

Inspection Report

2 December 2021



Roxborough House

Type of Service: Residential Care Home (RCH)
Address: 2 Dungannon Road, Moy, Dungannon, BT71 7SN
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| <p>Organisation/Registered Provider: Southern Health and Social Care Trust (SHSCT)</p> <p>Registered Person: Mr Shane Devlin</p> | <p>Registered Manager: Ms Claire McKeever – not registered</p> |
| <p>Person in charge at the time of inspection: Ms Claire McKeever</p> | <p>Number of registered places: 30</p> <p>A maximum of 7 residents in category RC-DE and maximum of 1 identified resident in RC-LD (E) category. The home is approved to provide care on a day basis only to 5 persons.</p> |
| <p>Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia.</p> | <p>Number of residents accommodated in the residential care home on the day of this inspection: 21</p> |
| <p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 30 people. The home is divided into two floors and each resident has their own bedroom. Residents also have access to communal areas with secure outside spaces.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 2 December 2021 between 10.10am and 4.45pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

A meeting was held in the RQIA offices on 13 December 2021 to discuss the outcomes of the inspection. This was in relation to the home's registered categories of care specifically the provision of dementia care for residents as there were a number of residents currently placed within the home under this category who do not have a formal diagnosis of dementia. This meeting was attended by videoconference by the manager and a representative on behalf of the registered person. At this meeting, RQIA were provided with plans to address this matter. An action plan with timeframes was submitted to RQIA following the meeting.

The home was warm and free from malodour. Staffing arrangements were found to be safe and adjusted if required. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles with training and resources.

Residents were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner. The feedback from residents confirmed that they were satisfied with the care and service provided in Roxborough House.

One new area of improvement was identified during this inspection in relation to care records. One area of improvement was carried forward for review to the next inspection and one area of improvement was stated for the second time.

RQIA were assured that the delivery of care and services provided in Roxborough House was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

We met with 18 residents and five staff either individually or in small groups.

Residents told us that felt safe and that they were well cared for. They described the staff as being helpful and friendly. Residents stated that they enjoyed the food and there was always a choice of food available. Residents commented that they were able to make their own choices and decisions and were involved in their care.

Staff spoke positively about working in the home and advised there was good team work within the home. Discussion with the staff confirmed that they were knowledgeable in relation to the specific needs of the residents. Staff said that the manager was very approachable and that they felt well supported in their role.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 09 February 2021 | | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 1 (d) Stated: Second time | The registered person shall ensure that notifications of incidents which require to be notified are forwarded to RQIA. | Met |
| | Action taken as confirmed during the inspection: An inspection of the records of accidents and incidents confirmed these were appropriately reported. | |
| Area for improvement 2 Ref: Regulation 27 (4) (e) Stated: First time | The registered person shall ensure that fire safety training is completed for all staff twice yearly. | Met |
| | Action taken as confirmed during the inspection: A review of training records confirmed that this area for improvement was met. | |

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| <p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that stairwell areas do not contain inappropriate storage.</p> <hr/> <p>Action taken as confirmed during the inspection: An inspection of the environment confirmed that this area for improvement was met.</p> | <p>Met</p> |
| <p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p> | | <p>Validation of compliance</p> |
| <p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> | <p>The registered person shall ensure that the duty rota reflects:</p> <ul style="list-style-type: none"> • the grades of staff working in the home • the hours worked by the manager in the home • the hours worked by the senior care staff in the sleepover role. <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met.</p> <p>A review of the duty rota confirmed that the grades of staff working in the home and the hours worked by the manager in the home were recorded. However the hours worked by the senior care staff in the sleepover role was not recorded.</p> <p>This area for improvement will be stated for the second time.</p> | <p>Partially met</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> | <p>The registered person shall ensure that the guidance on the post falls pathway is followed when a resident sustains a fall.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> | <p>Carried forward to the next inspection</p> |

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, first aid and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. There was a system in place to ensure that staff received regular supervision and appraisal.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. However the duty rota did not record the hours worked by the senior care staff in the sleepover role. This area for improvement will be stated for the second time.

Staff told us that there was enough staff on duty to meet the needs of the residents. The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff said teamwork was good and that the manager was approachable. Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, where and how they wished to spend their time.

Residents said that staff were always available to help them and that they were kind to them.

5.2.2 Care Delivery and Record Keeping

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner and by offering personal care to residents discreetly. This was good practice.

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. We observed staff to be prompt in recognising residents' needs and any early signs of request for assistance.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. During the lunchtime meal the atmosphere was calm, relaxed and unhurried.

Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. All of the staff spoken with were knowledgeable of the residents' nutritional needs and provided assistance and support as needed.

There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Residents told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff. Meals were covered during transportation to residents who chose to have their lunch in their bedrooms.

Overall care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. However we noted on one care record where this resident was in receipt of food supplements and this was not recorded on the care plan. In addition the nutritional risk screening tool was not fully completed. This was identified as an area for improvement.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their admission to the home. Following admission care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. In addition, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a good standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items that were important to them such as family photographs and ornaments. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

We observed that there is refurbishment underway in the home. This included redecoration, new flooring and replacement of furniture.

Fire exits and corridors were observed to be clear of clutter and obstruction. The home's most recent fire safety risk assessment was completed on 3 December 2020. Any areas for improvement identified within this assessment were addressed.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff. Advice was given to the manager to minimise the footfall of staff into the isolation area in order to further enhance IPC measures.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Staff were seen to be attentive to residents needs including their social well-being. A programme of activities was in place which mostly involved one to one time with residents or in small groups. We observed some residents engaged in puzzles, while others were reading their daily paper and watching television.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Three residents made the following comments; "I am very happy so far; I have no complaints." "I like it here, the food is good, I am well looked after" and "I feel very safe in here, it's a great place. The staff are very accommodating; they would help you as best they can. The food is very good."

5.2.5 Management and Governance Arrangements

There has been a change in the management arrangements since the last inspection. Ms Claire McKeever is now the manager in this home.

Staff were aware of who the manager of the home was and demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about resident care or staffs' practices. Staff commented positively about the manager and described her as approachable and accessible.

During the inspection it was noted that there were a number of residents currently placed within the home under the category of dementia who do not have a formal diagnosis of dementia. The manager and a representative on behalf of the registered person attended a meeting with RQIA to discuss this matter. Assurances and an action plan were provided to RQIA to address this matter going forward.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered person to consult with residents' their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2011)**.

| | Regulations | Standards |
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| Total number of Areas for Improvement | 0 | 3 |

* the total number of areas for improvement includes one area that has been stated for a second time and one area which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Claire McKeever, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) | |
| Area for improvement 1 Ref: Standard 6.6 Stated: First time To be completed by: With Immediate effect | <p>The registered person shall ensure that the guidance on the post falls pathway is followed when a resident sustains a fall.</p> <p>Ref: 5.1</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>;</p> |
| Area for improvement 2 Ref: Standard 25.6 Stated: Second time To be completed by: With Immediate effect | <p>The registered person shall ensure that the duty rota reflects:</p> <ul style="list-style-type: none"> • the grades of staff working in the home • the hours worked by the manager in the home • the hours worked by the senior care staff in the sleepover role. <p>Ref: 5.1</p> <hr/> <p>Response by registered person detailing the actions taken: The Duty Rotas have been amended and now clearly reflect compliance with standard 25.6 This includes: The grades of staff working in the home The hours worked by the line manager in the home the hours worked by the senior staff in the sleep over role .</p> |
| Area for improvement 3 Ref: Standard 6.2 Stated: First time To be completed by: With Immediate effect | <p>The registered person shall ensure that care plans accurately reflect the needs of the residents. This is specifically in relation to nutrition and nutrition screening tools should be fully completed.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager as discussed and reviewed the improvement issues raised by the inspector regarding nutrition All residents care plans have now been reviewed and revised to ensure that all individual care plans are fully completed and clearly document nutritional supplements residents have been prescribed. Raising awareness, and identifying those individuals most at risk of malnutrition in the residential home is the cornerstone of good nutritional care. To achieve this all residents are screened for risk of malnutrition, as appropriate, and receive appropriate nutritional care that is acceptable and meets their</p> |

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| | <p>nutritional needs.</p> <p>The Registered Manager can also confirm that MUST (Malnutrition Universal Screening Tool) training has been booked for February 2022 for staff in Roxborough House. This will be a combination of new and refresher training.</p> |
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