



Unannounced Care Inspection Report 9 February 2021



Roxborough House

Type of Service: Residential Care Home (RCH)
Address: 2 Dungannon Road, Moy, Dungannon, BT71 7SN
Tel No: 028 8778 4278
Inspector: Laura O'Hanlon

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 30 residents.

3.0 Service details

<p>Organisation/Registered Provider: Southern Health and Social Care Trust (SHSCT)</p> <p>Responsible Individual: Shane Devlin</p>	<p>Registered Manager and date registered: Claire McKeever – acting no application required</p>
<p>Person in charge at the time of inspection: Rodney Ewins, senior care assistant until 14.00. Lucia Donnelly, senior care assistant from 14.00.</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 home on the day of this inspection: 12</p>

4.0 Inspection summary

An unannounced inspection took place on 9 February 2021 from 09.45 to 15.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

Residents said that they felt safe in the home and that staff were kind to them.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lucia Donnelly, senior care assistant, 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.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 12 residents and seven staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the person in charge with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas
- two staff competency and capability assessments
- staff training records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the Regulation 29 monitoring reports
- COVID-19 information file
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and not 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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 26 February 2020.

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 1 (d) Stated: First time	The registered person shall ensure that notifications of incidents which require to be notified are forwarded to RQIA.	Not met
	Action taken as confirmed during the inspection: We reviewed the records of accidents and incidents and identified a number of accidents and incidents which were not reported. This area for improvement was stated for the second time.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: Second time	The registered person shall ensure that the standardised care plans do not included needs which are not applicable to the residents' current health and social care. Where necessary residents' standardised templates should be amended to exclude these or indicated a record as "not applicable	Met
	Action taken as confirmed during the inspection: A review of three care records confirmed that where standardised templates were used; the relevant areas of need were clearly identified.	

<p>Area for improvement 2</p> <p>Ref: Standard 5.4 & 13.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure:</p> <ul style="list-style-type: none"> needs assessment within care records are signed/dated by the staff member and by the resident or their representative where appropriate. the inclusion of preferred activities, spiritual needs is reflected within care records. 	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of three care records confirmed that needs assessments were appropriately signed and dated. Care records also included information on residents' preferred activities and spiritual needs.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 23.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure a record is retained of staff attendance at training in the terminology for modified diets and fluids, known as International Dysphasia Diet Standardisation Initiative (IDDSI).</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the person in charge confirmed that staff had attended training in International Dysphasia Diet Standardisation Initiative (IDDSI).</p>		

6.2 Inspection findings

6.2.1 Staffing

During the inspection we could see that residents' needs were met promptly by the staff on duty. The person in charge explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated; the person in charge further stated that staffing levels would be adjusted when needed. Discussion with the residents and staff confirmed that they were satisfied with the staffing arrangements in the home. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

Staff were knowledgeable about the needs of the residents and were seen to speak to them kindly and with warmth. Staff told us that teamwork was good and that the manager was both supportive and approachable. The staff reported that they all work together for the benefit of the residents. Staff spoken with commented positively on their work in the home; some comments included:

- “This is a good place, it’s homely and there is good care provided here. There is great teamwork.”
- “I like working here; there is great team work and it’s a homely home. Everyone gets on very well.”
- “There is good teamwork here; the residents can get anything they want.”

We could see that the duty rota identified the person in charge of the home in the absence of the manager and the full names of staff. However the grades of staff were not recorded and we were unable to identify the hours worked by the manager. In addition it did not accurately reflect the staff on duty in the home; the hours worked by the senior care assistant on the sleepover shift was not recorded. This was identified as an area for improvement.

We reviewed two staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager’s absence. There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC). Discussion with the person in charge confirmed this is monitored and maintained on an up to date basis.

We reviewed the records of staff training and identified that there were gaps in relation to staff compliance training in fire safety. Four staff had not completed fire safety training within the last year and a number of staff had only completed this training once in 2020. This was identified as an area for improvement.

6.2.2 Infection prevention and control procedures (IPC)

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available.

One of the staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. We observed that staff used PPE according to the current guidance. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed with attention to detail. Residents appeared to be content and settled in their surroundings and in their interactions with staff.

The atmosphere in the home was calm, relaxed and friendly. We found that residents were chatty and engaged. Residents who were less well able to communicate were seen to be content in their surroundings. Residents spoke positively about life in the home, the staff and the food.

Some comments made by residents included:

- “It’s a good place here; the staff are very kind. I can get a cup of tea anytime I want.”
- “I have settled very well. I like it here and the staff are very kind. If I want anything I use the buzzer. The food is all very good.”
- “The staff are all very kind, you can get anything you want.”

The staff told us that they recognised the importance of maintaining good communication with families during the current pandemic. The care staff assisted residents to make phone or video calls with their families in order to reassure relatives that their loved one was well.

6.2.4 Care records

We reviewed three care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the residents. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Overall care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs. However we identified a care record where a resident was recently commenced on dietary supplements and this information had not been updated in the care plan. We discussed this with the person in charge who agreed to ensure this was amended.

Risk assessments including the management of falls were also present. We noted when a resident sustained a fall that the care plan and risk assessment were not reviewed in accordance with the guidance on the management of falls. This was identified as an area for improvement.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents’ needs, as required.

6.2.5 Environment

We reviewed the environment and looked at a selection of bedrooms, bathrooms, lounges, the dining room and storage areas. We observed that the home was warm, clean, tidy and fresh smelling throughout. Residents’ bedrooms were personalised with meaningful items.

Equipment was found to be maintained in a clean condition and to be stored appropriately in the home. We observed that work had commenced outside to develop a sensory garden for the residents. We were informed by the person in charge that there are plans in place for refurbishment inside the home.

We observed a stairwell which contained inappropriate storage. This was identified as an area for improvement.

6.2.6 Governance and management arrangements

Discussion with the person in charge and the staff confirmed that there is a clear management structure within the home. Following the last inspection a new manager was appointed in a temporary capacity. The staff spoken with commented positively about the manager and described her as supportive and approachable. Comments included:

- “The manager has been very supportive and approachable.”

A system of audits was in place in the home. Examples of such audits reviewed were, the management of IPC, equipment and hand hygiene. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A review of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome. Records of compliments were also retained in the home.

An inspection of accidents and incident reports was undertaken. Review of these records evidenced that not all notifiable incidents had been reported to RQIA. This was discussed with the person in charge to clarify those accidents and incidents which should be reported. This area for improvement was stated for the second time.

A visit by the registered provider’s representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of the visits undertaken in November 2020 and December 2020 were reviewed. These reports were noted to have been completed in a robust and effective manner. An action plan within these reports had been developed to address any issues identified.

We noted within these monitoring reports where legionella was present in the home in November 2020. This was discussed during the inspection and followed up with the estates inspector after the inspection. Confirmation was provided by the home that this matter had been addressed appropriately and that the required weekly checks were being completed. This matter should have been reported to RQIA at the time and forms part of the area for improvement in relation to reporting arrangements which was stated for the second time.

Areas of good practice

Evidence of good practice was found in relation to maintaining residents’ dignity and privacy. We observed friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

Areas for improvement

Five areas for improvement were identified in relation the reporting of accidents and incidents, fire safety issues, staff duty rota and care records.

	Regulations	Standards
Total number of areas for improvement	3	2

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. The environment was clean and tidy. Feedback from residents evidenced that they were very satisfied with the standard of care being provided.

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, senior care assistant, 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 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 1 (d) Stated: Second time To be completed by: With Immediate effect	<p>The registered person shall ensure that notifications of incidents which require to be notified are forwarded to RQIA.</p> <p>Ref: 6.2 & 6.2.6.</p> <p>Response by registered person detailing the actions taken: The Registered Manager has ensured that all Senior staff have been reminded of the requirement to notify RQIA in the event of medical intervention when a resident sustains a fall. The Registered Manager will ensure that all incidents which require a notifications are forwarded to RQIA,</p>
Area for improvement 2 Ref: Regulation 27 (4) (e) Stated: First time To be completed by: 9 March 2021	<p>The registered person shall ensure that fire safety training is completed for all staff twice yearly.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Person will ensure that fire safety training is completed for all staff twice yearly. The Registered Manager has put in place arrangements for all staff to complete fire training via e-learning or attend zoom sessions twice yearly as per requirements and to ensure that this training is undertaken at 6 monthly intervals. Face to Face fire training has been suspended during Covid pandemic and outbreaks in home but this will be recommence when restrictions are lifted. All staff have also been reminded of the importance of ensuring they provide the date they complete the training to the administration staff to log on the training database. Admin staff have been instructed of the importance that this is kept up to date at all times.</p>
Area for improvement 3 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that stairwell areas do not contain inappropriate storage.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: All items which were stored in the identified stairwell were cleared with immediate effect on the day of the inspection. Signage has been erected to keep area clear and all Staff have been reminded to not store items in these areas.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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. <p>Ref: Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager has revied the duty rota . This has now been amended to identify the grades of staff working in the home, the hours worked by the manager and the hours worked by senior staff in the sleepover role.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<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: 6.2.4</p> <p>Response by registered person detailing the actions taken: The Registered Person has ensured that all staff have had access to and are familiar with the guidance on the post falls pathway to ensure that this is followed when a resident sustains a fall . The Senior staff have been reminded to ensure that when a resident falls, that the care plan and risk assessment are reviewed in accordance with the guidance on the management of falls.</p>

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



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