

Unannounced Care Inspection Report 3 January 2018



Roxborough House

Type of Service: Residential Care Home

Address: 2 Dungannon Road, Moy, Dungannon, BT71 7SN

Tel No: 028 8778 9956

Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 30 beds that provides care for residents who may be frail elderly, have mild / moderate dementia for five persons and for two residents with a learning disability. Admissions may also include people who require care via the Southern Health and Social Care short stay rehabilitation service; Step-Up Step- Down or for those people requiring a period respite care. The home is approved to provide day care for five persons.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Francis Rice	Registered Manager: Lucia Donnelly
Person in charge at the time of inspection: Lucia Donnelly	Date manager registered: 5 October 2010
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia LD - Learning Disability X 2 residents	Number of registered places: 30

4.0 Inspection summary

An unannounced care inspection took place on 3 January 2018 from 10.00 to 16.30 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the promotion of a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. Good practice was also evident in relation to governance arrangements, management of accidents and incidents, quality improvement and maintaining good team working relationships.

Areas requiring improvement were identified which included; update training in adult safeguarding for some staff and dementia training for all staff, environmental audit, and recording of the district nurse's interventions within the home's care plans.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Lucia Donnelly, 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.

4.2 Action/enforcement taken following the most recent pharmacy inspection

No further actions were required to be taken following the most recent inspection on 9 August 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Registration details
- Previous report and QIP
- Notifications
- Correspondence

During the inspection the inspector met with all residents, several individually and with others in small group format, four staff and two visiting professionals.

A total of 10 questionnaires were provided for distribution to residents and / or their representatives. Four questionnaires were completed and returned to RQIA within the timescale.

An RQIA information poster was provided on how staff could access satisfaction questionnaires via survey monkey with a mobile code scan. No staff questionnaires were returned to RQIA within the timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Four resident's care file
- Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment and catering
- Equipment maintenance
- Accident/incident/notifiable events
- Annual Quality Review report (2017)
- Minutes of recent residents' meetings

- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures relevant to this inspection

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Lucia Donnelly, registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 09 August 2017

The most recent inspection of the home was an unannounced medicines inspection. No areas were identified for improvement.

6.2 Review of areas for improvement from the last care inspection dated 23 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.8 Stated: First time	The registered person shall ensure that staff meetings take place on a regular basis and at least quarterly. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager, staff and review of minutes evidenced that staff meetings were provided on a regular basis.	

Area for improvement 2 Ref: Standard 20.10 Stated: First time	The registered person shall undertake audit of care plans and service user agreements to identify those which are unsigned. Action plans should be developed to address the outcome of audits undertaken. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The registered manager advised that audits of care plans and service user agreements were undertaken. Records were in place. Where required action had been taken to address issues arising.	
Area for improvement 3 Ref: Standard 1.6 Stated: First time	The registered person shall ensure that residents meetings are held on a regular basis. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The registered manager advised that residents' meetings had commenced during 2017 and that a schedule for 2018 was in place. Minutes of bi-monthly meetings were in place alongside the schedule for 2018.	
Area for improvement 4 Ref: Standard 20.10 Stated: Second time	The registered person shall ensure that audit of fall risk assessment is undertaken to identify undated assessments. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The registered manager advised that audits of fall risk assessments were undertaken as recommended and that all assessments were now dated. Random selection of three risk assessments evidenced compliance with the recommendation.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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 issues or concerns were raised regarding staffing levels during discussion with residents, and staff. A review of the duty roster confirmed that it reflected the staff working each day within the home.

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.

Two recently appointed staff who spoke with the inspector advised that enhanced Access NI disclosures were obtained prior to the commencement of employment.

Discussion with the registered manager and staff and review of records evidenced that an induction programme was in place for new staff, relevant to their specific roles and responsibilities.

Discussion with staff and the registered manager and review of records confirmed that mandatory training, supervision and appraisal of staff were regularly provided with associated schedules in place.

The registered manager advised that all staff were registered with Northern Ireland Social Care Council (NISCC) and that an electronic monitoring system was being developed.

The registered manager explained that review and revision of adult safeguarding policy had been undertaken to ensure the policy was in accordance with the regional Department of Health (DoH) policy / procedures. This policy will be reviewed at the next care inspection. The trust safeguarding champion had been identified.

Discussion with two newly appointed care staff evidenced that they were not aware of the regional adult safeguarding policy. Staff demonstrated awareness of adult safeguarding and the reporting of any matters in this regard. 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 had been provided for most staff. The registered manager explained that she was organising training for the new staff and staff who still require update training.

Discussion took place with the registered manager regarding the provision of update staff training in dementia. The registered manager explained that she would include this training within the staff training analysis for 2018.

Discussion with the registered manager, review of accident and incidents records, care records and complaints records confirmed that no actual or alleged adult safeguarding allegations had occurred since the previous care inspection.

The registered manager advised there were risk management procedures in place relating to the safety of individual residents and that the home did not accommodate any individuals whose assessed needs could not be met. Review of four care records identified that individual care needs assessments and risk assessments were obtained prior to admission and that care plans were in place to meet the identified assessed needs.

The registered manager confirmed that no restrictive practices were undertaken within the home. On the day of the inspection none was observed.

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. For example; moving and handling, control of substances hazardous to health (COSHH) and fire safety.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. The one mechanical hoist in use had been serviced on 12 December 2017. The home's last Legionella Risk Assessment was undertaken on 12 December 2015. No recommendations for improvement were made.

Review of the Infection Prevention and Control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that staff had received training in IPC. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were clean 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.

Good standards of hand hygiene were observed to be promoted within the home 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 the recent outbreak of infection had been managed in accordance with the trust policy and procedures. The outbreak had been reported to the Public Health Agency, trust infection control nurse and RQIA. Appropriate records were retained.

A general inspection of the home was undertaken. The home was fresh smelling, clean and appropriately heated throughout. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items.

Inspection of the internal environment of the home identified that the home was organised, safe and suitable for and accessible to residents, staff and visitors. There were no visible hazards to the health and safety of residents, visitors or staff.

Discussion was held with the registered manager regarding further development of the environment including decoration and furnishings to meet the needs of residents with dementia. The registered manager advised that she would make referral to the trust professional adviser in regard to conducting an environmental dementia audit. It is acknowledged that vast

improvement of the environment has taken place through the provision of new flooring and replacement of some furnishings. Plans were in place to purchase new curtains and matching duvet covers. This will greatly improve the general ambience of bedrooms.

The home had a fire risk assessment which was dated 24 October 2017. Three recommendations for improvement were noted to be addressed and signed as actioned.

Review of staff fire training records confirmed that staff completed fire safety training twice annually with fire drills undertaken. Fire safety records identified that fire equipment; fire alarm systems, emergency lighting and means of escape were checked as required and were regularly maintained.

Residents who spoke with the inspector provided positive feedback in regard to the overall provision of care and life in the home. No issues or concerns were raised or indicated. Some comments included:

- “The staff are very good, I only have to ask them once or ring my bell and they are with me.”
- “It’s not every home that provides care like here, I have been in others but this is the best.”
- “We have choice at meal times and the food is good, couldn’t be better.”

Care Staff spoken with during the inspection made the following comments:

- “The standard of care is very good; we have all the resources we require.”
- “We ensure that residents’ needs are met. Staffing levels are satisfactory.”

One visiting professional advised that the staff were very attentive and that care provided was of a good standard.

Four satisfaction questionnaires were completed and returned to RQIA from residents and their representatives. Respondents described their level of satisfaction with the safe care domain as “very satisfied”.

Areas of good practice

There were examples of good practice found in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment.

Areas for improvement

Update training in adult safeguarding and environmental improvement in respect of dementia residents.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

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

A review of four care records was undertaken. Records 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 residents. Care needs assessments were complemented with risk assessments; manual handling, nutrition, and falls which were updated on a regular basis or as changes occurred. One area identified for improvement related to ensuring that the specific needs requiring intervention by the district nurse is recorded within the home's care plan.

The care records reviewed also reflected evidence of the multi-professional input into the residents' health and social care needs which were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach always underpinned their practice. For example; ensuring each resident and/or their representative were consulted on all aspects of care and life within the home ensuring their views and preferences were sought and acknowledged.

The registered manager advised 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 risk assessments, care plans, care review, medication, fire safety, accidents and incidents, were available for inspection. The registered manager evidenced that any areas identified for action and improvement were incorporated into practice. Evidence of quality review was contained within the monthly monitoring visit reports where the views of service users, relatives and staff are sought; action to address previous improvement recommendations and standard of the environment were also reflected.

The registered manager confirmed that systems were in place to ensure effective modes of communication with residents, their representatives and other key stakeholders. These included for example; pre-admission information, multi-professional team reviews, residents' meetings, daily staff briefings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an "open door" policy to everyone.

Residents spoken with and observation of care practice evidenced that staff communicated effectively with residents and other key stakeholders who visited. Minutes of bi-monthly resident meetings were reviewed during the inspection. Residents confirmed that they enjoyed the meetings as they provided opportunity to have discussions about the home, what they liked to do and plan their activities and meals.

Discussion with the registered manager, review of care records and accident and incident records 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.

Staff spoken with during the inspection made the following comments:

- “We have all the resources necessary to meet the needs of our residents.”
- “Residents are always involved in the planning of their care.”
- “We feel very well supported by our manager.”

No issues or concerns were raised or indicated by staff.

One visiting trust professional nurse commented that staff were always available when they visited and that they were attentive to residents and that the district nurse’s care plan was retained within the home and shared with care staff. No issues or concerns were raised.

Positive responses were received from residents who spoke with the inspector. One comment included;

“Everything is good here, I do not have a complaint about anything and if I did I know who to talk to; the manager would soon put it right for me.”

Four satisfaction questionnaires were completed and returned to RQIA from residents and their representatives. Respondents described their level of satisfaction with the effective care domain as “very satisfied”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

One area identified for improvement related to ensuring that the specific needs requiring intervention by the district nurse is reflected within the home’s care plan.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were 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. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager and residents confirmed that consent was always sought in relation to the provision of care and treatment. Discussion with residents and staff and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. For example; the provision of care would only ever be discussed with those who need to know and care records were securely stored.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

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; residents' meetings, suggestion book retained at reception, annual reviews and through daily conversations with residents and visiting relatives.

Residents advised they were consulted 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 within the home. An action plan was put in place to address any issues identified. Improvements included planned redecoration of some rooms, replacement of some furnishings, review of activities and Christmas dinner at a local hotel.

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; they were encouraged to participate in activities which were reflected within their life histories or through discussion choose to develop new skills. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example; provided access to telephone, some residents leave the home with their relative to have tea, coffee or lunch at the local restaurant / hotel and attended church when desired.

Staff and residents spoken with during the inspection gave positive feedback in regard to the provision of compassionate care. No issues or concerns were raised or indicated.

Four completed questionnaires were returned to RQIA from service users and relatives. Respondents described their level of satisfaction with the compassionate domain of care as "very satisfied".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager described the management arrangements and governance systems. These were found to be in line with good practice. The manager advised that the needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

There was a clear organisational structure and all staff who spoke with the inspector was aware of their roles, responsibility and accountability. Discussion with the registered manager identified her understanding of the registered manager's role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home by way of the registered manager's supervision held with her line manager and through monthly monitoring visits.

A range of policies and procedures was in place to guide and inform staff. Policies were held electronically and in hard copy format which were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures viewed were systematically reviewed every three years or more frequently as changes occurred.

There was a corporate complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and leaflets displayed. Discussion with four staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Discussion with the registered manager and review of the complaints records confirmed that no complaints were received since the previous care inspection. However, arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Should a complaint be received trust template records were available which included sections for investigation, communication with complainants, and outcome of investigation and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident/incident/notifiable events policy and procedure which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and where required reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken by the registered manager. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. These are reflected within other sections of this report.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

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.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered manager respond to regulatory matters in a timely manner.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and they will always offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Staff spoken with during the inspection confirmed that there was very good teamwork and that the home was very well led by the registered manager who provided good support; provision of staff meetings, supervision, appraisal and the “open door” approach provided to everyone.

Four completed questionnaires were returned to RQIA from service users and relatives. Respondents described their level of satisfaction with the well led domain as “very satisfied”.

Residents who spoke with the inspector gave positive feedback in regard to the service which they advised was “very well led”. No issues or concerns were expressed or indicated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lucia Donnelly, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 23.4 Stated: First time To be completed by: 31 March 2018	<p>The registered person shall ensure that update training is provided;</p> <ul style="list-style-type: none"> • Adult safeguarding for new staff and other staff who are unaware of the new DoH policy and procedures and development of the corporate trust policy / procedures • Dementia training for all staff in accordance with their roles and responsibilities. <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Adult safeguarding training for all staff is being arranged. Dementia training is being included in the Residential Homes training needs analysis.</p>
Area for improvement 2 Ref: Standard 27.3 Stated: First time To be completed by: 31 March 2018	<p>The registered person shall ensure that referral is made to the trust professional dementia care adviser in regard to conducting a dementia environmental update audit. The outcome of the audit should be discussed with the head of residential and day care services and an action plan developed to address recommendations to include planned phased timescales for improvement.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A referral has been made to Mr Nigel McClelland SHSCT Risk Manager who is authorised to conduct a Dementia Environmental Audit. This has been planned for 14th March 2018.</p>
Area for improvement 3 Ref: Standard 6.2 Stated: First time To be completed by: 4 January 2018	<p>The registered person shall ensure that the specific resident's needs requiring intervention by the district nurse is reflected within the home's care plan.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager can confirm that the Care plans reflect the intervention by district nurses for residents with specific needs.</p>

Please ensure this document is completed in full and returned via Web Portal



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