



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Ross Lodge / Ross House (1710)

Date of Inspection: 31 July 2014

Inspector's Name: Ruth Greer

Inspection ID: 20260

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT

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1.0 GENERAL INFORMATION

Name of Home:	Ross Lodge / Ross House
Address:	288 Moyarget Road Dervock Ballymoney BT53 8EG
Telephone Number:	028 2074 1490
E mail Address:	tgage@tiscali.co.uk
Registered Organisation/ Registered Provider:	Mr Alex McKinney Mrs Joyce McKinney
Registered Manager:	Mrs Joyce McKinney
Person in Charge of the home at the time of Inspection:	Mrs Dorothy Mc Clements senior care assistant
Categories of Care:	RC-LD ,RC-LD(E) ,RC-PH ,RC-PH(E)
Number of Registered Places:	13 in total Ross Lodge and Ross House
Number of Residents Accommodated on Day of Inspection:	Ross House - 6 Ross Lodge - 2
Date and type of previous inspection:	10 April 2014 Secondary unannounced inspection
Date and time of inspection:	31 July 2014 from 10 30 to 2 15
Name of Inspector:	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 an unannounced secondary 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 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.

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

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

- Discussion with Mrs Mc Clements (in charge of the home at the time)
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Meeting with 2 residents accommodated at the time
- Inspection of the premises
- Evaluation of findings and feedback

Ross Lodge is registered to provide respite care only for up to 5 individuals. Information was received by the RQIA on 17 July 2014 from an advocacy group in relation to concerns raised by 2 of the group members regarding the care they had received during respite periods in Ross Lodge. The concerns related to a lack of independence when the service users stayed in the home. Advice was given to the group members that specific complaints should be dealt with as per the DHSSPS and Northern Trust procedures i.e complaints should be raised with the home in the first instance and if satisfaction is not achieved then with the Trust named worker.

In parallel to this process an inspector from the RQIA undertook an unannounced inspection of the home to assess the conditions and facilities provided for service users who receive respite care in the home.

This inspection was based on the findings from Ross Lodge only. Ross House although jointly registered is a separate facility for permanent residents and was not included in this inspection.

5.0 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 Standard:

Standard 1 Residents' Involvement

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:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	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.
3 - Moving towards compliance	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.
4 - Substantially Compliant	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.
5 - Compliant	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 Residential Care home is situated rurally several miles outside the village of Dervock in Co Antrim. Ross Lodge is one of 3 buildings on site. In addition there is Ross House, a home for permanent residents and the owners own home.

The residential home is owned and operated by Mr Alex and Mrs Joyce Mc Kinney. The current registered manager is Mrs Joyce McKinney.

Accommodation for residents is provided in single rooms on 2 floors with upstairs rooms allocated for those residents assessed as having the required mobility to access the stairs.

There is a communal lounge and dining is provided in the large kitchen/diner.

The home also provides for catering and laundry services and all rooms are en suite. A number of communal sanitary facilities are available throughout the home.

The home provides respite care on a planned basis to persons with learning and/or physical disability and who live permanently in their own family homes.

The home is registered to provide care for a maximum of 5 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

On the day of this inspection 2 residents were being accommodated in Ross Lodge.

7.0 Summary of inspection

This secondary unannounced care inspection of Ross Lodge was undertaken by Ruth Greer on 31 July 2014 between the hours of 1030 and 1415 Mrs D McClements, senior care assistant was in charge of the home and was available during the inspection and for verbal feedback at the conclusion of the inspection.

Requirements and recommendations made as a result of the previous inspection were not examined on this occasion. These will be assessed as part of the next scheduled inspection of the home.

During the inspection the inspector met with the 2 residents accommodated and staff on duty, 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, examined a selection of records and carried out a general inspection of the residential care home environment.

Neither resident had any verbal communication, however their appearance and demeanour indicated that that they were happy and content with their care in the home. Their interactions with staff were relaxed and friendly

Staff on duty indicated that they were supported in their respective roles.

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 good standard.

A number of additional areas were also examined . Further details can be found in section 10.0 of the main body of the report.

Three requirements and two recommendations were made as a result of this secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 10 April 2014. The matters raised at the previous inspection will be followed up at the next inspection of the home.

9.0 Inspection Findings

STANDARD 1 - RESIDENTS' INVOLVEMENT	
Residents' views and comments shape the quality of services and facilities provided by the home.	
Criterion Assessed:	COMPLIANCE LEVEL
1.1 The values underpinning the standards inform the philosophy of care and staff consistently demonstrate the integration of these values within their practice.	
Inspection Findings:	
Staff on duty told the inspector that residents who come to Ross Lodge view this as a “holiday” and that staff strive to ensure they “have an enjoyable time” Staff stated that residents enjoy their period in the home and the care provided is in line with individual assessed needs and as the plan of care indicates Staff who spoke with the inspector were aware of the values of respect, dignity and choice and stated that these underpin the care delivered in the home. Residents on the day were unable to verbalise their views and opinions.	Substantially compliant
Criterion Assessed:	COMPLIANCE LEVEL
1.2 Residents' views are taken into account in all matters affecting them, and the home has forums or systems where residents and their representatives can express their views and be consulted about the running of the home.	
Inspection Findings:	
Service users receive respite in Ross Lodge usually as part of a comprehensive care package provided by the Trust. Reviews of the complete package are undertaken in the day centre attended by the service user. The home is not included to provide feedback in respect of the respite care provided. A recommendation is made that the home liaise with the organising Trust to ensure that the progress of each service user in Ross Lodge is included in the annual review of care. The home has a complaints procedure which sets out how any concerns can be raised and dealt with. A copy is in place in each bedroom and the inspector was informed that parents of each resident has been given an individual copy.	Moving towards compliance

<p>Criterion Assessed: 1.3 Residents are involved in decisions affecting the quality of their life in the home, including the introduction or review of the home's routines, practices and policies and procedures.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: As previously stated residents are in Ross Lodge for a few days at a time only. The two persons accommodated on the day were in the home from Monday to Friday of that week. Most continue to attend their designated day care places and return to the home in the evening. Staff told the inspector that activities are arranged to suit the needs and wishes of the persons accommodated. For example some female residents enjoy "pamper nights" The individual approach to care provision includes the meals provided. For example it was noted that curry and rice was on the menu planner for the evening meal. However this had been changed to fish and potatoes to suit the wishes of the residents. The usual routines enjoyed by the residents at their own homes are continued in Ross Lodge in relation to getting up/going to bed times. In relation to evenings residents are asked how they wish to spend their evening leisure time. Due to the frequent changes in the resident population in the home the procedures and practices change to accommodate the individuals at the time.</p>	compliant
<p>Criterion Assessed: 1.4 Suggestions made regarding improvements, compliments given and issues raised by residents and their representatives regarding the quality of services and facilities provided are listened and responded to.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: There were no complaints recorded since 2007 in the complaints record. The home has no formal communication system in place for receiving feedback from residents or their representatives on the quality of the respite they receive. Mrs McClements told the inspector that "some years ago" there was satisfaction questionnaire forwarded to families but that this had not been done for some time. A requirement is made that the home devise a system whereby the views and opinions of both residents and families can be sought. Information received from this process should then be used to adapt/amend the care delivery in the home. A recommendation has also been made in that each resident (and their representative) is provided with a report at the conclusion of each period of respite in line with Standard 8.3.</p>	Moving towards compliance

Criterion Assessed: 1.5 A record made of the matters raised by the residents and the representatives and the action taken.	COMPLIANCE LEVEL
Inspection Findings: The home has a complaints record as required. Examination showed that it is maintained in a manner to include the nature of the complaint, the home's action and the satisfaction of the complainant.	compliant
Criterion Assessed: 1.6 The views and opinions of residents and their representatives about the running of the home are sought formally at least once a year, preferably by an organisation or person independent of the home.	COMPLIANCE LEVEL
Inspection Findings: Mrs Mc Clements stated that an annual quality review of the home is undertaken but was unable to provide the documents for inspection . A requirement has been made in this regard.	Not compliant
Criterion Assessed: 1.7 A report is prepared that identifies methods used to obtain the views and opinions of residents and their representatives and this incorporates the comments made, issues raised and any actions to be taken for improvement. A copy of this report is provided to residents and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Please refer to inspector's comments at previous point.	Not compliant
Criterion Assessed: 1.8 Residents and their representatives are informed about planned inspections and the arrangements for them to give their views about the home and to the inspectors.	COMPLIANCE LEVEL
Inspection Findings: Mrs McClements confirmed that the date of planned inspections is published in advance to inform relatives who may wish to attend.	compliant

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with 2 residents who were receiving respite on the day of this inspection. In accordance with their capabilities the residents indicated that they were content with their life in the home. They were settled and at ease with staff and in their surroundings.

10.2 Relatives/representative consultation

No relatives were present at this unannounced inspection.

10.3 Staff consultation

The inspector spoke with both staff on duty. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents. Comments included:

"We want them (residents) to have a great time here."

"We try to look after the residents the way their own families do."

Staff told the inspector that due to the changing resident population in the home the delivery of care differs for each person and is dictated by the care plan. However, on examination of the care plans for the residents accommodated on the day, the inspector noted that both were out of date and had not been reviewed for the last several respite periods. Mrs McClements stated she had identified that most of the residents who receive respite did not have up to date and current care plans. Mrs McClements has raised this with the referring Trust. The RQIA is concerned that the home is admitting persons for respite care without a current and up to date needs assessment and care plan. This practice must cease. A requirement has been made that no residents are admitted to the home unless this documentation is received prior to their admission.

10.4 Visiting professionals' consultation

No professionals visited the home during the inspection.

10.5 Environment

The inspector viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised to a degree (residents are in the home for a few days only). Décor and furnishings were found to be of a good standard.

11.0 Quality Improvement Plan

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



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk



Quality Improvement Plan

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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 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	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.	first		With immediate effect and on going
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.	first		With immediate effect and on going
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.	first		On or before 31 August 2014

Recommendations

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 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.	first		With immediate effect and on going
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.	first		With immediate effect 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:

NAME OF REGISTERED MANAGER COMPLETING QIP	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			