

Unannounced Care Inspection Report 4 May 2017



Ross Lodge/Ross House

Type of service: Residential Care Home

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Tel no: 028 2074 1490

Inspectors: Ruth Greer and Jo Browne

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ross Lodge/Ross House took place on 4 May 2017 from 10.20 to 14.30. The inspector for the home, Ruth Greer, was accompanied on this occasion by Jo Browne, senior inspector.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

No requirements or recommendations were made in relation to this domain.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Karen Nelson, deputy manager and Joyce Mc Kinney, registered provider, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 19 January 2017.

2.0 Service details

Registered organisation/registered person: Mr A McKinney and Mrs J McKinney	Registered manager: Dorothy McClements (acting)
Person in charge of the home at the time of inspection: Karen Nelson, deputy manager	Date manager registered: “registration pending”.
Categories of 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	Number of registered places: 13

3.0 Methods/processes

Prior to inspection the following records were analysed: the report of the last inspection, notifications of incidents since that date and correspondence received at RQIA in relation to the home.

During the inspection the inspectors met with six residents, two care staff, one maintenance staff, one student on placement and the registered provider. There were no visiting professionals and no residents’ visitors present.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records

- Staff recruitment files
- Five residents' care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks)
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27 February 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector. This QIP will be validated by the pharmacy inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 19 January 2017

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: 31 January 2017	The registered provider must ensure that all pre-employment documentation is in place before any new staff commences employment in the home. Action taken as confirmed during the inspection: A review of staff personnel files confirmed that no new staff commenced employment until all the required checks had been completed.	Met

<p>Requirement 2</p> <p>Ref: Regulation 19 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider must undertake a review of the personnel files of all employees and provide confirmation that these are in compliance with regulations.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of staff personnel files confirmed that all required documentation was in place.</p>	Met
<p>Last care inspection recommendations</p>		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider should ensure that the on call arrangements are clearly set out on the staff rota.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A list of on call staff was on display in the staff room.</p>	Met
<p>Recommendation 2</p> <p>Ref: 9.3</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider should ensure that written confirmation in regard to any/no change in the resident's care plan is received from the trust prior to each new respite admission to the home.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of care files showed that an update on each resident's assessment is received prior to all respite admissions to the home.</p>	Met

4.3 Is care safe?

The deputy manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussions with staff confirmed that mandatory training, supervision and appraisals of staff were regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the deputy manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. There had been much work undertaken to review and develop staff personnel files since the last inspection. Eleven personnel files were examined and found to be compliant with requirements. The home is commended for this improvement.

Enhanced AccessNI disclosures were viewed by the acting manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The acting manager had been designated as safeguarding champion within the home.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The deputy manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussions with the deputy manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The deputy manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The deputy manager confirmed there were risk management policy and procedures in place. A discussion with the deputy manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. An observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. A programme of redecoration was ongoing at the time of inspection. The home was fresh smelling, clean and appropriately heated. It was noted that some equipment for general use in the home was being stored in a resident's bedroom. The deputy manager undertook to remove the items during the inspection.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the deputy manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 24 April 2016 and all recommendations were noted to be appropriately addressed. A date for a review of this assessment was arranged for May 2017.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every six months, most recently on 24 April 2017. Records were retained of staff who participated, and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were regularly checked and maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Comments received from residents and staff included:

- “I come here all the time, I like it” (resident in the home for respite care)
- “I like it, I have a nice room and the girls are good to me” (resident)
- “This is a small home and it is like a family” (staff)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of five care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments, for example manual handling, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. This was particularly evident for residents who receive respite services in the home. Respite is provided on a planned basis for a core number of clients who live at home with families. Confirmation of any (or no) change to the care needs is required from the social worker before each admission to the home. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. An overview of care planning documentation is being undertaken in the home. Some care records reviewed were signed by the resident/relative. The deputy manager stated that plans were underway to access the relatives of all respite residents. Progress in this work will be reviewed at the next inspection. Discussion with staff confirmed that a person centred approach underpinned practice. Staff were well aware of residents' preferences, as well as their needs and gave examples of how daily routines were flexible to ensure an individualised delivery of care.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review, accidents and incidents (including falls), were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission

information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. Minutes of resident and/or their representative meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Comments received from residents and staff included:

- "I can get what I want for my dinner" (resident)
- "I have worked in large homes for several years but this small home definitely provides the best care" (staff)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The deputy manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. Residents, who wish attend church services and take part in church based social activities. Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of records which included care plans in place for management of pain and highlighted trigger factors.

The deputy manager confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed they were aware of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. The deputy manager makes time to spend with relatives when they come to leave/collect residents for

respite. Residents' meetings take place regularly with the most recent on 27 March 2017. Minutes of the meeting were available for inspection.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report for 2016/17 which was made available for residents and other interested parties to read. A copy of the report was left at the entrance of the both parts of the home and easily accessible for relatives. An action plan was developed and implemented to address any issues identified.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents attend day care facilities, and community groups. Arrangements were in place for residents to maintain links with their friends, families and wider community. The home operates an open visiting policy for families and friends.

Comments received from residents and staff included:

- "I like putting the shopping away" (resident)
- "My Mum was here to see me I'm glad to see her" (resident)
- "We take residents out - to the shops, for coffee and to the cinema" (staff)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The deputy manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred. The policies on Infection Prevention and Control, Safeguarding Vulnerable Adults, Accidents and Complaints had been reviewed and updated in March 2017 to include current developments.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

Discussion with the deputy manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example, training had been provided on Dementia Awareness and Diabetes. The deputy manager also outlined that training on positive behaviour management had been organised and would be delivered to staff.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The deputy manager confirmed that the registered provider was kept informed regarding the day to day running of the home. The registered providers live on the same site and are in the home on a daily basis.

The deputy manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered providers respond to regulatory matters in a timely manner.

Review of records and discussion with the deputy manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The deputy manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The deputy manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The home employs a consultant to advise and monitor the management of operations within the home and to provide a mentoring role to the acting manager and deputy manager. This is a sound initiative and improvement was noted in many areas at this inspection.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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