



The Regulation and  
Quality Improvement  
Authority

## **Announced Primary Care Inspection**

**Name of Establishment:** Ross Lodge / Ross House  
**RQIA Number:** 1710  
**Date of Inspection:** 11 November 2014  
**Inspector's Name:** Ruth Greer  
**Inspection ID:** IN017767

**The Regulation And Quality Improvement Authority**  
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## 1.0 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>	<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 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 – 6 Residents were in the home for respite care, 8 were permanent residents.
<b>Date and type of previous inspection:</b>	17 April 2014 – Secondary unannounced inspection 31 July 2014 – Secondary unannounced inspection (Following up on both inspections)
<b>Date and time of inspection:</b>	11 November 2014 10.30am - 4.00pm
<b>Name of Inspector:</b>	Ruth Greer

## **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 are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the Inspection**

The purpose of this inspection was to ensure that the service was 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. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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 (2011)

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

## **4.0 Methods/Process**

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered provider/registered manager
- Discussions with family representatives
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	12
Staff	3
Relatives	3
Visiting Professionals	2

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number Issued	Number Returned
Staff	14	7 in time for inclusion in this report

## 6.0 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 Standards:

- **Standard 10 - Responding to Residents' Behaviour**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **Standard 13 - Programme of Activities and Events**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each 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.

## 7.0 Profile of service

Ross Lodge Residential Care home is situated rurally outside the village of Dervock 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 2 separate adjoining houses sub titled as Ross Lodge/ Ross House and registered as Ross Lodge

Accommodation for residents is provided single en suite bedrooms. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided in both units

The home also provides for 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

## 8.0 Summary of Inspection

This primary announced care inspection of Ross House /Ross Lodge was undertaken by Ruth Greer on 11 November 2014 between the hours of 10.30am and 4.00pm. Mrs McKinney was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspections were also examined. Review of documentation, observations and discussions demonstrated that one recommendation made as a result of the inspection on 10 April 2014 had been partially addressed but will be re stated for completion in this report. Three requirements and two recommendations made as a result of the inspection on 31 July 2014 had all been addressed satisfactorily. The detail of the actions taken by the manager can be viewed in the section following this summary.

Prior to the inspection, Mrs McKinney completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs McKinney in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, relatives, visiting professionals discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, reviewed staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

### **8.1 Standard 10 - Responding to Residents' Behaviour**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used in the home. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Ross House was substantially compliant with this standard.

### **8.2 Standard 13 - Programme of Activities and Events**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. Appropriate records were maintained although these require some amendment. The evidence gathered through the inspection process concluded that Ross Lodge is substantially compliant with this standard.

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### **8.3 Resident, Representatives, Staff and Visiting Professionals Consultation**

During the course of the inspection the inspector met with residents, representatives, staff and visiting professionals. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

#### **8.4 Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

#### **8.5 Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a high standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

Five recommendations (one re stated from the previous inspection) were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, the visiting professionals, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.



## 9.0 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 10 April 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
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.	Examination of the rota showed that the hours worked by the manager were not included. This has been re stated in the quality improvement plan of this report.	Substantially compliant

### Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 31 July 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 15 (2) (a)(b) Standard 5.5 and 6 Section 10 .3 of this report	The home must not admit residents without a copy of a current needs' assessment and care plan.	Six care files were chosen randomly for inspection. All of which contained an up to date needs assessment and care plan.	Compliant
2	Regulation 17 (1)(3) Standard 20 .12	The registered persons must undertake an annual quality review of the services and facilities provided which should include the views and opinions of residents and their representatives.	The annual quality review for 31 July 2013 to July 2014 was available for inspection.	Compliant
3	Regulation 17 (2) Standard 1.2	A copy of the most recent annual quality review report as highlighted above should be forwarded to the RQIA.	This was received at the RQIA on 16 October 2014.	Compliant

### Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 31 July 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 1.2 and 11.1	The home should liaise with the Trust to ensure the feedback from residents' progress during respite in Ross Lodge is included in the Trust review of care. Minutes of the care review meeting should be held in the home and available for inspection.	Minutes of care reviews were available for residents who are permanent in the home. The Trust does not supply minutes of care reviews for residents who use the respite service.	Compliant
2	Standard 8.3 and 11.4	A report of a residents progress during respite should be compiled at the conclusion of each stay .Copies should be shared with the resident's representative, the Trust and held in the home.	Copies of progress reports are compiled by the home at the conclusion of each respite stay and shared with relatives and the Trust.	Compliant

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider's Self-Assessment</b>	
Staff have a knowledge and understanding of each individual resident's needs any interaction between staff and residents promotes individual resident welfare	Substantially compliant
<b>Inspection Findings:</b>	
<p>The home had a Challenging Behaviours in place the policy was not dated. A review of the policy showed that it included the need for Trust involvement in managing behaviours which challenge. There was no policy in place on Restraint.</p> <p>Observation of staff interactions, with residents, identified that informed values and a good knowledge of the residents as individuals ensured that a good standard of care to each one was being provided implemented.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Challenging Behaviours on 11 November 2013 which included a human rights approach.</p> <p>A review of 6 residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that complete.</p>	Substantially compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>

10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.	
<b>Provider’s Self-Assessment</b>	
When resident behaviour is uncharacteristic staff would immediately inform the Registered Manager with the situation being monitored and reviewed and if necessary the appropriate members of the multidisciplinary team involved to seek to understand the reasons for such behaviour. Resident's representatives would be kept informed throughout	Substantially compliant
<b>Inspection Findings:</b>	
<p>The challenging behaviour policy included the following:</p> <ul style="list-style-type: none"> <li>• Identifying uncharacteristic behaviour which causes concern</li> <li>• Recording of this behaviour in residents care records</li> <li>• Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>• Reporting to senior staff, the trust, relatives and RQIA.</li> <li>• Agreed and recorded response(s) to be made by staff</li> </ul> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Six care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussions with visitors and one professional confirmed that they had been informed appropriately.</p>	Compliant

<p><b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Where a consistent approach or response is required from staff this is documented in the care plan with the resident representative being informed with the resident's consent.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of six care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Details of any specific behavioural management programme is approved by the appropriate trained professional and forms part of the resident's care plan.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	
<p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not applicable

<p><b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>If a behaviour management programme is in place for any of the home's residents appropriate training and guidance would be given</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> <li>• Behaviours which challenge on 11 November 2013</li> <li>• Training in regard to the home’s categories of care. – Diabetes on 6 March 2014 Epilepsy on 15 April 2014</li> </ul> <p>Discussions with staff indicated that they were knowledgeable in regard to the specific needs of residents both those in the home permanently and those who are admitted for respite.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>If any incident which occurs outside the scope of the resident's care plan this is dealt with appropriately with the relevant professionals notified including the resident representative. In such cases a review would be review would be carried out.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the accident and incident records from the date of the previous inspection and discussions with staff identified that residents’ representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of six number of care plans identified that they had been updated and reviewed and included</p>	Compliant

<p>involvement of the Trust personnel and relevant others.</p> <p>Three relatives and one visiting professional confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services.</p>	
<p><b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b> Restraint is not used within the home</p>	Not applicable
<p><b>Inspection Findings:</b> A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose.</p>	Not applicable

<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant



<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
A programme of activities is in place which is tailored around resident preferences this provides them with positive stimulation.	Substantially compliant
<b>Inspection Findings:</b>	
The home did not have a policy on the provision of activities. A review of six care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.  Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.	Substantially compliant
<b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
The residents who attend activities find them enjoyable and stimulating, activities such as swimming, bowling cinema nights, shopping excursions, horse riding, craftwork, pampering evening, attending appropriate church functions and parties. This programme of activities is designed to promote healthy living and is based upon resident needs	Substantially compliant

<p><b>Inspection Findings:</b></p> <p>Examination of the programme of activities identified that social activities are organised daily each week. The permanent residents are mainly young, active people and many of the activities take place in the evenings when they attend community groups e.g Gateway, Shine and Green Pastures</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Substantially compliant
<p><b>Criterion Assessed:</b></p> <p>13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Any resident who does not participate in the general activities opinion is sought and individual activities are put in place around them giving them an opportunity to contribute.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p> <p>A review of the record of activities provided and discussions with residents, including two (respite) residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>It should be noted that for respite residents who live in the home for short planned admission that this constitutes an activity in itself .One resident said "---- a wee holiday".</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, one to one discussions with staff and care management review meetings delete/include examples as appropriate.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.4 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.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>The programme of activities is displayed on the notice board at the front entrance where both residents and visitors can read it, it is displayed in a large print format which is easy to read.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	
<p>On the day of the inspection the programme of activities was on display in the hallway. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Any resident who participates in the home's programme of activities is supplied with the appropriate equipment tailored to their individual needs and given support by the home's staff</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	
<p>Activities are provided for short periods each afternoon by care staff. Residents who attend evening groups are transported there by the manager/staff in the home's mini bus.</p> <p>The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included games, jigsaws, crafts, DVD's. There was confirmation from the registered manager that a designated budget for the provision of activities was in place.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Any activity is tailored by its frequency and duration based upon the resident's physical and mental abilities</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The care staff, registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents’ abilities and the possible impact this could have on their participation in activities.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Where any activity is undertaken by a person who is brought into the home this is supervised and monitored by both the Registered Mnager and the home's staff to ensure that it is appropriate and of the correct standard.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Mrs McKinney confirmed that there were no outside agencies contracted to provide activities in the home. However a volunteers from a church visit the home on a regular basis to undertake craft and singing sessions</p> <p>Mrs McKinney confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	<p>compliant</p>

<b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Any person involved in leading activities is advised in advance of the needs and abilities of the residents so that activities can be tailored accordingly, similarly feedback is provided after activities.	Not applicable
<b>Inspection Findings:</b>	
The registered manager confirmed that any groups who provide entertainment in the home are always accompanied by a member of staff. The staff member monitors all residents and can recognise when they have had enough and wish to leave. Residents themselves are able to communicate their needs and preferences.	Compliant
<b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Yes	Substantially compliant
<b>Inspection Findings:</b>	
A review of the record of activities identified that records had been maintained. Review of the record is required so that it includes all details in this criterion of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Substantially compliant
<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The programme is constantly kept under review and modified as necessary	Substantially compliant

Inspection Findings:	
<p>A review of the programme of activities identified that it is reviewed on a regular and seasonal basis.</p> <p>The registered manager confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Substantially compliant</p>

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Substantially compliant</p>

## **11.0 Additional Areas Examined**

### **11.1 Resident's Consultation**

The inspector met with 12 residents individually and with others in groups. Residents were observed relaxing in the communal lounge areas whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"This is my first time here and I really like it" (respite resident)

"I look forward to coming here" (respite resident)

"It's good here"(respite resident)

"I love my room" (permanent resident)

"I'm still happy here" (permanent resident)

### **11.2 Relatives/Representative Consultation**

Three relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complimented staff in this regard. No concerns were expressed or indicated.

Comments received included:

"This (the home) is just like an oasis of calm for our family"

"X had to be admitted as an emergency and from day one he settled and has been really well cared for ever since"

"The staff here look after "Y" (son) just as well and his Mum and I"

### **11.3 Staff Consultation/Questionnaires**

The inspector spoke with 3 staff and 7 staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

"Residents who come here for respite really look forward to it"

"Due to the small size of the home it's more like a family"

### **11.4 Visiting Professionals' Consultation**

A visiting community nurse and a student visited the home and agreed to speak with the inspector. They expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

Comments received included:

“A number of my community clients receive respite here and always speak well of the care given”

### **11.5 Observation of Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

### **11.6 Care Reviews**

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

### **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that there have been no complaints recorded since the last inspection.

### **11.8 Environment**

The inspector viewed the home accompanied by Mrs McKinney, show around some areas by a resident and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a high standard

### **11.9 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.



### **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

A review of the fire safety records evidenced that fire training, had been provided to staff on 17 February 2014 and 3 November 2014. The records also identified that an evacuation had been undertaken on both occasions and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

### **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs McKinney. Mrs McKinney confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs 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**



**Quality Improvement Plan**

**Announced Primary Care Inspection**

**Ross Lodge / Ross House**

**11 November 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 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.

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	Standard 26.5 Reference – previous quality improvement plan	The manager's hours worked must be included on the duty rota.	Two	The Manager's hours have now been identified on the duty rota.	Before 11 December 2014 and on going
2	Standard 10.1 and 21.4 Reference 10.1	The home should devise a policy on the use of restraint.	Once	A policy has been put in place confirming the home's no restraint policy	On or before 21 December 2014
3	Standard 13.1 Reference 13.1	The home should devise a policy on activities.	Once	A new policy in relation to the homes activities has been developed and is in place	On or before 21 December 2014
4	Standard 13.9 Reference 13.9	Records of activities should comply with the details in this criterion.	Once	The current record of activities has been enhanced to reflect the requirements of the standard.	Before 11 December 2014 and on going
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.	Once	The policies in the policy manual including the Policy on Challenging Behaviour have been dated as to when issued and upon their review.	Before 11 December 2014 and on going

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 & Mrs A 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	13 1 15
Further information requested from provider			