



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Roughan House**

**21 April 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## Summary of Inspection

An unannounced care inspection took place on 21 April 2015 from 10.00 to 15.00. On the day of the inspection we found that the home was delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	1

The details of the QIP within this report were discussed with the registered manager Mrs Dolores Carron. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Patrick Mc Avoy	<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> April 2005
<b>Categories of Care:</b> <b>I, MP, MP ( E ), LD ( E )</b> An application has been made to RQIA for a temporary variation regarding the home accommodating up to one resident under category A this is currently being processed by RQIA.	<b>Number of Registered Places:</b> 16
<b>Number of Residents Accommodated on Day of Inspection:</b> 14	<b>Weekly Tariff at Time of Inspection:</b> £470 per week

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish.**

**Theme: Residents Receive Individual Continence Management and Support.**

## 4. Methods/Process

Prior to inspection we analysed the following records: returned Quality Improvement Plan and accident/ incident notifications.

We met with 10 residents, two care staff, one domestic staff and the registered manager.

We inspected three care records, accident / incident records, the home's fire safety risk assessment, policies and procedures and aligned guidance available to standards inspected.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced care inspection dated 26 August 2014. Seven recommendations were made as a result of the previous inspection. The completed QIP was returned and was approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 10.1	All staff in the home complete training on managing challenging behaviour on an annual basis.	Met
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that all staff in the home had completed training on managing challenging behaviour. Training records were reviewed in the home and confirmed this.	
<b>Recommendation 2</b> Ref: Standard 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.	Met
	<b>Action taken as confirmed during the inspection:</b> Care records reviewed contained risk assessments regarding the use of the key pad system. The registered manager confirmed that these had been completed for all residents in the home. The home's Statement of Purpose had been amended.	
<b>Recommendation 3</b> Ref: Standard 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.	Not Met
	<b>Action taken as confirmed during the inspection:</b> A review of the home's policy and procedure on the management of challenging behaviour showed that this had not be addressed. This recommendation has been restated in the QIP.	
<b>Recommendation 4</b> Ref: Standard 27.1	The wall paper on the staircase in the hallway should be improved upon.	Partially Met
	<b>Action taken as confirmed during the inspection:</b> Some improvements were noted in this area, however, further improvement is needed	

	especially on the higher area of the staircase. This recommendation has been restated in the QIP.	
<b>Recommendation 5</b> Ref: Standard 27.1	The identified chairs in the living area should be removed and replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The identified chairs have been removed and replaced.	
<b>Recommendation 6</b> Ref: Standard 27.1	The door handles on the identified bedrooms should be repaired to ensure ease of opening and closing.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These have been repaired.	
<b>Recommendation 7</b> Ref: Standard 27.1	The carpet and paint in the identified room on the first floor should be improved upon.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Improvements were noted in the identified room.	

## Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

### Is Care Safe? (Quality of Life)

Residents can spend their final days of life in the home. This is unless there is a documented health care need that prevents this.

In our discussions with staff they confirmed that they work closely with other health care professionals. This includes GP's and the district nursing service to ensure care delivered is safe and effective. Staff also confirmed that they liaise closely with residents' families and keep family members informed of any change in the resident's condition.

In our discussions with staff and with the registered manager they confirmed to us that care in this area is delivered with compassion, and with respect for the privacy and dignity of residents.

The registered manager advised us that the home meets residents' spiritual needs with clergy and lay persons visiting on a regular basis. Care records are maintained to ensure the residents care and condition is closely monitored.

### Is Care Effective? (Quality of Management)

The home has policies and procedures in place for dealing with the death of a resident and for supporting terminally ill residents. A recommendation, however, is made that the home's

policy should be developed further to include the need for close working relationships with other health care professionals.

A review of resident's records showed that end of life care plans were in place for each resident. Details included spiritual arrangements if residents so wished, resident views and next of kin details.

Staff confirmed to us that relatives of past residents will often return to the home to thank them for their support following the loss of a loved one.

### **Is Care Compassionate? (Quality of Care)**

In our discussions with the registered manager and staff they confirmed that the needs of the dying resident are met with a strong focus on dignity and respect. Information is communicated sensitively to family members who are given time and space to spend with their loved one.

The registered manager confirmed that, following the death of a resident other residents are informed in a sensitive manner. Residents and staff have the opportunity to pay their respects and are provided with support if needed. Resident's belongings are handled with care and respect. Representatives are consulted about the removal of belongings and the home's policy states that sufficient time is given to families to clear belongings.

In our discussions with staff they confirmed that they had knowledge and understanding of how to care for this area of need. Staff also confirmed there was a supportive ethos with the management of the home, in helping staff to deal with dying and death.

### **Areas for Improvement**

We identified one area of improvement in relation to this standard. Overall this standard was assessed to be safe, effective and compassionate.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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## **5.3 Theme: Residents Receive Individual Continence Management and Support**

### **Is Care Safe? (Quality of Life)**

The staff members we interviewed confirmed that they had received training in continence management. In our discussions with staff they were able to demonstrate knowledge and understanding of this area of care. Staff were also able to describe how issues of assessed need are referred to district nursing services. Following this the district nurse, in consultation with the resident and the home, prescribed a plan of care. This plan of care included provision of continence aids. We examined care records which confirmed this.

Through our discussions with staff, our general observations and a review of care records we noted that no residents currently have reduced skin integrity associated with poor continence management. There were no malodours noted during the inspection of the premises.

### **Is Care Effective? (Quality of Management)**

The home has a policy regarding the management of continence; staff had completed training in continence awareness. The registered manager confirmed to us that staff were due to complete refresher training in continence awareness and management later in 2015.

We noted that the homes policy regarding the management of continence should reflect the need to liaise with the district nursing / continence service when any changes are noted in a resident's condition. We made a recommendation in this regard.

Staff confirmed to us that there was always an adequate supply of continence products and fresh laundry available within the home.

We noted that one WC area on the ground floor did not contain toilet paper and handtowels. We discussed this issue with the registered manager who advised us that these items had been removed due to one resident regularly blocking the toilet with paper products. The registered manager confirmed that she would consider alternative strategies to manage this situation and ensure products are available in the WC area. The registered manager also agreed to consider a referral to the behaviour support service for the identified resident.

### **Is Care Compassionate? (Quality of Care)**

In our discreet observation of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Continence care was undertaken in a discreet, private manner.

### **Areas for Improvement**

We identified one area of improvement in relation to this theme. Overall this theme was assessed to be safe, effective and compassionate.

This recommendation is based on Standard 21.1 regarding policy development which has already been raised, therefore one recommendation was made overall regarding the development of policies in the home.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1 (Repeated area)</b>
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## **5.4 Additional Areas Examined**

### **5.6 Fire Safety**

We undertook an inspection of the building accompanied by the registered manager. We observed three fire doors wedged open. This was of particular concern in the lower ground area of the home, where this practice occurs to allow the kitchen staff to carry meals up to the dining room area. We therefore made a requirement that the practice of wedging open fire doors must cease immediately. Should fire doors need to remain open, these must be fitted with self-controlling hold open devices.

### **5.7 Accidents/ Incidents**

We reviewed the accident and incident reports since the previous inspection which identified that three accidents had occurred which resulted in injury to residents. These had not been reported to RQIA. We made a requirement that any accident or incident in the home which adversely affects the care, health, welfare or safety of any resident must be reported to RQIA.

### Areas for improvement

We identified two areas of improvement in relation to fire safety and notification of events.

<b>Number of Requirements</b>	<b>2</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

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

The registered person/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 person/manager 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 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.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<b>Requirement 1</b>  Ref: Regulation 27.4 <b>Stated: First time</b>  <b>To be Completed by:            From the date of the            inspection and            ongoing.</b>	<p>The registered manager must ensure that fire doors are not wedged open. Should fire doors need to remain open, these must be fitted with self-controlling devices.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            Fire doors will no longer be wedged open and self controlling devices will be fitted should fire doors need to remain open.</p>
<b>Requirement 2</b>  Ref: Regulation 30.(1)(d) <b>Stated: First time</b>  <b>To be Completed by:            From the date of the            inspection and            ongoing.</b>	<p>The registered manager must ensure that any accident or incident in the home which adversely affects the care, health, welfare or safety of any resident must be reported to RQIA.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            As of 21st April 2015 all accidents and incidents which adversely affect care, health, welfare or safety will be reported to RQIA.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  Ref: Standard 21.1 <b>Stated: First time</b>  <b>To be Completed by:            16 June 2015</b>	<p><u>Policy Development</u>            The registered manager should ensure that the home's policies relating to terminal care and to the management of continence should be developed further to reflect the need for close working relationships with other health care professionals.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            End of life, and the management of continence policies have been further developed to reflect the need for close working relationships with other health care professionals, as of 30th April 2015.</p>
<b>Recommendation 2</b>  Ref: Standard 10.1 <b>Stated: Second time</b>  <b>To be Completed by:            16 June 2015</b>	<p>The registered manager should ensure that the policy and procedure on the management of challenging behaviour clearly stipulates the need to inform RQIA on any occasion that restraint is used.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>            The policy and procedure on the management of challenging behaviour has been amended to include the need to inform RQIA on any occasion that restraint is used within Roughan House, as of 30th April 2015.</p>

<b>Recommendation 3</b> <b>Ref: Standard 27.1</b> <b>Stated: Second time</b> <b>To be Completed by:</b> <b>16 June 2015</b>	The registered manager should ensure that the wall paper on the staircase in the hallway is made good.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> The wallpaper on the staircase in the hallway will be made good by 16th June 2015.		
<b>Registered Manager Completing QIP</b>	Dolores Carron	<b>Date Completed</b>	28.05.15
<b>Registered Person Approving QIP</b>	Patrick McAvoy	<b>Date Approved</b>	28.05.15
<b>RQIA Inspector Assessing Response</b>	<b>Bronagh Duggan</b>	<b>Date Approved</b>	<b>12.06.15</b>

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