



The **Regulation** and  
**Quality Improvement**  
Authority

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**Unannounced Care Inspection  
of  
Roughan House**

**26 November 2015**

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

## 1. Summary of inspection

An unannounced care inspection took place on 26 November 2015 from 10.00 to 15.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. Overall the standard we inspected was assessed as being met. One area of improvement was identified for the standard inspected, relating to the completion of a care plan for a recently admitted resident. Two recommendations were made from the additional areas examined. These related to the personalising of identified bedrooms and greater detail to be included in the daily evaluation records maintained in the home.

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 DHSSPS Residential Care Homes Minimum Standards (2011).

### 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>	0	3

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

## 2. Service details

<b>Registered Organisation/Registered Person:</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>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> RC-A, RC-I, RC-LD, RC-LD(E), RC-MP	<b>Number of registered places:</b> 16
<b>Number of residents accommodated on day of inspection:</b> 16	<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 has been met:

**Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

### 4. Methods/processes

Prior to inspection we analysed the following records: notification of accident and incident records submitted to RQIA and the returned Quality Improvement Plan from the last care inspection.

During the inspection the inspector met with 15 residents, two care staff, and the registered manager. There were no resident's visitors/representatives available at the time of the inspection.

The following records were examined during the inspection:

- Three care records
- Accident and incident records
- Relevant policies and procedures
- Minutes of residents meetings
- Fire safety risk assessment
- Complaints records.

The home's annual quality review report and previous four months Regulation 29 visit reports were forwarded to RQIA via email on the afternoon of the inspection. The registered manager confirmed these records had been removed by the provider earlier in the week to ensure completion of same and as result were not in the home.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 21 April 2015. The completed QIP was returned and approved by the care inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 27.4	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.	Met

	<p><b>Action taken as confirmed during the inspection:</b> We inspected the identified fire doors these had been fitted with self-closing devices.</p>	
<p><b>Requirement 2</b> <b>Ref:</b> Regulation 30.(1)(d)</p>	<p>The registered manager must ensure that any accident or incident in the home which adversely affects the care, health, welfare of safety of any resident must be reported to RQIA.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b> We inspected accident and incident records maintained in the home and confirmed that these had been reported and managed appropriately.</p>	
<b>Previous Inspection Recommendations</b>		Validation of compliance
<p><b>Recommendation 1</b> <b>Ref:</b> Standard 21.1</p>	<p>Policies on end of life and management of continence should be developed further to reflect the need for close working relationships with other health care professionals.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b> We inspected the home's policies on end of life and management of continence. These have been developed to reflect the need for close working relationships with other health care professionals.</p>	
<p><b>Recommendation 2</b> <b>Ref:</b> Standard 10.1</p>	<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>	Met
	<p><b>Action taken as confirmed during the inspection:</b> We inspected the home's policy on the management of challenging behaviour. This has been amended to reflect the need to inform RQIA on any occasion that restraint is used.</p>	

<b>Recommendation 3</b> <b>Ref: Standard 27.1</b>	The registered manager should ensure that the wall paper on the staircase in the hallway is made good.	Met
	<b>Action taken as confirmed during the inspection:</b>  Inspection of the environment confirmed that this had been completed.	

### 5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

#### Is care safe? (Quality of life)

In our discussions with the registered manager and staff members on duty they confirmed that individual choices, preferences, or issues of concern identified by residents are listened to and readily acted on. Staff demonstrated to us a good awareness of the values of independence, choice and consent. Staff were aware of the need to consistently demonstrate these values to underpin the practice of the home.

We inspected three care records. Two of these included up to date needs assessments, risk assessments and care plans. These were found to be kept under continual review to reflect the needs and preferences of residents. These care records were signed appropriately by the resident and or their representative. We noted that one of the care records inspected included a needs assessment and risk assessment however the care plan had not yet been completed. We discussed this issue with the registered manager who confirmed that the resident had been admitted to the home six weeks earlier. We made a recommendation that the care plan for the identified resident should be completed without delay.

#### Is care effective? (Quality of management)

The home had a policy and procedure in place for Service User Satisfaction Surveys and Family Satisfaction Survey. These included relevant information and guidance on how to gather the views of residents and their families, templates to be used, and opportunities to make suggestions for improvements.

We reviewed the home's annual quality review report produced using the identified procedures; received by RQIA following the inspection. This included residents' and family members' views in relation to the care delivered and any identified areas of improvement. The registered manager confirmed any issues raised or actions identified would be addressed.

We inspected the previous four months monitoring reports. These demonstrated that residents' views were gathered on a regular basis. We also inspected complaints records maintained in the home. Complaints or issues raised by residents had been dealt with satisfactorily.

Staff members confirmed that residents are involved in planning menus within the home and choosing activities to participate in. We inspected the minutes of residents' monthly meetings

which demonstrated various items discussed on the agenda including meals, laundry, cultural and spiritual interests. We noted that the last monthly meeting had been held in April 2015. We discussed with the manager the benefits of maintaining regular meetings. The registered manager confirmed these would be maintained on a regular basis.

The registered manager confirmed that residents and their representatives would be informed about any planned inspections and would be encouraged to give their views about the home to inspectors.

### **Is care compassionate? (Quality of care)**

In our discussions with the registered manager and staff they confirmed that residents' individual needs and preferences were at the centre of care provision in the home. From our observations of care practices and interactions between residents and staff, warm relations were evident. Residents' were observed as being treated with dignity and respect. Residents' appeared comfortable and at ease in the home.

### **Areas for improvement**

Overall this standard was assessed as being met. We identified one area for improvement in relation to the completion of a care plan for an identified resident.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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## **5.4 Additional areas examined**

### **5.4.1 Residents' views**

We met with 15 residents in the home. In accordance with their capabilities all residents indicated that they were happy in the home, their relationship with staff and the provision of care.

Some comments received from residents included:

- "I am happy here, everyone is very good".
- "I love it here, the food is lovely".
- "This is a good place, everyone helps you".
- "We have all we need".
- "The staff are kind and helpful".

### **5.4.2 Staff views**

We spoke with two care staff. The staff members confirmed to us that they were well supported in their respective roles and that they were provided with the relevant resources to undertake their duties. The staff members confirmed residents' views and comments shape the activities and facilities provided by the home.

### **5.4.3 Accidents and incidents**

We reviewed the accident and incident notifications since the previous inspection; these had been reported and managed appropriately.

#### 5.4.4 Complaints

We reviewed complaint records in the home. All complaints were managed appropriately by the home.

#### 5.4.5 Fire Safety

An up to date fire safety risk assessment was in place. Staff completed training in June 2015. The registered manager confirmed a second fire safety training session would be provided for staff ensuring the completion of two sessions per annum.

#### 5.4.6 General environment

We found the home was warm, clean and tidy with no malodours present. We noted the general decoration to be tired though fit for purpose. We made a recommendation that identified bedrooms should be made more personalised and homely as these were sparsely furnished.

#### 5.4.7 Daily evaluation records

We inspected a selection of daily evaluation records. We found that these lacked detail in regards to the care and support provided to residents. We made a recommendation that these records should be 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.

#### Areas for improvement

We identified two areas of improvement from the additional areas examined. These included making the identified bedrooms more personalised for residents' and ensuring daily evaluation records reflect greater detail regarding personal care and support provided as well as any changes in the residents' needs.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	2
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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 as part of the inspection process. 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 and The Residential Care Homes Regulations (Northern Ireland) 2005.

### **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and The DHSSPS 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 should be completed by the registered person/registered manager and 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. 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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



<b>Quality Improvement Plan</b>			
<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <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>Response by Registered Person(s) detailing the actions taken:</b> A comprehensive care plan was completed for identified resident on 27.11.2015.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <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>Response by Registered Person(s) detailing the actions taken:</b> The identified bedrooms have been made more personal and homely.		
<b>Recommendation 3</b>  <b>Ref:</b> Standard 8.2  <b>Stated:</b> First time  <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>Response by Registered Person(s) detailing the actions taken:</b> Daily evaluation records are now maintained to reflect the personal care and support provided to residents, and to record any changes in residents needs.		
<b>Registered Manager completing QIP</b>	Dolores Carron	<b>Date completed</b>	04.01.2016
<b>Registered Person approving QIP</b>	Patrick McAvoy	<b>Date approved</b>	04.01.16
<b>RQIA Inspector assessing response</b>	Bronagh Duggan	<b>Date approved</b>	25.01.16

*\*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\**