



Unannounced Care Inspection Report

08 January 2019



Roxborough House

Type of Service: Residential Care Home

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

Tel No: 028 8778 4278

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 residential care beds registered with RQIA to provide care for frail elderly people including three residents with dementia (mild to moderate) and one resident with a learning disability. The home can also provide day care for a maximum of five service users.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Shane Devlin	Registered Manager: Lucia Donnelly
Person in charge at the time of inspection: Lucia Donnelly	Date manager registered: 05/10/2010
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia LD - Learning Disability	Number of registered places: Total number of 30 residents comprising: RC – I - 26 residents RC – DE- 03 residents RC – LD - 01 resident 05 places for day care service

4.0 Inspection summary

An unannounced care inspection took place on 08 January 2019 from 11.00 to 16.00 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. There were examples of good practice found throughout the inspection in relation to governance arrangements, staffing levels, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

No areas for improvement were identified.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Lucia Donnelly, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 April 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, 12 residents, three staff and one visiting professional.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Six questionnaires were returned by five residents and one resident's representatives. No staff questionnaires were returned to RQIA within the agreed timescale.

During the inspection a sample of records was examined which included:

- staff duty rota
- induction programme for new staff
- staff supervision and annual appraisal schedules
- staff training schedule and training records
- three residents' care files
- minutes of staff meetings
- complaints and compliments records
- audits
- accident, incident, notifiable event records
- annual Quality Review report (2018)
- minutes of recent residents' meetings
- reports of visits by the registered provider
- menus
- Legionella risk assessment
- Fire safety risk assessment
- fire safety
- individual written agreements
- programme of activities
- policies and procedures

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 April 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 30 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (1) (c) Stated: First time	The registered person shall ensure that the placement of one resident is addressed without further delay. RQIA to be notified of the arrangements agreed. Ref: 6.4	Met
Action taken as confirmed during the inspection: Resident transferred to an appropriate placement.		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 5.2 Stated: First time	The registered person shall ensure that a nutritional risk assessment is undertaken on all new residents admitted to the home. Ref: 6.5	Met

	<p>Action taken as confirmed during the inspection: New residents have a nutritional assessment undertaken on admission; as advised by the registered manager. Three care records randomly selected and examined contained risk assessments.</p>	
<p>Area for improvement 2 Ref: Standard 6.2 Stated: Second time</p>	<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: 6.2 and 6.5</p>	Met
	<p>Action taken as confirmed during the inspection: The care record examined contained a nutritional risk assessment.</p>	
<p>Area for improvement 3 Ref: Standard 20.2 Stated: First time</p>	<p>The registered person shall ensure;</p> <ul style="list-style-type: none"> • Action taken to address negative responses contained within resident / relative satisfaction questionnaires is reflected within the report • Include reference to the environment and food/meals within the resident satisfaction questionnaire <p>Ref: 6.5</p>	Met
	<p>Action taken as confirmed during the inspection: Review of the annual quality report evidenced the inclusion of the action taken to address resident responses and the quality of food/ meals.</p>	
<p>Area for improvement 4 Ref: Standard 28.1 Stated: First time</p>	<p>The registered person shall ensure that regular audit of all accidents/incidents are undertaken so that trends and patterns can be identified and measures put in place to minimise recurrence.</p> <p>Ref: 6.7</p>	Met

	<p>Action taken as confirmed during the inspection: Records of audits were reviewed and discussed with the registered manager. It is pleasing to note the action taken to address identified trends/patterns and the reduction of accidents.</p>	
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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.

On arrival at the home the inspector was welcomed by the registered manager who remained on duty throughout the inspection.

All residents were observed to be up washed and dressed with their personal care needs attended. Residents were observed within several locations the home; residents were observed to move freely around the home. Several residents sat within the lounge quietly conversing while others choose to remain within their bedrooms watching television or reading. Some residents sat at the reception area where they enjoyed watching the comings and goings of people entering and leaving the home. Residents spoke freely with the inspector and advised that they had enjoyed their breakfast earlier in the morning and were looking forward to their mid-morning tea.

Many residents were observed mobilising throughout the day by way of the provision of zimmer frames or delta rollators which were noted to be clean and in good state of repair. Residents were supervised and assisted by staff in a respectful professional manner.

Resident call bells were promptly answered by staff who provided assistance and support as required.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Any turnover of staff was kept to minimum, where possible, and was monitored by the registered manager. New staff appointments made since the previous care inspection included an additional senior care assistant and replacement administrative assistant.

A review of the duty rota confirmed that it accurately reflected the staff working within the home.

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

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with 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.

The registered manager confirmed that staff continue to be recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that staff recruitment files were retained within the SHSCT human resource department.

The registered manager advised that Access NI enhanced disclosures was undertaken for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with the Northern Ireland Social Care Council (NISCC). Care staff spoken with advised that they were registered.

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 provided for all staff.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any residents whose assessed needs could not be met. A review of care records identified that resident care needs and risk assessments were obtained from the trust prior to admission.

The registered manager advised there were no restrictive practices within the home and on the day of the inspection none were observed.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in 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 hand towels wherever care was delivered. Personal Protective Equipment (PPE), for example, disposable gloves and aprons, was available throughout the home. 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.

IPC compliance audits were undertaken and action plans developed to address any deficits noted.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with SHSCT policy and procedures, reported to the Public Health Agency, and RQIA with appropriate records retained.

The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home had good lighting, was fresh-smelling, clean, organised and appropriately heated throughout.

Inspection of the internal environment identified that the home was 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. No malodours were detected in the home.

The home had a fire risk assessment which was dated 03 December 2018. Three recommendations made for improvement was a work in progress. The registered manager agreed to complete the RQIA estates check list, sign and return to RQIA following the inspection. It was established that currently no residents smoked.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. Records included the staff who participated. The registered manager agreed to ensure that any staff learning outcomes would be included. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked in accordance with and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents, staff, one visiting professional spoken with during the inspection made the following comments:

- "I get really good care and attention here, well pleased" (resident)
- "We have all we need here, staff are very attentive" (resident)
- "Great home, no issues about care, staff great" (resident)
- "Staffing satisfactory in meeting the needs of residents each day" (staff)
- "I monitor the provision of residents care in respect of the intermediate care scheme and find that staff follow the care plan" (visiting professional)

Six completed questionnaires were returned to RQIA from residents/residents' representatives. All respondents described their level of satisfaction with this aspect of care as "very satisfied".

Comments received from two respondents as follows:

- "My XXXX has been cared for with great professionalism by a wonderful group of staff – can't praise them enough" (relative)
- "I am very happy with being here" (resident)

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

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. Care needs assessment and risk assessments; manual handling, nutrition and falls, were reviewed and found to be updated when necessary.

The care records also reflected the multi-professional input into the residents' health and social care needs and 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. An individual agreement setting out the terms of residency was in place and appropriately signed.

The provision and serving of meals were observed by the inspector. The daily menu displayed showed resident choice of meals on the day. A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. All residents choose to use the dining room where tables were nicely set with a range of condiments, napkins and choice of drinks. Meals were served by staff in respectful manner. Supervision and assistance was also provided by staff. Adequate sized portions of food were served and additional portions offered.

The cook advised that staff had been trained in the use of the International Dysphasia Diet Standardisation Initiative (IDDSI).

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals were made to the multi-professional team to address any concerns identified in a timely manner.

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, accidents and incidents (including falls, outbreaks), complaints, environment, catering was available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of review was contained within the monthly reports of the visits undertaken on behalf of the registered provider.

The registered manager advised 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. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection.

Observation of care practice evidenced that staff communicated effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, RQIA inspection reports, annual satisfaction survey report and Annual Quality Review report, Resident meeting minutes were also available.

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.

Residents, staff, one visiting professional and residents' visitors/representatives spoken with during the inspection made the following comments:

- "The meals are very good and we have a choice" (resident)
- "Yes Staff follow my care plan" (resident)
- "I would give the home five out of five for the effectiveness of care* (staff)
- "I feel the care is effective and we always ensure that time is afforded to keep accurate records" (staff)

Six completed questionnaires were returned to RQIA from residents/residents' representatives. All respondents described their level of satisfaction with this aspect of care as "very satisfied".

Comment received from one resident was as follows:

- "Happy with what I am getting "

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 interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

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

The registered manager and residents who spoke with the inspector confirmed that consent was always sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

Residents were provided with information in a format which they could understand and enabled them to make informed decisions regarding their life, care and treatment. Care plans, menus and the activity programme, for example, were displayed and written in a way which they could understand.

Discussion with staff and residents alongside observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example; residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, suggestion box and visits undertaken on behalf of the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read. Improvements made as direct result of the resident consultation included additional therapeutic activities, new television, CD and radio for the second lounge and provision of digital clocks. Other items purchased included replacement macerator and new mechanical hoist.

Discussion with staff and residents observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities including reminiscence, passive exercises, walking, arts and crafts, word games and bingo. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents and staff who spoken with during the inspection made the following comments:

- “We have a good range of things to do if we want to participate” (resident)
- “ Yes staff always seek permission if they want to carry out treatment or care” (resident)
- ““We always treat our residents with dignity and respect” (staff)

Six completed questionnaires were returned to RQIA from residents/residents’ representatives. Five respondents described their level of satisfaction with this aspect of care as “very satisfied”. One respondent (resident) indicated “unsatisfied”. No comment was made in this regard.

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 outlined the management arrangements and governance systems in place within the home and stated 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.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager stated that 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 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 Resident's Guide and information on display in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

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.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these 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 reviewed as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Planned training included dementia and fire safety.

A visit by the registered provider 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, RQIA and any other interested parties to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home by way of governance arrangements, management meetings, visits made on behalf of the registered provider and telephone calls and emails.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed in accordance with legislation.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

Residents and staff spoken with during the inspection made the following comments:

- “Our manager is always approachable and listens to our views” (staff)
- “We have regular staff meetings and supervision, kept well informed and encouraged to make suggestions on areas for improvement” (staff)”
- “Since I came here I noticed that there was very good team work” (staff)
- “The manager is always around seeing that we are happy and content” (resident)

Six completed questionnaires were returned to RQIA from residents/residents’ representatives. Five respondents described their level of satisfaction with this aspect of care as “very satisfied”. One respondent (resident) indicated “unsatisfied”. No comment was recorded in this regard.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints 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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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