The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Ross Lodge / Ross House**

Provider: **Ross Lodge**

Date of Inspection: **13 November 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 & Mrs Lisa McAuley
Registered Manager:	Mrs Lisa McAuley – not registered
Service Profile: Ross Lodge / Ross House is a residential care home registered to provide health and social care for up to 13 residents with a range of needs, including learning disabilities and/or physical disabilities. The home is based across two houses on the same site.	

2.0 Inspection summary

An unannounced inspection took place on 13 November 2025, between 9.50 am and 4.10 pm by a care 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 30 October 2024; 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. This is discussed further in the main body of the report.

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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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, provided positive feedback about their experiences residing in the home. Some of the comments shared included, "it's a great place, it's lovely" and "the staff are all lovely." Residents who were less able to verbalise their wishes appeared to be relaxed and comfortable in their surroundings.

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 told us that staff offered choices 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. One of the residents was excited about their planned trip out on the day.

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, one

recruitment file did not evidence a full employment history. The details of this were shared with the manager and assurances were provided that this had been requested. An area for improvement was identified.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. 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 also 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 safe systems were in place to safeguard residents and to manage this aspect of care.

Following discussions with staff, staff were knowledgeable about falls and the actions to take in the event of a fall. Examination of care records evidenced that documentation was in place and completed following falls, however it was evident that body maps were not always completed in full within the directed timeframes. The details of this were shared with the manager for review and action.

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, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was evident 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. The residents provided mostly positive feedback about the provision of activities in the home and said they were able to get out to day trips and attend other community groups such as, the day centre. Residents were observed engaging in their own preferred choice of activities, for example, reading magazines, colouring or watching their preferred programme on the television.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The weekly programme of social events was displayed on the noticeboard; however, discussion with staff confirmed that there is flexibility around the activities and these are reviewed dependent on the resident's preferences on the day.

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.

Care records were mostly person centred, and regularly reviewed to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. There was evidence that residents weights were completed regularly, however, these were not always signed off by the staff member completing. The details of this were shared with the manager for review and action as appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming. It was clean, neat, tidy and well maintained. The atmosphere was homely and the environment was being decorated for Christmas. Residents bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

The manager confirmed alert systems for residents had been ordered for those rooms required. Confirmation was provided in writing following the inspection that these works had commenced. This will be reviewed further at a future inspection.

Review of records and discussion with the manager and the maintenance officer 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.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

Mrs Lisa McAuley has been the Manager in this home since the 21 March 2025.

Residents and staff commented positively about the manager and described her as supportive and approachable.

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 manager 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.

The home was visited each month by a representative of the registered provider. There was evidence of action plans reviewed during each visit, however there was no clear action plan developed as part of these visits. The details of this were shared with the manager and 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	4*

* the total number of areas for improvement includes three standards that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Lisa McAuley, 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 21 (1) (b) Schedule 2 (6) **Stated:** First time **To be completed by:** 13 November 2025	The Registered Person shall ensure that pre-employment checks for staff evidence a full employment history and any gaps in employment, prior to staff commencing employment in the home. Ref: 3.3.1
	Response by registered person detailing the actions taken: Manager will ensure all pre-employment checks are completed and any gaps in employment record are explored and explanations recorded.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022, Version 1.2)	
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: 2.0
	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.
Area for improvement 2 **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. Ref: 2.0 & 3.3.4
	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.

Area for improvement 3 **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. Ref: 2.0
	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.
Area for improvement 4 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 13 November 2025	The Registered Person shall ensure that monthly monitoring visits clearly include time bound action plans and that these are signed off by the manager when action has been taken. Ref: 3.3.5
	Response by registered person detailing the actions taken: Monthly monitoring visits undertaken by the registered providers representative will now include actions identified as part of the visit, these will have clearer time frame action plans and will be signed off by the manager when completed. [

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