



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Service and ID: Roxborough House (1554)**

**Date of Inspection: 11 September 2014**

**Inspector's Name: Alice McTavish**

**Inspection ID: IN017469**

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 General information

<b>Name of Service:</b>	Roxborough House
<b>Address:</b>	2 Dungannon Road Moy Dungannon BT71 7SN
<b>Telephone number:</b>	(028 ) 8877 84278
<b>E mail address:</b>	Roxborough.Roxborough@southerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Mrs Anne Mairead McAlinden Southern HSC Trust
<b>Registered Manager:</b>	Mrs Lucia Donnelly
<b>Person in charge of the home at the time of inspection:</b>	Mrs Lucia Donnelly
<b>Categories of care:</b>	RC-I, RC-DE
<b>Number of registered places:</b>	30
<b>Number of residents accommodated on Day of Inspection:</b>	22
<b>Scale of charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	Primary Announced Inspection 5 February 2014
<b>Date and time of inspection:</b>	11 September 2014 9.45am – 2.50pm
<b>Name of Inspector:</b>	Alice McTavish

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the inspection**

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/process**

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and visiting professionals
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## **5.0 Inspection focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

**Standard 9, Health and social care.**

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of service

Roxborough House Residential Care home is situated within the village of Moy close to all amenities.

The residential home is owned and operated by Southern Health and Social Care Trust. Mrs Lucia Donnelly is manager of the home and has been registered manager for four years.

Accommodation for residents is provided in single bedrooms on the ground and first floors with a number of communal sanitary facilities available throughout the home. Access to the first floor is via a passenger lift and stairs. Communal lounges are located on the ground and first floors and a large dining area is situated on the ground floor near the reception hall. The home also provides for catering and laundry services on the ground floor along with a hairdressing room, medical treatment room and various staff offices. There are gardens to the front and rear and car parking spaces are available to the front of the home.

The home is registered to provide care for a maximum of 30 persons under the following categories of care:

### Residential care

I	Old age not falling into any other category
DE	Dementia
LD	Learning Disability

### Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of five residents.

## 7.0 Summary of inspection

This secondary unannounced care inspection of Roxborough House was undertaken by Alice McTavish on 11 September 2014 between the hours of 9:45am-2.50pm. Mr Rodney Ewins, Senior Care Assistant and person in charge of the home, was available during the inspection. Mr Ewins and Mrs Tiarna Armstrong, Head of Residential and Day Care Services in Southern Health and Social Care Trust, were available for verbal feedback at the conclusion of the inspection.

The requirement and recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed most areas as required within the timescales specified, however, one recommendation has been stated for the second time within the area of standard 11.4. The detail of the actions taken by Mrs Lucia Donnelly can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 9, Health and social care. Roxborough House was found to be compliant in five of the six areas examined. There were processes in place to ensure the effective management of the standard inspected. One recommendation is made relating to the review all care records to ensure these contain details of residents' optometrist and dentist.

During the inspection the inspector met with residents, staff and one visiting professional, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also examined these included staffing, fire risk assessments and accidents and incidents. Further details can be found in section 10.0 of the main body of the report.

No requirements and one recommendation were made as a result of the secondary unannounced inspection. Details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, representative, the visiting professional, the person in charge and staff for their assistance and co-operation throughout the inspection process.

**8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 5 February 2014.**

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 15.(1) (e)	The registered manager is required to submit a variation to registration of the home to include learning disability category of care.	A variation has been submitted to RQIA to include learning disability within the category of care provided.	Compliant



NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	11.4	<p>(a)The registered manager should ensure all elements in criterion 4 are completed.</p> <p>(b)The registered manager should ensure residents views on the care provided are recorded. If a resident is unable or unwilling to provide an account, this should also be recorded.</p>	<p>Examination of one review report identified that the resident's views in regard to the care provided were not sought or recorded.</p> <p>This is restated.</p>	Not compliant
2	11.5	The registered manager should ensure a review is convened to discuss the suitability of identified placement.	Examination of the returned Quality Improvement Plan (QIP) and discussion with the person in charge confirmed that a review was convened to discuss the suitability of placement for one identified resident.	Compliant
3	10.3	The registered manager should confirm that a protection/support plan has been implemented for identified resident.	Examination of the returned QIP and discussion with the person in charge confirmed that a protection/support plan was implemented for one identified resident.	Compliant
4	23.4	The registered manager should advise in the returned QIP the arrangements for staff to receive training in regard to learning disability.	Examination of staff training records confirmed that staff have received training in regard to learning disability.	Compliant

5	16.1	The registered manager should ensure the use of Southern Health and Social Care Trust's Policy on Protection of Vulnerable Adults is only used.	Examination of the returned QIP confirmed that the Southern HSCT policy on Protection of Vulnerable Adults is the only one now in use.	Compliant
6	16.9	The registered manager should ensure all staff complete training on the Protection of Vulnerable Adults at least within the minimum period required.	Examination of staff training records confirmed all staff have completed Protection of Vulnerable Adults training within the minimum period required.	Compliant
7	19.3	The registered manager should ensure there is a Performa included in all new staff members files which can demonstrate all relevant checks have been completed prior to commencing employment.	The registered manager confirmed in the returned QIP that a pro forma has been developed to ensure that all relevant checks have been completed prior to commencing employment.	Compliant
8	29.5	The registered manager should obtain clarification regarding the identified fire zones on fire testing records held within the home.	The person in charge confirmed that the identified fire zones on testing records within the home have been reviewed and are now accurate.	Compliant
9	20.6	The registered manager should ensure the statement of purpose is reviewed to reflect the role of RQIA as that of ensuring compliance with Regulations and Standards to help ensure quality care provision and not as a recipient for complaints. The registered manager should ensure the statement of purpose is amended to reflect the learning disability category of care needs provided in the home.	The registered manager confirmed in the returned QIP that the home's Statement of Purpose has been reviewed to reflect the current role of RQIA in the management of complaints, also that it now reflects learning disability in the categories of care provided in the home.	Compliant

## 9.0 STANDARD 9 - Health and social care

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	
<b>Inspection Findings:</b>	
The inspector reviewed the care records of three residents. In all cases the name and contact details of each resident's General Practitioner (GP) was present; in the care records of one resident, the details of optometrist was noted, however, in two records no details of optometrist or dentist were noted.  A recommendation is made that all care records contain details of residents' optometrist and dentist, as appropriate.	Substantially compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	
<b>Inspection Findings:</b>	
Discussions with two staff members in relation to specific residents' needs indicated that they are knowledgeable of residents' care needs and the action to be taken in the event of a health care emergency. Staff members confirmed they are provided with mandatory training and that they regularly avail of refresher training. Staff confirmed that they receive updates during staff handovers of any changes in a resident's condition, also that the care plan is updated to reflect details of resultant changes in care provided to residents.	Compliant

<p><b>Criterion Assessed:</b> 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b> The three care records examined contained evidence that comprehensive care assessment had been undertaken which informed care plans and risk assessments which were signed by residents. There was evidence of liaison with a wide range of primary health and social care services and all contacts were clearly recorded.  Staff on duty were able to describe to the inspector the referral systems should a resident require the services of health care professionals.</p>	Compliant
<p><b>Criterion Assessed:</b> 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b> Review of care records and discussion with the person in charge and staff members confirmed that residents' representatives are provided with information verbally during visits or by telephone and that this is recorded in the resident's daily progress notes. Representatives are kept informed of any follow up care during annual care reviews.</p>	Compliant

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	
<b>Inspection Findings:</b>	
An examination of three care records confirmed there are sufficient arrangements in place to monitor the frequency of residents' health screening and appointments.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	
<b>Inspection Findings:</b>	
The person in charge confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance from staff.	Compliant

## **10.0 ADDITIONAL AREAS EXAMINED**

### **10.1 Resident's consultation**

The inspector met with five residents individually and with six others in a group. Residents were observed relaxing in communal lounge areas whilst others were resting in their bedrooms. All residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"They (the staff) look after me like a prize turkey."

"I have been here before and I was very happy to come back."

"I am very well cared for. I love being here."

"All is well here. I'm well looked after, the food is good and I spend a lot of time looking after the flowers in the garden – I enjoy that."

### **10.2 Relatives/representative consultation**

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

"I feel the residents are very well looked after."

### **10.3 Staff consultation**

The inspector spoke with two care assistants who reported that they were well supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties and demonstrated awareness and knowledge of the needs of residents. Whilst staff acknowledged that it can sometimes be very busy, they also recognised that additional staffing is provided to meet the care needs of residents, when required.

### **10.4 Visiting professionals' consultation**

The inspector spoke with a district nurse who reported that the staff of Roxborough House appear to be very knowledgeable about the care needs of individual residents and how these are to be met, also that she finds staff to be helpful, approachable and caring in attitude.

### **10.5 Environment**

The inspector viewed the home accompanied by the person in charge and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard. The inspector established, through discussion with staff members and through observation, that there was unrestricted access to fresh bed linen and to continence products.

## **10.6 Staffing**

On the day of inspection the following staff were on duty;

- 1 Senior Care Assistant
- 3 Care Assistants
- 1 Catering staff
- 3 Domestic staff

Confirmation was provided that the home's staffing levels are in accordance with the minimum standards and were sufficient to meet the assessed needs of the residents.

Observation of staff practice on the day found it to be caring, timely and good humoured.

## **10.7 Fire Risk Assessment**

The inspector examined records which confirmed that a current fire risk assessment is in place and is due to be reviewed in November 2014. Records examined confirm that weekly fire alarm testing is undertaken for identified zones on a rotational basis and a monthly alarm checks are undertaken for the entire building.

## **10.8 Accidents and incidents**

The inspector examined records which confirmed that records of accidents and incidents had been maintained and that RQIA had been notified accordingly.

## **Quality improvement plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Rodney Ewins and Mrs Tierna Armstrong as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Alice McTavish**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**





## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Roxborough House

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The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Rodney Ewins and Mrs Tierna Armstrong either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Recommendations**

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	9.1	Review all care records to ensure these contain details of residents' optometrist and dentist.	Once	All care records have been reviewed and updated with details of residents Optometrist and dentist.	30 November 2014
2	11.4	(b)The registered manager should ensure residents views on the care provided are recorded. If a resident is unable or unwilling to provide an account this should also be recorded.	Twice	A new review form has been developed and senior staff have been instructed on completion to ensure that all sections are completed fully.	31 October 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Mrs Lucia Donnelly
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Mrs Angela McVeigh Director OPPC

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Alice McTavish	7 November 2014
Further information requested from provider			