

## **Primary Announced Care Inspection**

**Service and Establishment ID:** Roughan House (1509)

**Date of Inspection:** 26 August 2014

**Inspector's Name:** Bronagh Duggan

**Inspection No:** 17327

**The Regulation And Quality Improvement Authority**  
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## 1.0 General information

<b>Name of Home:</b>	Roughan House Residential Home
<b>Address:</b>	Roughan House 68 Roughan Road Newmills Coalisland BT71 4BY
<b>Telephone Number:</b>	(028) 8774 0816
<b>E mail Address:</b>	yvonne@roughancare.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Mr Patrick McAvoy
<b>Registered Manager:</b>	Mrs Dolores Carron
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Dolores Carron
<b>Categories of Care:</b>	RC - I (14), RC-LD (2)
<b>Number of Registered Places:</b>	16
<b>Number of Residents Accommodated on Day of Inspection:</b>	15
<b>Scale of Charges (per week):</b>	£437- £490 per week
<b>Date and type of previous inspection:</b>	6 February 2014 Secondary unannounced
<b>Date and time of inspection:</b>	26 August 2014 10:00am – 4:30pm
<b>Name of Inspectors:</b>	Bronagh Duggan

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered provider
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	12
Staff	4
Relatives	1
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	15	4

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

## 7.0 Profile of service

Roughan House Residential Care home is situated approximately one mile outside Coalisland on grounds where the ruin of Roughan Castle, a historical monument is located. The facility, a large early 19<sup>th</sup> century three story house is set on elevated grounds providing attractive views on all sides, across the countryside. The building retains many of its original architectural features.

The residential home is owned and operated by Mr Patrick McAvoy. The current registered manager is Mrs Dolores Carron who has managed the home since 2007.

Accommodation for residents is provided in two single bedrooms and seven double bedrooms. The home consists of a large sitting room area, and a large dining room area which are situated just off the main entrance hall. The home also comprises of a kitchen, laundry room, bathroom and toilet facilities. A smoking room is available for residents. Access to the lower ground and first floor is via a stair lift and stairs.

Outside the home there are a number of enclosed flower beds and vegetable plots which are tended to by residents.

The home is registered to provide care for a maximum of 16 persons under the following categories of care:

### Residential care

I	Old age not falling into any other category
LD	Learning Disability

## 8.0 Summary of Inspection

This primary announced care inspection of Roughan House was undertaken by Bronagh Duggan on 26 August 2014 between the hours of 10:00am and 4:30pm. Mrs Dolores Carron registered manager, and Mr Patrick McAvoy registered provider, were available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendation made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that all radiators and hot surfaces in the home had been individually risk assessed; improvements had also been made to the ceiling of the identified bedroom. A large sign is situated at the entrance of the lane to the home which can be seen from the road side. The detail of the actions taken by Dolores Carron can be viewed in the section following this summary.

Prior to the inspection Dolores Carron registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, and one visiting relative. The inspector discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

## **Inspection findings**

### **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. One recommendation was made that the policy and procedure clearly states the need to inform RQIA on each occasion that restraint is used in the home. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. A recommendation has been made that a review be undertaken for all residents in relation to the use of a keypad system in use to exit the home.

Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. The most recent training completed was January 2012, a recommendation has been made that staff complete training on the management of challenging behaviours on an annual basis. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Roughan House was substantially compliant with this standard.

### **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Roughan House is compliant with this standard.

## **Resident, representatives, and staff consultation**

During the course of the inspection the inspector met with residents, one representative, and staff. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. One resident representative indicated their satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

## **Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

## **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be generally fit for purpose though four recommendations have been made in this area. These relate to the condition of the wallpaper on the stair case, this was found to be peeling off in places, also two chairs in the sitting room were noted to be in poor condition these should be replaced. A recommendation was also made that two door handles on the identified bedrooms should be repaired as these were found to be loose causing some difficulty in opening the doors. A further recommendation was made that the carpet and wall paint is improved upon in the identified room on the first floor.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

Seven recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.



**9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 6 February 2014**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	27 (2) (t)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that –</p> <p>(t) a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>Reference to this is made in that all radiators / hot surfaces must be individually risk assessed in accordance with current safety guidelines, with subsequent appropriate action.</p>	Records available in the home and discussion with the registered manager demonstrated that all radiators and hot surfaces in the home have been individually risk assessed.	Compliant
2	27 (2) (d)	<p>The registered person shall having regard to the number and needs of the residents, ensure that –</p> <p>(d) all parts of the home are kept clean and reasonably decorated.</p> <p>Reference to this is made in respect of the bedroom ceiling in room 24 / 25, which was stained and needs to be made good.</p>	The ceiling in the identified bedroom has been improved.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	E3	<p>Emergency vehicles and other vehicles have access to and egress from the home.</p> <p>Reference to this is made in respect of having the risk relating to the differential in the home's postal address and the actual signage I address, which needs to be suitably risk assessed with the home's fire safety advisor with subsequent appropriate action.</p>	There is a sign which states the name of the home at the entrance to the home lane which is situated on the road side.	Compliant

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Staff have knowledge and understanding of residents usual conduct, behaviours and means of communications. Responses and interventions promote positive outcomes for residents.	Compliant
<b>Inspection Findings:</b> The home had a policy and procedure titled Responding to Residents Behaviour 2010 in place. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. A recommendation has been made that the homes policy and procedure for Responding to Residents Behaviour clearly reflects the need for RQIA to be informed on each occasion restraint is used.  Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.  A review of staff training records identified that care staff had received training in behaviours which challenge entitled Challenging Behaviours and Communication in January 2012. A recommendation has been made that all staff complete training in the management of Challenging behaviours on an annual basis.  A review of two residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.  Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.	Substantially Compliant

<b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report concerns to the manager or person in charge. When necessary staff will make contact with any relevant professional or service and where appropriate the resident's representative.	Compliant
<b>Inspection Findings:</b>	
<p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Two care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour. A review of the records and discussions with one relative confirmed that they had been informed appropriately.</p>	Compliant
<b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
When a resident needs a consistent approach or response from staff this is detailed in the resident's care plan. Where appropriate, and with consent of the resident, inform the residents representative of the approach or response to be used.	Compliant
<b>Inspection Findings:</b>	
A review of two care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Compliant

<b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	Compliant
<b>Inspection Findings:</b>	
The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time. A review of the policy and procedure Responding to Residents Behaviour identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan, as necessary.	Compliant
<b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
At Roughan House Residential Home should a behaviour management programme be put in place for any resident, staff will be provided with the necessary training, guidance and support.	Compliant
<b>Inspection Findings:</b>	
A review of staff training records identified that care staff had received training in behaviours which challenge entitled Challenging Behaviours and Communication in January 2012. A recommendation has been made that all staff complete training in the management of Challenging behaviours on an annual basis.  Discussion with staff confirmed that they had knowledge and understanding in this area of care.	Substantially Compliant

<b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
In Roughan House Residential Home where an incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. When necessary, this is followed by a multi-disciplinary review of the resident's care plan.	Compliant
<b>Inspection Findings:</b>	
A review of the accident and incident records from 31 January to 6 August 2014 confirmed that when any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	Compliant
<b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
In Roughan House Residential Home restraint would only be used as a last resort. Records would be kept of any instances when restraint would be used if necessary.	Compliant
<b>Inspection Findings:</b>	
A keypad system is operated on the front door of Roughan House. Discussion with the registered manager and registered provider and review of records showed that this had been considered in relation to deprivation of liberty for some residents in the home. Two identified residents know the code and can freely operate the system while other residents with a higher level of need cannot access the system. Due to the range of differing needs of residents a recommendation has been made that this situation is reviewed for all residents in the home. This should be done on an individual basis where residents have an individual risk assessment completed with consideration given to the resident's human rights, individual needs and level of understanding including awareness of danger. The use of any type of restraint or restrictive practice should be detailed in the homes Statement of Purpose.	Substantially Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

  

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> The programme of activities and events are based on the identified needs and interest of the residents and provides positive outcomes.	Compliant
<b>Inspection Findings:</b> The home had a policy titled Promotion of Recreational Activities dated 2011 on the provision of activities. A review of two care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.  Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.  The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant



<b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The programme is planned to provide enjoyment, purpose and is culturally and age suitable. It promotes healthy living, spiritual needs and is flexible and facilitates social inclusion in community events.	Compliant
<b>Inspection Findings:</b>	
<p>Examination of the programme of activities identified that social activities are organised five times each week.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant
<b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
All residents have been given the opportunity to contribute suggestions and to help in the development of the activity programme.	Compliant
<b>Inspection Findings:</b>	
<p>A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents were also invited to express their views on activities by means of resident meetings, one to one discussions with staff and care management review meetings. Records available in the home showed the activity programme was reviewed six monthly with residents.</p>	Compliant

<b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	Compliant
<b>Inspection Findings:</b> <p>On the day of the inspection the programme of activities was on display in the dining area which is also used as an activities area. Activities were also listed in the sitting room area. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate pictorial format with large print to meet the residents' needs. The activities available are varied on a daily basis.</p>	Compliant

<b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Residents are enabled to participate in the activity programme through the provision of equipment, aids and support from staff or others.	Compliant
<b>Inspection Findings:</b>	
<p>Activities are provided for residents on a daily basis, with opportunities for residents to participate in activities during the mornings and after lunch time.</p> <p>The care staff and residents confirmed that there was an acceptable supply of activities to participate in the home. Residents informed the inspector they receive daily newspapers, and have the opportunity to participate in activities including for example music sessions, armchair exercises, and bingo. The home also provides an electronic link system for religious services on a regular basis.</p> <p>Residents were observed participating in an activity session during the inspection, staff supported residents where necessary. Residents confirmed to the inspector they regularly take part in such activities.</p>	Compliant
<b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The duration of each activity and the daily timetable accounts for the needs and abilities of the residents participating.	Compliant
<b>Inspection Findings:</b>	
<p>The activity lead in the home and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant

<b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Where an activity is provided by a person contracted in by the home, the registered manager monitors the activity to confirm the facilitator has the necessary skills to deliver the activity.	Compliant
<b>Inspection Findings:</b>	
<p>The registered manager confirmed that a music therapist is employed to provide musical activities for residents in the home.</p> <p>The registered manager confirmed that she had obtained evidence from the person that they had the necessary skills and knowledge to deliver the activity.</p>	Compliant
<b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
When a person is contracted in, staff will inform them about any changed needs of the residents prior to the activity commencing and there are systems in place to receive timely feedback.	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.	Compliant

<b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
In Roughan House Residential Home a record is kept of all activities that take place, the person leading the activity and the names of the residents who have participated.	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant
<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activity programme is reviewed twice yearly to ensure it meets the residents changing needs.	Compliant
<b>Inspection Findings:</b>	
<p>A review of the programme of activities identified that it had last been reviewed on 4 August 2014. The records also identified that the programme had been reviewed at least twice yearly.</p> <p>The registered manager and activity coordinator confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

  

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## **11.0 Additional Areas Examined**

### **11.1 Resident's consultation**

The inspector met with 12 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"They look after you well "

"I'm happy here, there is lots of different things to do"

"This is a good place, staff are very kind"

"It's nice here, I get all I want"

### **11.2 Relatives/representative consultation**

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

"Its first class here, he/she (relative) likes it, the staff are good"

### **11.3 Staff consultation/Questionnaires**

The inspector spoke with four staff and reviewed four staff completed questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training. However, it was noted that staff had last completed training in Challenging Behaviour in 2012. A recommendation has been made that training in managing challenging behaviour is completed annually.

Comments received included:

"I really enjoy working here, with the small group you get to spend quality time with the residents"

"It's like home from home, one big family"

### **11.4 Visiting professionals' consultation**

There were no visiting professionals to the home on the day of inspection

### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

### **11.6 Care Reviews**

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire did not indicate that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

### **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

### **11.8 Environment**

The inspector viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Although fit for purpose some areas of the home had tired and dated décor and furnishings. Four recommendations have been made in this regard. Wallpaper on the stair case was found to be peeling off in places this should be made good. Two chairs in the sitting room were noted to be in poor condition these should be replaced. A recommendation was also made that two door handles on the identified bedrooms should be repaired as these were found to be loose causing some difficulty in opening the doors. A further recommendation has also been made that the carpet and wall paint is improved upon in the identified room on the first floor.

### **11.9 Guardianship Information**

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.



## **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 3 June 2014. A review of the fire safety records evidenced that fire training, had been provided to staff on 8 July 2014. The records also identified that an evacuation had been undertaken on 8 July 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

## **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Dolores Carron who confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Patrick McAvoy and Mrs Dolores Carron as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Bronagh Duggan**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Announced Care Inspection

#### Roughan House

#### 26 August 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Dolores Carron registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Recommendations**

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	10.1	All staff in the home should complete training on managing challenging behaviour on an annual basis.  Ref:10	One	Training for managing challenging behaviour has been arranged for November 2014. Exact date to be confirmed with trainer.	25 November 2014
2.	10.7	All residents should have an individual risk assessment in relation to using the keypad system. This should take into consideration resident's human rights, differing needs and level of understanding and awareness of danger. The homes Statement of Purpose should make reference to the use of the key pad system.  Ref:10	One	The Home's Statement of Purpose now makes reference to the use of the Key Pad System.  Residents have an individual risk assessment in relation to using Key Pad System.	25 November 2014
3.	10.1	The policy and procedure on the management of challenging behaviour should clearly stipulate the need to inform RQIA on any occasion that restraint is used.  Ref: 10	One	Policy and procedure have been amended to ensure RQIA is informed on any occasion that restraint is used.	25 November 2014
4.	27.1	The wall paper on the staircase in the hallway should be improved upon.  Ref: 11.8	One	Wallpaper on stairway has been made good.	25 November 2014
5.	27.1	The identified chairs in the living area should be removed and replaced. Ref:11.8	One	Identified chairs have been replaced.	25 November 2014

6.	27.1	The door handles on the identified bedrooms should be repaired to ensure ease of opening and closing.  Ref:11.8	One	Door handles have been made good.	25 November 2014
7.	27.1	The carpet and paint in the identified room on the first floor should be improved upon.  Ref:11.8	One	Identified room is used as a sleep room for night staff. Improvements will be made to this room.	25 November 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Dolores Carron
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Patrick McAvoy

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	29.10.14
Further information requested from provider			