



The Regulation and  
Quality Improvement  
Authority

## Unannounced Secondary Care Inspection

**Name of Establishment:** Ross Lodge / Ross House  
**RQIA Number:** 1710  
**Date of Inspection:** 11 March 2015  
**Inspector's Name:** Ruth Greer and John McAuley  
**Inspection ID:** IN021332

**The Regulation And Quality Improvement Authority**  
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## 1.0 General information

<b>Name of Service:</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>	<a href="mailto:tgage@tiscali.co.uk">tgage@tiscali.co.uk</a>
<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 Dorothy McClements Deputy Manager
<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 - 3
<b>Date and type of previous inspection:</b>	11 November 2014 Primary announced inspection
<b>Date and time of inspection:</b>	11 March 2015 10:10am – 3:15pm
<b>Name of Inspector:</b>	Ruth Greer and John McAuley

## 2.0 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 is required.

This is a report of an unannounced secondary care inspection undertaken in response to an anonymous complaint received by RQIA on 1 March 2015 to ascertain if there were breaches in legislation and to examine the quality of services being provided. This report details the findings from the inspection.

## 3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that 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.

## 4.0 Methods/Process

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

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff on duty
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Inspection focus

The inspection examined the level compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

### **Standard 19 – Recruitment of Staff**

**Staff are recruited and employed in accordance with relevant statutory employment legislation.**

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home'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.

## 6.0 Profile of service

Ross Lodge / Ross House Residential Care home is situated rurally outside the village of Dervock in Co Antrim. The residential home is owned and operated by Mr and Mrs A. McKinney. The current registered manager is Mrs Joyce McKinney.

The home is designed as two separate adjoining houses sub titled as Ross Lodge/ Ross House and registered with RQIA as one residential care home.

Communal lounge and dining areas are provided in both units.

The home also provides catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 13 persons under the following categories of care:

### Residential care

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

## 7.0 Summary of inspection

This unannounced care inspection of Ross Lodge / Ross House was undertaken by Ruth Greer and John McAuley on 11 March 2015 between the hours of 10:10am and 3:15pm. The Deputy Manager, Mrs Dorothy McClements was in charge of the home and was available throughout the inspection. Inspectors provided verbal feedback of the inspection findings to Mrs McClements. The Registered Manager, Mrs Joyce McKinney was available for the first hour of the inspection.

The inspection was undertaken as a result of an anonymous complaint received by RQIA on 1 March 2015. The complainant made allegations in relation to:

- Recruitment procedures
- The management of safeguarding issues
- The nutritional provision for residents

A number of safeguarding issues were forwarded by the RQIA on the 1 March 2015 to the Northern Health and Social Care Trust, in accordance with the joint safeguarding protocol. These allegations are subsequently under investigation by the Trust.

The previous inspection of the home was an announced inspection on 11 November 2014. Five recommendations were as a result of that inspection. One of the recommendations related to the registered manager's working hours being recorded on the duty rota. The registered manager's hours were not shown on the duty rotas examined by the inspectors. This matter has been now stated as a requirement.

The inspectors examined the home's compliance with standard 19 (Staff Recruitment) of the DHSSPS Residential Care Homes Minimum Standards, met with residents and staff and reviewed accident and incident records.

A review of a sample of recruitment records showed that staff were recruited in accordance with legislation and DHSSPS guidance. The home was found to be in compliance with this standard. The examination of the staff records and discussion with Mrs McKinney identified that she was not registered with the Northern Ireland Social Care Council (NISCC). The findings are discussed in more detail in the body of the report and in section 10.5.

A review of two accidents/incidents in 2015 found that there were serious discrepancies recorded between the notifications sent to RQIA and to the Trust and those details recorded in the home. The nature of these incidents related to safeguarding procedures.

There was strong evidence to reflect that these events were not reported accurately. Subsequent evidence was found that proper safeguarding arrangements had not been put in place for either of these events. As a consequence of these omissions RQIA would contend that the residents in the home have been placed at considerable risk.

Residents were interviewed about the quality of meals. Residents spoke positively about the provision of meals and advised that there was good availability of snacks and drinks. There was also documentary evidence of snacks provided.

Discussions with residents confirmed that they were happy in the home and with their relationship with staff. However, one resident stated to the inspector that he had witnessed an incident in which one resident caused injury to another resident. Due to this experience the resident told the inspector that he was wary and anxious. This information was shared with the deputy manager and with the Trust.

Areas of the home inspected were found to be clean and tidy and a good standard of décor and furnishings was maintained.

The issues relating to the notification of events, not adhering to safeguarding protocols and the registration status of the manager with NISCC was escalated within RQIA. Consequently these issues have become subject to RQIA's enforcement procedures. A meeting is planned to take place at RQIA on Tuesday 24 March 2015 when a decision on enforcement will be taken.

**8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 11 November 2014**

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Standard 26.5 Reference – previous quality improvement plan	The manager's hours worked must be included on the duty rota.	A review of the home's duty rotas found that the registered manager's hours worked were not recorded. This recommendation has now been stated as a requirement.	Not compliant
2	Standard 10.1 and 21.4 Reference 10.1	The home should devise a policy on the use of restraint.	This recommendation was not reviewed on this occasion.	Not reviewed
3	Standard 13.1 Reference 13.1	The home should devise a policy on activities.	This recommendation was not reviewed on this occasion.	Not reviewed
4	Standard 13.9 Reference 13.9	Records of activities should comply with the details in this criterion.	This recommendation was not reviewed on this occasion.	Not reviewed
5	Standard 21.4 Reference 10.1	The policy on Challenging Behaviour (and all policies) should be dated when issued and subject to a systematic review every 3 years.	This recommendation was not reviewed on this occasion.	Not reviewed

**9.0 Inspection Findings**

<b>STANDARD 19 - RECRUITMENT OF STAFF</b> <b>Staff are recruited and employed in accordance with relevant statutory employment legislation.</b>	
<b>Criterion Assessed:</b> 19.1 The policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidance.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The home has a policy and procedure on staff recruitment. This policy and procedure details the recruitment process and is in compliance with legislative requirements and DHSSPS guidance.	Compliant

**STANDARD 19 - RECRUITMENT OF STAFF**

**Staff are recruited and employed in accordance with relevant statutory employment legislation.**

**Criterion Assessed:**

19.2 Before making an offer of employment: -

- The applicant's identity is confirmed
- Two written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer
- Any gaps in an employment record are explored and explanations recorded
- Protection of Children and Vulnerable Adults (POCVA) checks and police checks are carried out (where applicants come from countries outside the United Kingdom, pre-employment checks are carried out with the national agency in the country of origin)
- Professional and vocational qualifications are confirmed
- Registration status with relevant regulatory bodies is confirmed
- A pre-employment health assessment is obtained
- Current status of work permit/employment visa is confirmed.

**COMPLIANCE LEVEL**

<b>Inspection Findings:</b>	
<p>A review of six staff members' recruitment files was undertaken. This review found that;</p> <ul style="list-style-type: none"> <li>• The applicant's identity was confirmed</li> <li>• There were two written references linked to the requirements of the job obtained, one of which was from the applicant's most recent employer</li> <li>• There were no unexplained gaps in employment history</li> <li>• Access NI checks were carried out before employment</li> <li>• Professional and vocational qualifications were confirmed, as appropriate</li> <li>• The registration status with the relevant regulatory body, such as NISCC, was confirmed</li> <li>• A pre- employment health assessment was obtained</li> <li>• As appropriate, the current work permit / employment visa was confirmed.</li> </ul>	Compliant
<p><b>Criterion Assessed:</b> 19.3 Records are kept of all the documentation relating to the recruitment process. Details of information obtained as a result of a POCVA check should be handled as per paragraph 5.9 of DHSSPS guidance "Choosing to Protect".</p>	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>The records obtained as a result of a POCVA check were maintained in accordance with DHSSPS guidance.</p>	Compliant
<p><b>Criterion Assessed:</b> 19.4 Staff are issued with a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment.</p>	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>Recruitment files contained written statements of main terms and conditions of employment, which were signed by staff.</p>	Compliant

<p><b>Criterion Assessed:</b> 19.5 Job descriptions are issued to staff on appointment.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b> There were job descriptions in place for staff on appointment.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 19.6 Residents, or where appropriate their representatives, are involved in the recruitment process where possible.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b> This criterion was not reviewed on this occasion.</p>	<p>Compliant</p>

## **10.0 Additional Areas Examined**

### **10.1 Residents' views**

The inspectors met with five residents who confirmed that they were happy living in the home and with their relationship with staff. Residents also spoke positively about the provision of meals and confirmed that there was good availability of snacks and drinks.

Two residents who were in the home for respite confirmed they enjoyed coming to the home "for a wee break".

One resident expressed that he/she was wary of the behaviour of another resident. The resident stated that he/she had witnessed this resident causing injury to another resident and as a result he/she felt anxious about his/her own safety whenever this resident was around.

### **10.2 Staff views**

The inspectors met with two members of staff on duty. Both spoke on a positive basis about their roles and duties and the provision of care. Staff confirmed that supper is provided by night staff usually around 8:30pm and that additional tea and snacks are available during the evening as requested.

### **10.3 General environment**

The areas inspected in the home by the inspectors were found to be clean and tidy. A good standard of décor and furnishings was maintained.

### **10.4 Accident / incident reports**

A review of the home's accident and incident reports was undertaken.

In Ross Lodge the last recorded accident and incident was in June 2007. The incidents referred to below occurred in Ross House.

At the inspection of 11 March 2015, two incident reports were examined.

The first referred to an event on 4 January 2015 when a resident sustained a significant injury. The inspector raised immediate concerns regarding this event as the details recorded in the home were contradictory with those reported to RQIA. The home's record of the event recorded "January 2015". The date was not recorded in full. Mrs. McKinney and staff confirmed that the home's record referred to the same incident report of 4 January 2015 and submitted to RQIA. The recorded cause of the accident differed significantly in both reports. The actual cause of the accident was confirmed by Mrs McKinney and staff as being linked to some challenging behaviors displayed by another resident.

This event was neither appropriately submitted to RQIA, nor was it referred to the Trust under the Safeguarding Protocols as it should have been.

The second incident report was dated 6 March 2015. The report referred to an incident in which a staff member sustained a head injury. The cause of the head injury was attributed to an unprovoked push by a resident causing the staff member to fall back against a wall. Additional records examined, however, demonstrated that preceding the event the injured party (staff member) was observed by a colleague to have been verbally abusive to the resident.

This event was not appropriately recorded when submitted to RQIA, nor was it referred to the Trust under the Safeguarding Protocols.

Mrs McKinney and her staff team failed to recognize the safeguarding issues in either of the two events detailed above. As a consequence of this omission, the residents and staff in the home have potentially been placed at considerable risk of harm.

Training records for management of behaviors which challenge was recorded as having been delivered on 11 November 2013. This training was delivered to both registered providers and 14 staff members. Training on safeguarding of vulnerable adults was recorded as having been delivered to both registered providers and 14 staff members of 14 October 2013.

Despite this training neither the registered persons nor staff members referred the matter to the Safeguarding Team of the Northern Trust in line with Safeguarding Protocols.

## **10.5 NISCC Registration**

Inspectors sought confirmation that Mrs McKinney was registered with the Northern Ireland Social Care Council (NISCC).

Mrs McKinney stated that she were unsure if she had ever been registered or had been registered and “struck off” for a previous driving offence.

On 12 March 2015 Mrs McKinney contacted RQIA and confirmed that she had allowed her registration to lapse since 2010.

It is of significant concern that Mrs McKinney has also therefore submitted a false declaration to RQIA on 2 October 2014 when she confirmed that all staff in the home were registered with NISCC.

This matter will also form part of the enforcement discussions at the meeting in RQIA on 24 March 2015.

## **11 0 Action**

RQIA is very concerned regarding the issues highlighted within this report. As a result a meeting is arranged at the RQIA office on Tuesday 24 March 2015 in order to discuss the specific failings in the service.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Dorothy McClements, Deputy Manager, 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**



**Quality Improvement Plan**

**Unannounced Secondary Care Inspection**

**Ross Lodge / Ross House**

**11 March 2015**

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 the Deputy Manager Mrs Dorothy McClements 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.

**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 (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	14(4)	<p>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.</p> <p>The home must notify immediately the Safeguarding Team of the NHSCT about the events in January and March 2015 and how these occurred.</p>	One	<p>Safeguarding of Vulnerable Adult training was carried out in the home on the 28<sup>th</sup> of April 2015.</p> <p>The Safeguarding Team of the NHSCT has been notified with respect to the two events which occurred in January and March respectively</p>	20 March 2015
2.	30(1)(c) and (g)	<p>The registered person must give notice to the RQIA without delay of the occurrence of –</p> <p>(c) any serious injury to a resident in the home</p> <p>(g) any allegation of misconduct by the registered person or any person who works at the home.</p> <p>Notifications must be submitted to RQIA detailing accurately and precisely what occurred in the two events in January and March 2015.</p>	One	Notifications including statements have been submitted to the RQIA with respect to the events of January and March 2015 respectively.	20 March 2015

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
3.	9(2)(c) Schedule 2 (5)	<p>A person is not fit to manage a home unless- (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>	One	The Registered Manager has been reinstated without restrictions onto the NISCC register on the 19th of March 2015	20 March 2015
4.	19(2) Schedule 4(7)	<p>The registered person must maintain in the home the records specified in Schedule 4. 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>	Escalated from a recommendation from the previous inspection.	The home's off-duty records in detail the hours rostered and those actually worked of all staff including those of the Registered Manager.	20 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Mrs Joyce McKinney
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Mr Alex McKinney

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	Ruth Greer	6 5 15
Further information requested from provider			