-PH ,RC-PH(E)
<b>Number of Registered Places:</b>	13
<b>Number of Residents Accommodated on Day of Inspection:</b>	Ross House - 7 Ross Lodge - 4
<b>Date and type of previous inspection:</b>	18 June 2013 Primary announced inspection
<b>Date and time of inspection:</b>	10 April 2014 10.00 to 13.30
<b>Name of Inspector:</b>	Ruth Greer

## **INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## **METHODS/PROCESS**

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Examination of the premises
- Evaluation and feedback

## **INSPECTION FOCUS**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

Standard 25 - Staffing

The inspector has rated the home's Compliance Level against each criterion of the chosen standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## PROFILE OF SERVICE

Ross Lodge Private Residential Home is a purpose-built, two storey facility, situated adjacent to the registered person's own dwelling. The two houses share a private driveway with electrically operated gates at the entrance, from the public road. The home is located in a rural area, about one mile from Dervock.

Ross Lodge is registered to accommodate six adults at any time and was originally intended to provide places on a respite care basis. While respite provision continues to be the main focus, Mrs McKinney spoke of her plans to allocate places to permanent residents should there be a need.

Accommodation in Ross Lodge includes a living room, kitchen / dining room, six single bedrooms all with en-suite facilities. There is adequate laundry, toilet and storage provision.

The proprietors have constructed a similar sized building adjacent to, but apart from Ross Lodge and this is now registered for seven beds, under the name of Ross House. One registration certificate has been issued to cover both buildings.

The home does not provide day care.

## SUMMARY

An inspection was undertaken of Ross Lodge / Ross House on 10 April 2014 by an officer of the Regulation and Quality Improvement Authority. The inspection was unannounced.

These registered premises consist of two separate buildings designed to capture the ethos of domestic family homes. Ross House provides permanent accommodation for 7 persons and Ross Lodge provides accommodation for up to 6 persons for temporary respite care. The decor, furniture and fittings in both houses are in keeping with this ethos. An inspection of both houses found them clean, warm and bright.

Several residents were at day care placements during the inspection. However the inspector spent time speaking with those who remained. All spoke highly of life in the home and told the inspector that it is a good place to live (and come for a 'holiday').

Staff presented as knowledgeable of the needs of the residents accommodated. Observation of interventions between staff and residents found these to be caring and respectful.

Matters highlighted as a result of the previous care inspection were revisited and found to have been satisfactorily addressed.

This inspection focussed on Standard 25 – Staffing, of the Residential Care Homes Standards (2011 edition). To assess the level of the home's compliance the inspector sought evidence from a variety of sources these included:

- Consultation with residents
- Discussion with staff
- Examination of records required by legislation and pertinent to the chosen standard. These included staff rotas, 3 individual staff personnel files, minutes of staff meetings and staff training records.

- Discussion with staff and management
- Examination of the premises
- Observation of staff interventions with residents
- Feedback to the registered manager during and at the conclusion of this inspection

There was sufficient evidence available to assess the home as compliant with the requirements of this standard.

One recommendation has been made as a result of this inspection.

The inspector acknowledges the co-operation of management and staff in this unannounced inspection and extends her gratitude to the residents who participated so enthusiastically.

**FOLLOW-UP ON PREVIOUS ISSUES**

<b>NO.</b>	<b>MINIMUM STANDARD REF.</b>	<b>RECOMMENDATIONS</b>	<b>ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION</b>	<b>INSPECTOR'S VALIDATION OF COMPLIANCE</b>
1	Standard11.1	The manager should contact the relevant trusts in relation to the two residents identified at this inspection who have been in the home for approximately eighteen months and have not yet had a care review.	There was evidence that the manager has contacted the community social work team and all permanent residents now have been designated the same named community social worker who undertakes annual reviews as required.	Compliant
2	Standard 19 6	Management should consider ways in which residents / relatives' views are captured and used when new staff are being recruited.	New staff have been recruited since the last inspection. Two residents formed part of the interview panel. This is good practice and commended.	Compliant
3	Additional matters	A risk assessment of the resident identified should be undertaken in relation to his / her personal care. It is not acceptable that residents can self injure.	A multi-disciplinary assessment has been undertaken of the identified resident and the plan of care has been amended accordingly.	Compliant

<b>STANDARD 25 - STAFFING</b>	
<b>The number and ratio of staff at all times meet the care needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
25.1 At all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.	
<b>Inspection Findings:</b>	
Ross Lodge and Ross House are staffed separately with designated care staff in both. On the day of this inspection there was one care staff on duty in each building. The registered manager and one senior care assistant were on duty and working between the two houses. Night duty is one wakened staff member in each building. The registered provider and registered manager live on site and provide an on call system during night hours.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
25.2 The number and ratio of staff to residents is calculated using a method that is determined by the Regulation and Quality Improvement Authority. Students and volunteers working in the home are not taken into account in the overall staffing calculation.	
<b>Inspection Findings:</b>	
The home presents to the RQIA annual staffing information in relation to the numbers and needs of residents accommodated in the home. The inspector advised that the home should access a copy of the RQIA guidance on 'staffing levels' from the RQIA website. Reference to this document will ensure that the home can self assess staffing levels in line with RQIA recommendations. Students and volunteers are not used in the home. Examination of the duty rota showed that an additional staff member was on duty from 15.00 hrs to accommodate the residents who return form day care placements.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
25.3 There is a competent and capable person in charge of the home at all times.	
<b>Inspection Findings:</b>	
The registered provider and registered manager live on site and are the persons in charge of the home in the main. In their absence a senior care assistant assumes charge of the home.	Compliant



<b>STANDARD 25 - STAFFING</b>	
<b>The number and ratio of staff at all times meet the care needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
25.4 Administrative and ancillary staff are employed to ensure that minimum standards relating to their respective responsibilities are fully met.	
<b>Inspection Findings:</b>	
Ross Lodge and Ross House are staffed separately and as such, care staff undertake mixed duties in each unit. Designated domestic, catering and administrative staff are not employed.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
25.5 Records are kept of all staff that includes name, date of birth, previous experience, qualifications, starting and leaving dates, posts held and hours of employment.	
<b>Inspection Findings:</b>	
A random selection of staff personnel files (three) examined showed the elements required by this criterion were in place. It was noted that all staff files include their registration details with the NISCC.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
25.6 A record is kept of staff working over a 24-hour period and the capacity in which they worked.	
<b>Inspection Findings:</b>	
The inspector examined staff rotas; these were found to contain the names and hours of each staff member. However, the rotas were not dated. The name of the members of staff actually on duty on a given date is recorded separately in the daily diary. A recommendation is made that rotas are dated and include all management and staff on duty for each shift.	Substantially compliant

<b>STANDARD 25 - STAFFING</b> <b>The number and ratio of staff at all times meet the care needs of residents.</b>	
<b>Criterion Assessed:</b> 25.7 Time is scheduled at staff or shift changes to handover information regarding residents and other areas of accountability.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The inspector was informed that staff are present 15 minutes before each shift commences. This enables time to discuss residents' progress / needs before the shift begins.	Compliant
<b>Criterion Assessed:</b> 25.8 Staff meetings take place on a regular basis and at least quarterly. Records are kept that include: - <ul style="list-style-type: none"> <li><input type="checkbox"/> The date of all meetings</li> <li><input type="checkbox"/> The names of those attending</li> <li><input type="checkbox"/> Minutes of discussions</li> <li><input type="checkbox"/> Any actions agreed.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The inspector examined the minutes of staff meetings held in November 2013, February 2014 and March 2014. There was evidence that staff meetings are held regularly and records verified compliance with the requirements of this criterion.	Compliant

## **ADDITIONAL AREAS EXAMINED**

### **Residents**

On the day of this inspection some of the persons accommodated were at day care placements. The inspector spent time with five residents who were in the home; three as respite admissions and two who live permanently in Ross House. Residents stated that care in the home is good and they are happy to live there. One resident said that he enjoys coming for respite as it "gives me a wee break". Another respite resident stated that she enjoyed her breaks in the home because she meets up with her friends. One resident showed the inspector around Ross House. The resident stated that she and two other residents were going to a formal dinner in a couple of days and shared the excitement of planning for this event. Residents looked well and were at ease in the company of staff and in their surroundings. One resident who at the previous care inspection had expressed her desire to attend day care told the inspector that she has been allocated a one day per week placement. Mrs McKinney stated that she will continue to advocate for additional days attendance if the resident enjoys day care.

### **Staffing**

On the day of this inspection there was one care assistant on duty in each house. A senior care assistant and the registered manager were working between both houses. An additional staff member was due to come on duty at 15.00 hrs to provide extra cover when residents returned from day care. The inspector was informed that night duty is covered by a wakened care assistant in each house. The registered manager is on call during the night if required. The inspector questioned the changing needs of the people who receive respite care and the impact this may have on staffing levels. The senior care assistant stated that the assessed needs of all residents are examined before respite is agreed and if required additional staff are rostered on duty.

Since the previous inspection all staff have received confirmation of their registration with the NISCC and details were seen in the personnel files examined. Staff with whom the inspector spoke stated that the care provided is of a good standard and in their opinion residents enjoy life in the home. Staff confirmed that they receive regular training and attend frequent staff meetings. In regard to mixed duties staff were aware of the importance of providing care to individual residents and informed the inspector that was "always the priority".

### **Environment**

The inspector examined the internal environment of both houses. The home was found to be well maintained and decorated. Furnishings are domestic in style and bedrooms are en suite and individual. There were no health and safety hazards noted in either house and the standard of cleanliness throughout was high.

An environmental inspection of the home was undertaken by an estates inspector from the RQIA on 7 January 2014. Mrs Mc Kinney confirmed that issues raised as a result of that inspection had been addressed as required. The quality improvement plan from the estates inspection had been accepted by the RQIA as satisfactory on 14 March 2014.

## **QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Joyce McKinney, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

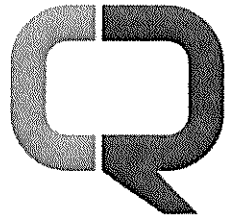
Enquiries relating to this report should be addressed to:

**Ruth Greer**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**

**Ruth Greer**  
Inspector/Quality Reviewer

**Date**

*Residence*



The Regulation and  
Quality Improvement  
Authority

**Quality Improvement Plan**  
**Secondary Unannounced Care Inspection**  
**Ross Lodge / Ross House**  
**10 April 2014**



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Joyce McKinney either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

<b>Recommendations</b>					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 26.5	The staffing rota should contain the date, the staff member's name and designation and the duration of the shift. Rotas should also show the hours worked / on call of the registered manager.	First	Completed.	Immediate and on going

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority  
 9th floor  
 Riverside Tower  
 5 Lanyon Place  
 Belfast  
 BT1 3BT

SIGNED: Alex Mc Kinney  
 NAME: ALEX Mc KINNEY  
 Registered Provider  
 DATE 25/5/14.

SIGNED: Joyce Mc Kinney  
 NAME: JOYCE Mc KINNEY  
 Registered Manager  
 DATE 25/5/14.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓ ✓	<u>Paul Reer</u>	<u>23/6/14</u>
Further information requested from provider			