The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Ross Lodge / Ross House

Provider: Ross Lodge

Date of Inspection: 24 June 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Ross Lodge
Responsible Persons:	Ms Joyce McKinney Ms Lisa McAuley
Registered Manager:	Ms Lisa McAuley, not registered
Service Profile: Ross Lodge / Ross House is a residential home registered to provide health and social care for up to 13 residents living with learning disabilities and/or physical disabilities. The home is situated across two buildings; Ross House and Ross Lodge, with a maximum of six residents accommodated in Ross Lodge and a maximum of seven residents accommodated in Ross House.	

2.0 Inspection summary

An unannounced inspection took place on 24 June 2025, from 10.50am to 2.35pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The inspection also reviewed the area for improvement identified at the last medicines management inspection. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records and most medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed. However, an area for improvement was identified in relation to care plans and records regarding the management of distressed reactions.

The area for improvement in relation to controlled drug records, identified at the last medicines management inspection, was assessed as met. One new area for improvement was identified. Details of the inspection findings, including areas for improvement carried forward for review at the next inspection and the new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

Residents were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the residents well.

RQIA would like to thank the staff for their assistance throughout the inspection.

3.0 The inspection

3.1 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included areas for improvement identified at previous inspections, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each resident liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

3.3 Inspection findings

3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in residential care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs

may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate.

Copies of residents' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

The management of pain, warfarin and epilepsy were reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines, prescribed on a 'when required' basis for distressed reactions, was reviewed. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain and other factors. Directions for use were recorded on the personal medication record, however resident centred care plans, including parameters for the administration of medicines, were not always in place. Records of administration included the reason for but not always the outcome of each administration. An area for improvement was identified.

3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately.

Medicines which require cold storage must be stored between 2ºC and 8ºC to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. Medicines were held in a locked box in the domestic refrigerator. The current temperature of the refrigerator was monitored each day and was satisfactory. At the time of inspection, no medicines were held in stock that required refrigeration between 2ºC and 8ºC. It was agreed that an appropriate thermometer would be obtained and that maximum and minimum temperatures would also be monitored and recorded each day.

Satisfactory arrangements were in place for the safe disposal of medicines.

3.3.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Occasionally, residents may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the resident's care plan. Written consent and care plans were in place when this practice occurred.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed. The date of opening was recorded on medicines to facilitate audit and disposal at expiry.

3.3.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines at the time of admission or for residents returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. There was evidence that staff had followed up any discrepancies in a timely manner to ensure that the correct medicines were available for administration. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

3.3.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the medicines were being administered as prescribed.

3.3.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that the staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.
There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvement.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	1*	9*

* the total number of areas for improvement includes nine which were carried forward for review at the next inspection.

The new area for improvement and details of the Quality Improvement Plan were discussed with Ms Lisa McAuley, Manager, as part of the inspection process. The timescale for completion commences from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Residential Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 27 (4) (d) (i) **Stated:** First time **To be completed by:** 30 October 2024	The registered person shall ensure the propping of doors ceases with immediate effect.
	No fire doors were observed to be propped open during the inspection, however all areas were not examined. **Action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this is carried forward to the next inspection.** Ref: 2.0
Action required to ensure compliance with the Care Standards for Residential Homes, December 2022	
Area for improvement 1 **Ref:** Standard 10 **Stated:** First time **To be completed by:** 1 July 2025	The registered person shall ensure that robust systems are in place for medicines prescribed for use 'when required', in the management of distressed reactions, to include: • a resident centred care plan, including the parameters for the administration of prescribed medicines • a record of the effect of any medicines administered Ref: 3.3.1
	Response by registered person detailing the actions taken: The management and documentation of medication prescribed on a 'when required' basis has been reviewed, with the recording of the parameters and rationale for administering details of what was administered and the post administration effects outcome.
Area for improvement 2 **Ref:** Standard 6 **Stated:** Second time **To be completed by:** 30 October 2024	The registered person shall ensure that individual care plans are up to date and accurate, reflective of any change in need. This is with specific reference but not limited to; IDDSI levels and falls.
	A new area for improvement was identified in relation to care plans regarding the use of prescribed medicines in the management of distressed reactions. **Action required to ensure compliance with this standard was not fully reviewed as part of this inspection and this is carried forward to the next inspection.** Ref: 2.0

Area for improvement 3 **Ref:** Standard 29.4 **Stated:** First time **To be completed by:** 30 October 2024	The registered person shall ensure that all staff attend fire training at least twice annually. **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.** Ref: 2.0
Area for improvement 4 **Ref:** Standard 25 **Stated:** First time **To be completed by:** 30 October 2024	The registered person shall review the staffing levels in the home to ensure there is appropriate staffing levels on duty at all times to meet the needs of the residents. This should take into account the size and layout of the home. **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.** Ref: 2.0
Area for improvement 5 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 30 October 2024	The registered person shall ensure the system in place to monitor residents' DoLS is up to date and accurate to reflect if the DoLS has been extended or date for review. **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.** Ref: 2.0
Area for improvement 6 **Ref:** Standard 8.5 **Stated:** First time **To be completed by:** 30 October 2024	The registered person shall ensure care plans are written accurately with the most up to date information to ensure they reflect residents current assessed needs. A new area for improvement was identified in relation to care plans regarding the use of prescribed medicines in the management of distressed reactions, other medicines management care plans examined were up to date. **Action required to ensure compliance with this standard was not fully reviewed as part of this inspection and this is carried forward to the next inspection.** Ref: 2.0

Area for improvement 7 **Ref:** Standard E8 **Stated:** First time **To be completed by:** 30 October 2024	The registered person shall ensure that an effective system is implemented to alert staff when assistance is required. Whilst awaiting the installation of an appropriate system a protocol must be implemented to ensure that staff can be alerted when assistance is required.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 8 **Ref:** Standard 20.15 **Stated:** First time **To be completed by:** 30 October 2024	The registered person shall ensure all notifiable events are reported without delay to the trust and next of kin where appropriate.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 9 **Ref:** Standard 8.7 **Stated:** First time **To be completed by:** 30 November 2024	The registered person shall ensure that records of residents' property brought into the home are up to date. A reconciliation of residents' property should be carried out, at least quarterly, recorded and signed by two members of staff.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0

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