

# Unannounced Care Inspection Report

## 6 October 2016



## Roughan House

Type of service: Residential Care Home  
Address: 68 Roughan Road, Newmills, Dungannon, BT71 4HB  
Tel no: 02887740816  
Inspector: Bronagh Duggan

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Roughan House Residential Home took place on 6 October 2016 from 11:00 to 16:00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care 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 training, reporting of accidents and incidents and infection prevention and control. One recommendation was made in regards to the replacement of an identified mattress and to ensure an audit is completed with regard to all other mattresses in place in the home.

### Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, and care reviews, communication between residents, staff and other key stakeholders. One recommendation was made in regards to the frequency of staff meetings.

### 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. One requirement and one recommendation were made in regards to ensuring the monthly monitoring reports are available on site at all times and also for the homes Statement of Purpose and Resident Guide to be reviewed and updated.

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
<b>Total number of requirements and recommendations made at this inspection</b>	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Dolores Carron, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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 7 July 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Roughan Care Ltd	<b>Registered manager:</b> Mrs Dolores Carron
<b>Person in charge of the home at the time of inspection:</b> Mrs Dolores Carron	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> I - Old age not falling within any other category MP - Mental disorder excluding learning disability or dementia LD - Learning Disability LD (E) – Learning disability – over 65 years RC-A	<b>Number of registered places:</b> 16

## 3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incident submitted to RQIA since the last inspection, the returned Quality Improvement Plan (QIP), and the previous inspection report.

During the inspection the inspector met with seven residents individually and others in groups, two care staff, and the registered manager. There were no visiting professionals or resident's visitors/representatives available during the period of the inspection.

The following records were examined as part of the inspection:

- Staff duty rota
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings / representatives' / other
- Evaluation report from annual service user quality assurance survey
- 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
- Monthly monitoring reports (these were forwarded to RQIA on the day of the inspection)

A total of 18 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Ten questionnaires were returned within the requested timescale.

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent inspection dated 07/07/16

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

##### 4.2 Review of requirements and recommendations from the last care inspection dated 07/07/16

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 34 <b>Stated:</b> First time <b>To be completed by:</b> 7 September 2016	The registered provider should ensure a system is introduced to reflect the regular cleaning, maintenance and servicing of equipment and medical devices used within the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A system was in place which demonstrated the regular cleaning, maintenance and servicing of equipment and medical devices used within the home.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time <b>To be completed by:</b> 7 September 2016	The registered provider should ensure that the carpet on the hallway and stairs is deep cleaned as it was found to be stained and in need of a thorough clean.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The carpet on the hallway and stairs was deep cleaned, improvement observed.	
<b>Recommendation 3</b>	The registered provider should ensure that the	<b>Met</b>

<b>Ref:</b> Standard 27.1	identified bedrooms are made more personalised and homely as these were sparsely furnished.	
<b>Stated:</b> Second time	<b>Action taken as confirmed during the inspection:</b>	
<b>To be completed by:</b> 7 September 2016	The identified bedrooms had been improved upon.	

#### 4.3 Is care safe?

The registered 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.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

Discussion with the registered manager confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion. Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policies and procedures in place were consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

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 staff in July 2016, the registered manager confirmed a second session would be available to ensure any outstanding staff members complete the training.

Discussion with the registered 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.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered 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. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed there were restrictive practices employed within the home, notably a keypad exit system. Discussion with the registered manager regarding this confirmed its use was appropriately assessed, documented, minimised and reviewed as required. A number of residents know the code and can manage the system independently. The use of the key pad exit system should be included within the homes Statement of Purpose and Residents Guide. Reference to the updating of these documents is included later in the report.

The registered manager confirmed there were risk management policies and procedures in place. Discussion with the registered 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 e.g. COSHH, and fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment and cleaning records of individual equipment and aids were available for inspection.

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. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home 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, although fit for purpose much of the décor was tired and dated. A recommendation was made that an identified mattress be removed and replaced as this was badly stained. Further to this an audit should be completed regarding all mattresses in the home and appropriate action taken with regard the findings. The home was fresh smelling, clean and appropriately heated.

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 registered 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 June 2016. Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 14 June 2016. 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 checked weekly / monthly as stipulated and were regularly maintained.

Ten completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from one completed resident's questionnaire were as follows:

- Everyone is good, and staff are very nice and good.

### Areas for improvement

One area for improvement was identified in relation to the replacement of an identified mattress and the completion of an audit on all other mattresses in use within the home. Appropriate action should be taken depending on the outcome of the audit.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.4 Is care effective?

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

A review of three 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. 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 resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example staff shared that one resident likes to visit the local village on a regular basis and is supported to do so.

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 registered 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 accidents and incidents, complaints, handwashing and the environment, 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 registered 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, and staff shift handovers. A recommendation was made that staff meetings should be held more frequently and no less than quarterly as it was noted the most recent staff meeting was March 2016. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.



Minutes of resident meetings were available for inspection. These reflected a range of items on the agenda for residents to discuss.

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.

Ten completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas for improvement

One area for improvement was identified in relation to increasing the frequency of staff meetings.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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#### 4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example not discussing residents care needs in open areas of the home.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example church services, arm chair exercises, and quizzes. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example regular social events are held at the home when family and friends are invited to attend. Upon arrival at the home a staff member was observed speaking with residents individually to gather their views and preferences in relation to activities.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example



a menu board was displayed in the dining area of the home, information was also available regarding how to make a complaint if they so wish.

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. For example residents make a choice regarding rising and retiring times, meals, activities, and events.

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 which was made available for residents and other interested parties to read. Residents' views were also gathered on a monthly basis and included within the monthly monitoring reports. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Ten completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents were as follows:

- "I like it here, they (staff) are good to you. What more do you want."
- "This is a good place, everyone is very good".
- "I am happy here, the food is good, I sleep well, I get plenty of exercise. The staff are good".
- "Am happy enough here, I have all I need. The staff help you out".
- "This is a good home, the staff are good, very nice. I am happy here. I like my room it gives me privacy, this is my home".

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care 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 were 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.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, and information displayed around the home.

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. No new complaints had been recorded since the previous inspection.

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.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; this information was not available on site but was forwarded to RQIA on the day of the inspection. A requirement was made that monthly monitoring reports should be available in the home for inspection at all times.

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. A recommendation was made that the Statement of Purpose and Residents Guide should be reviewed and updated as necessary. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular discussions and monitoring visits.

The registered manager confirmed that the home operated 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 notifications of accidents and incidents and 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 registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Ten completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

## Areas for improvement

Two areas for improvement were identified in relation to the monthly monitoring reports being held at the home, and for the Statement of Purpose and Residents Guide to be reviewed and updated.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	1
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Dolores Carron, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 19(2)  
Schedule 4 5.

**Stated:** First  
time

**To be completed by:**  
6 November 2016

The registered provider shall ensure that monthly monitoring reports are available in the home for inspection at all times.

#### **Response by registered provider detailing the actions taken:**

The registered provider will ensure the monthly monitoring reports will be available in the home for inspection at all times.

### Recommendations

#### Recommendation 1

**Ref:** Standard 27.8

**Stated:** First time

**To be completed by:**  
6 December 2016

The registered provider should ensure the identified mattress is removed and replaced and an audit completed on all other mattresses in use within the home. Appropriate action should be taken depending on the outcome of the audit.

#### **Response by registered provider detailing the actions taken:**

The identified mattress has been removed and an audit has been completed on all other mattresses in use within the home, and appropriate action has been taken.

#### Recommendation 2

**Ref:** Standard 25.8

**Stated:** First time

**To be completed by:**  
6 November 2016

The registered provider should ensure that staff meetings are held no less that quarterly.

#### **Response by registered provider detailing the actions taken:**

The Registered Manager will hold staff meeting every 3 months.

#### Recommendation 3

**Ref:** Standard 20.7,  
20.9

**Stated:** First time

**To be completed by:**  
7 January 2017

The registered provider should ensure the homes Statement of Purpose and Residents Guide are reviewed and updated as necessary.

#### **Response by registered provider detailing the actions taken:**

A review and update of the homes Statement of Purpose and Residents Guide was completed 13<sup>th</sup> October 2016

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**





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