



Inspection Report

Name of Service: Ross Lodge / Ross House

Provider: Ross Lodge

Date of Inspection: 30 October 2024

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:	Mrs Joyce McKinney Mrs Lisa McAuley
Registered Manager:	Mrs Karen Nelson
Service Profile –	
<p>This home is a registered residential care home which provides health and social care for up to 13 residents with learning disabilities or physical disabilities over the age of 65 or under the age of 65. The home is situated across two buildings; Ross House and Ross Lodge. A maximum of 6 persons can be accommodated in Ross Lodge and a maximum of 7 persons can be accommodated in Ross House.</p>	

2.0 Inspection summary

An unannounced inspection took place on 30 October 2024, between 9.30 am and 3.45 pm by a care inspector and between 12.15pm and 3.15pm by a finance inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 26 September 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection seven areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, 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.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoken with who were able to make their wishes known told us they enjoyed living in the home and provided positive feedback about the staff. Those who were unable to make their wishes known appeared to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments shared by residents included, "the staff are lovely, all very good" and "I love it in here, I have my own room and a big chair."

Residents said they had a choice about their day, for example; what preferred activity they wanted to engage with, such as knitting or if they wanted to go outside for a walk. Residents have a choice were they wish to be seated during mealtimes and their preferred rising and bedtimes.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents explained that they could have birthday parties with family or friends in their room or one of the lounges, could go out to local shops, clubs, or other activities in the community.

There was evidence of residents participation in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents told us that the staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of systems in place to manage staffing. However, there was evidence that staff had not attended fire training twice annually. The manager provided assurances a date was scheduled for this training to take place following the inspection. An area for improvement was identified.

Examination of the staff duty rota and discussions with staff confirmed that the planned number of care staff on duty was not always sufficient to meet the needs of the residents. A discussion took place with the management team to ensure that staff are not deployed from one Ross House or Ross Lodge without ensuring there is adequate supervision available in both houses at all times. A discussion took place with the management team and an area for improvement was identified.

The staff duty rota did not always clearly identify the person in charge in the absence of the manager. A discussion took place with the management team and assurances were provided this was addressed.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that systems were in place to manage this aspect of care, however further improvements are required regarding Deprivation of Liberty Safeguards (DoLS) as these did not always evidence if the DoLS had been extended or reviewed. An area for improvement was identified.

Residents may require special attention to their skin care. These residents were assisted by staff to change their position regularly and care records accurately reflected the residents' assessed needs.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Residents were observed engaging with their own preferred activities, for example; knitting, playing cards or going outside for a walk. Some residents said there were not enough planned activities in the home. A discussion took place with the management team who agreed to review the current arrangements in place for activities.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

A sample of care plans evidenced that the assessed needs for residents were regularly reviewed, however there was evidence these had been updated a number of times and were not always clear about the residents current needs. A discussion took place with the management team to ensure when a number of new entries are made to care plans, these will be reviewed and rewritten to ensure they are reflective of residents current assessed need. An area for improvement was identified.

Further improvements were also identified as required to ensure care plans are always updated following a fall and regarding International Dysphagia Dietary Standardisation Initiative (IDDSI) terminology to ensure this is consistent throughout the care plans. This area for improvement has been partially met and will be stated for a second time.

There was evidence of a risk assessment in place for a resident who smokes, however; this was not regularly reviewed. A discussion took place with the management team and assurances were provided that the risk assessment was reviewed and would continue to be reviewed regularly.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

There was evidence of 'homely' touches such as flowers, newspapers, magazines, snacks and drinks available across the home.

There was evidence that no residents bedrooms had access to a call bell system in Ross Lodge and a number of residents bedrooms in Ross House. A discussion took place with the management team and assurances were provided that a system of monitoring residents was in place. An area for improvement was identified.

Two doors were observed to be propped open. This was addressed immediately by a staff member. A discussion took place with the management team and assurances were provided a system would be put in place to monitor this. An area for improvement was identified.

Review of records and discussion with the management team confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks.

Staff were observed washing their hands correctly and at appropriate times. However, discussion with the management team confirmed that hand hygiene audits were not carried out routinely. The management team confirmed this is reviewed through the medication audit. The management team agreed to review their current system in place for the monitoring of hand hygiene and Personal Protective Equipment (PPE).

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Karen Nelson has been the Manager in this home since 29 April 2022.

Residents and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home. A discussion took place with the management team to ensure actions are signed off when completed to improve the robustness of the audits.

There was evidence of a system in place to monitor accidents and incidents that occurred in the home. A sample of these evidenced that these were not always notified to the trust or residents next of kin's. An area for improvement was identified.

The home was visited each month by a representative of the responsible persons to consult with residents, their relatives and staff to examine all areas of the running of the home. Staffs views were not always clearly reflected in these reports. A discussion took place with the management team to ensure these are clearly captured. This will be reviewed at a future inspection.

3.3.6 Finance inspection

A safe place was provided within the home for the retention of residents' monies and valuables. There were satisfactory controls around the physical location of the safe place and the members of staff with access to it. A review of a sample of records of residents' monies confirmed that the records were up to date.

Discussion with the manager confirmed that no bank accounts were used to retain residents' monies and no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

A sample of records evidenced that reconciliations (checks) of monies held on behalf of residents were undertaken on a Monthly basis. The records of the reconciliations were up to date and signed by two members of staff.

Two residents' finance files were reviewed; written agreements were retained within both files. The agreements showed the weekly fee paid by, or on behalf of, the residents. A list of services provided to residents as part of their weekly fee was also included in the agreements. One of the agreements was not signed by the resident, or their representative. The manager advised that the agreements were currently being reviewed and updated to show the current weekly fee. The revised agreements will be reviewed at the next RQIA inspection.

A review of a sample of records of fees received on behalf of two residents evidenced that the records were up to date. Discussion with the manager confirmed that no resident was paying an additional amount towards their fee over and above the amount agreed with the Trusts.

A sample of records of monies deposited at the home on behalf of a resident evidenced that the records were signed by two members of staff. It was noticed that receipts were not always provided to the person depositing the monies. The manager provided assurances that receipts would be provided at all times. This procedure will be reviewed at the next RQIA inspection.

A review of a sample of records of purchases undertaken on behalf of residents showed that the records were up to date. Two signatures were recorded against each entry in the residents' records and receipts from the transactions were retained for inspection.

The procedure for undertaking transactions on behalf of one resident was discussed with the manager. Following the discussion, the manager agreed to implement a more robust system which would aid the audit process. Following the inspection, the manager contacted RQIA to advise that a new procedure for the resident had been implemented. This procedure will be reviewed at the next RQIA inspection.

A sample of records of payments to both the hairdresser and podiatrist was reviewed. The records were up to date. It was noticed that the hairdresser had not always signed the records to confirm that the treatments took place. The manager provided assurances that a system would be implemented, following the inspection, to ensure that the hairdresser will sign the records along with a member of staff. This procedure will be reviewed at the next RQIA inspection.

Discussion with the manager confirmed that records of residents' property were not up to date. An area for improvement was identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	8*

* the total number of areas for improvement includes one standard that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Karen Nelson, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (d) (i) Stated: First time To be completed by: 30 October 2024	<p>The Registered Person shall ensure the propping of doors ceases with immediate effect.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have been advised that under no circumstances should doors be propped open at any time.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
Area for improvement 1 Ref: Standard 6 Stated: Second time To be completed by: 30 October 2024	<p>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.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: The home's resident's care plans have been rewritten and updated to ensure they are current this is specifically in relation to falls and IDDSI levels.</p>
Area for improvement 2 Ref: Standard 29.4 Stated: First time To be completed by: 30 October 2024	<p>The Registered Person shall ensure that all staff attend fire training at least twice annually.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: The second fire training has been held on the 11th and 12th of November 2024 which all staff attended.</p>
Area for improvement 3 Ref: Standard 25 Stated: First time To be completed by:	<p>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.</p> <p>Ref: 3.3.1</p>

30 October 2024	<p>Response by registered person detailing the actions taken: Review of the resident dependencies and staffing levels continues and a new on-call system is in the process of being implemented for cover at night.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2024</p>	<p>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.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: All 4 residents with DOLS has been reviewed and are being audited on a monthly basis going forward.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2024</p>	<p>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.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Care plans have been reviewed and new care plans have been written where required.</p>
<p>Area for improvement 6</p> <p>Ref: Standard E8</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2024</p>	<p>The Registered Person shall ensure that an effective system is implemented to alert staff when assistance is required.</p> <p>Whilst awaiting the installation of an appropriate system a protocol must be implemented to ensure that staff can be alerted when assistance is required.</p> <p>Ref: 3.3.4</p>

	<p>Response by registered person detailing the actions taken: A temporary communication system has been put in place until installation of the planned system</p>
<p>Area for improvement 7</p> <p>Ref: Standard 20.15</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2024</p>	<p>The Registered Person shall ensure all notifiable events are reported without delay to the trust and next of kin were appropriate.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: A system has been put in place to ensure that all notifiable events are reported through to the Trust and the next of kin with regular monthly checks carried out to ensure compliance</p>
<p>Area for improvement 8</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2024</p>	<p>The Registered Person shall ensure that records of residents' property brought into the home are up to date.</p> <p>A reconciliation of residents' property should be carried out, at least quarterly, recorded and signed by two members of staff.</p> <p>Ref: 3.3.6</p> <p>Response by registered person detailing the actions taken: The procedure for the reconciliation of the resident's property has recommenced</p>

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