

# Unannounced Care Inspection Report 7 July 2016



## **Roughan House**

**Type of Service: Residential Home**

**Address: 68 Roughan Road, Newmills, Dungannon, BT71 4HB**

**Tel No: 02887740816**

**Inspector: Bronagh Duggan**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Roughan House Residential Home took place on 7 July 2016 from 10:00 to 17:00.

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

### Is care safe?

Two recommendations were made in regards to the introduction of a system to reflect the regular cleaning, maintenance and servicing of equipment and medical devices used within the home and also for the carpet on the hallway and stairs to be deep cleaned. Examples of good practice included staff induction, training, supervision and appraisal, adult safeguarding, and infection prevention and control procedures.

### Is care effective?

No requirements or recommendations were made in relation to this domain. There were examples of good practice found throughout the inspection in relation to care records, audits, reviews and communication between residents, staff and other key stakeholders.

### Is care compassionate?

No requirements or recommendations were made in relation to this domain. 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 providing residents with individual opportunities to maintain community links.

### Is the service well led?

No requirements or recommendations were made in relation to this domain. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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> | 0            | 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 previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service details

|  |  |
|--|--|
| <b>Registered organisation/registered provider:</b><br>Roughan Care Ltd              | <b>Registered manager:</b><br>Mrs Dolores Carron |
| <b>Person in charge of the home at the time of inspection:</b><br>Mrs Dolores Carron | <b>Date manager registered:</b><br>1 April 2005  |
| <b>Categories of care:</b><br>RC-A, RC-I, RC-LD, RC-LD(E), RC-MP                     | <b>Number of registered places:</b><br>16        |

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the returned Quality Improvement Plan, notifications of accidents and incidents submitted to RQIA since the previous inspection, complaints returns and the previous inspection report.

During the inspection the inspector met with 13 residents, two care staff, and the registered manager. There were no visiting professionals or resident's visitors/representatives present during the inspection. The following records were examined during the inspection:

- Three care records
- Accident and incident records
- Staff duty rota
- Staff competency and capability assessments
- Staff induction programme
- Staff training records
- Complaints
- Monthly monitoring reports
- Annual Quality Review report
- Minutes of residents meetings
- Minutes of staff meetings
- Risk Assessments
- Fire safety risk assessment
- Audit records
- Relevant policies and procedures

The inspector left four residents, five resident's representatives and five staff questionnaires to be distributed and returned to RQIA following the inspection. Eight were returned in time for inclusion within this report. These included four from residents, three from staff and one from a representative.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 26 November 2015

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 26 November 2015

| Last care inspection recommendations   |  | Validation of compliance |
|--|--|--------------------------|
| <b>Recommendation 1</b><br><b>Ref:</b> Standard 6.2<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b> 30 November 2015  | The registered manager should ensure a comprehensive care plan is completed for the identified resident.   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Review of care records showed that a comprehensive care plan had been completed for the identified resident.                                      |                          |
| <b>Recommendation 2</b><br><b>Ref:</b> Standard 27.1<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b> 26 December 2015 | The registered manager should ensure that the identified bedrooms are made more personalised and homely as these were sparsely furnished.  | <b>Not Met</b>           |
|  | <b>Action taken as confirmed during the inspection:</b><br>This issue had not been addressed. This recommendation has been stated for a second time in the Quality Improvement Plan appended to this report. |                          |

|   |   |            |
|---|---|------------|
| <b>Recommendation 3</b><br><b>Ref:</b> Standard 8.2<br><b>Stated:</b> First time<br><b>To be completed by:</b> 26 November 2015 | The registered manager should ensure that daily evaluation records are maintained in such a way to reflect personal care and support provided and any changes in the residents' needs. Staff should avoid the overuse of general non-specific statements. | <b>Met</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br>A sample of daily evaluation records were reviewed, these were found to be completed to a satisfactory standard.   |            |

### 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.

On the day of inspection the following staff were on duty:

- Registered manager
- Senior care assistant x1
- Care assistant x1
- Domestic x1
- Cook x1

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

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

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of staff competency and capability assessments were reviewed. The registered manager was advised to develop further the information included on the competency and capability assessments to clearly reflect the duties being undertaken.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

The registered manager confirmed that Enhanced AccessNI disclosures were viewed for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body the Northern Ireland Social Care Council (NISCC) as appropriate.

The adult safeguarding policies and procedures in place were consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, and contact information. The registered manager confirmed that she was the identified safeguarding champion within the home.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was arranged for staff for July 2016.

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; written records were retained.

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 risk management policy 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 these included Control of Substances Hazardous to Health (COSHH), and fire safety.

A recommendation was made that a system should be introduced to reflect the regular cleaning, maintenance and servicing of equipment and medical devices used within the home.

Staff training records confirmed that all staff had received training in Infection Prevention and Control (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. The home was fresh smelling, clean and appropriately heated. A recommendation was made that the carpet on the hallway and stairs should be deep cleaned as it was found to be stained and in need of a thorough clean. A recommendation relating to identified bedrooms being made more personalised and homely has been stated for a second time.

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 registered manager confirmed the most recent fire safety risk assessment was completed on 25 June 2016, records available in the home confirmed this. The report had not been issued at the time of the inspection, this shall be reviewed during the next inspection.

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 and or monthly as stated.

Eight completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents were very satisfied with the care provided.

Three residents commented:

- I am looked after great
- All of the staff treat me very well and respect my needs
- It's very safe

### Areas for improvement

Two areas for improvement were identified in relation to the introduction of a system to reflect the regular cleaning, maintenance and servicing of equipment and medical devices used within the home and also for the carpet on the hallway and stairs to be deep cleaned.

|                               |   |                                   |   |
|-------------------------------|---|-----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations:</b> | 2 |
|-------------------------------|---|-----------------------------------|---|

### 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 resident's 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 regular social events are planned on a monthly basis. One resident shared their experience of attending a local club on a regular basis.

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, 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, staff meetings and staff shift handovers. 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.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who required specialist supports. The registered manager shared an example of advocacy services involvement to promote one residents interests. This is to be commended.

Eight completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents were very satisfied with the care provided.

Two residents commented:

- My care is taken care of all the time.
- I get to the toilet when needed; I get everything handed to me when I want it.

### Areas for improvement

There were no areas identified for improvement.

|                               |   |                                   |   |
|-------------------------------|---|-----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations:</b> | 0 |
|-------------------------------|---|-----------------------------------|---|



## 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 were met within the home.

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 they were aware of not speaking about residents' health conditions in the presence of other residents.

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 the residents had participated in a flower arranging session the day before the inspection. Flower arrangements which the residents had made were on display throughout the home. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example one resident shared that they were a member of a local Church group, another resident enjoys going into the local village on a regular basis.

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.

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 regular residents meetings, monthly monitoring visits, and attendance at care reviews. Residents also make choices about meals and activities.

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. An action plan was developed and implemented to address any issues identified.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. Some comments received from residents during the inspection included:

- "I'm getting on great, this is a good place. The food is great".
- "They are all wild kindly, help you, are good to you".
- "Its good food, a good room, that's half the battle. I like to go for walks outside, I am very happy here".
- "Staff are helpful, I have whatever I need".
- "I like it here, I have all that I need".

Eight completed questionnaires were returned to RQIA from residents, residents’ representatives and staff. Respondents were very satisfied with the care provided.

Two residents commented:

- I feel that I am respected at all times
- It is excellent

**Areas for improvement**

There were no areas identified for improvement.

|                               |   |                                   |   |
|-------------------------------|---|-----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations:</b> | 0 |
|-------------------------------|---|-----------------------------------|---|

**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 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 which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of information displayed around the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was available for inspection.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

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. The registered manager was advised to maintain these in a central part of the home for staff to be able to readily access the information.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff including safeguarding and falls prevention. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents including dementia and record keeping.

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

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular contacts and visits to the home.

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 was displayed appropriately.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s 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. Discussion with staff established that they were knowledgeable regarding the policy and procedure. 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.

Eight completed questionnaires were returned to RQIA from residents, resident representatives and staff. Respondents were very satisfied with the care provided.

Two residents, one resident's representative and two staff members commented:

- Its led excellent.
- Well managed.
- There has always been a very warm and caring environment demonstrated in this home, and my relative is very happy here.
- All staff are well trained within their role in the home, and all aspects of care staff work well together.
- It is a well-managed home.

### Areas for improvement

There were no areas identified for improvement.

|                               |   |                                   |   |
|-------------------------------|---|-----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations:</b> | 0 |
|-------------------------------|---|-----------------------------------|---|

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this 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 may enhance service, quality and delivery.

### 5.3 Actions taken by the Registered Provider

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

### Recommendations

|  |  |
|--|--|
| <p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 34</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>7 September 2016</p>    | <p>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.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/>A cleaning schedule has been drawn up and implemented for regular cleaning, maintenance and servicing of equipment and medical devices.</p> |
| <p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>7 September 2016</p>  | <p>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.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/>Hallway carpet professionally steam cleaned on 1<sup>st</sup> August 2016. Day Room carpet also cleaned.</p>  |
| <p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>7 September 2016</p> | <p>The registered provider should ensure that the identified bedrooms are made more personalised and homely as these were sparsely furnished.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/>Rooms will have been made more personalised and homely by 27<sup>th</sup> August 2016</p>   |

*\*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\**



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 @RQIANews