

# Inspection Report

16 & 21 November 2023



## Roxborough House

Type of service: Residential Care Home

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Southern Health and Social Care Trust (SHSCT)  <b>Responsible Individual:</b> Dr Maria O'Kane	<b>Registered Manager:</b> Ms Claire McKeever  <b>Date registered:</b> 14 July 2023
<b>Person in charge at the time of inspection:</b> Ms Claire McKeever	<b>Number of registered places:</b> 30  There is a maximum of 2 named individuals under LD(E) and the home is approved to provide care on a day basis only to 5 persons.
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. LD (E) – Learning disability.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 22
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 30 residents. The home is divided in four units; one of these units has a locked door facility. Both floors accommodate 15 residents each in single bedrooms. Residents have access to communal lounge and dining facilities and a garden area outside.	

## 2.0 Inspection summary

An unannounced inspection took place on 16 November 2023, from 9.40 am to 12.50 pm. This was completed by a pharmacist inspector. In addition to this, an unannounced inspection also took place on 21 November 2023 from 9.55 am to 5.20 pm by a care inspector.

The purpose of both inspections was to assess if the home was delivering safe, effective and compassionate care and if the home was well led in regard to care delivery and medicines management.

The home was found to be welcoming, clean and free from odours. Staff were observed to be friendly and approachable and were knowledgeable of the needs of the residents.

Residents were observed to be relaxed in their surroundings and at ease in their interactions with staff. The residents were involved in activities of their choice throughout the day.

The mealtime experience was calm and organised. Residents were offered choices and support was readily available from staff.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were mostly administered their medicines as prescribed. Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team with respect to medicines management.

Areas for improvement identified during this inspection are detailed throughout the report and within the Quality Improvement Plan (QIP) in section 6.0.

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 returned quality improvement plan, 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 medicines management part of the inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector also spoke to the manager and a senior care assistant about how they plan, deliver and monitor the management of medicines in the home.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

#### **4.0 What people told us about the service**

Residents spoke positively about their experience of life in this home. They referred to the care provision as “good” and “great.” Residents described the staff as helpful and “they couldn’t do enough for you.” The residents praised the food provision and confirmed that there was always a choice available. Residents were able to move around freely with support readily available from staff. Compassionate interactions were observed between staff and the residents.

Staff were found to be dignified and respectful in their approach towards the residents. Staff advised that there was a good staff team in Roxborough House and they all helped each other. Staff stated that there was enough staff on duty to meet the needs of the residents. Staff were found to be knowledgeable of residents needs and preferences and they were able to provide support and reassurance to residents, when required. Staff commented that the manager was very approachable and supportive to them.

One visitor spoken with during the inspection reported that their friend was well cared for and commented that staff were very approachable and there was a lovely atmosphere in the home.

At the time of issuing this report, one questionnaire had been received by RQIA; the respondent indicated that they were very satisfied with all aspects of care.

## 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 23 February 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (a) (b) (d) (i) (iii) (iv) (v) (f)  <b>Stated:</b> First time	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of residents in the home.  Specific reference to ensuring: <ul style="list-style-type: none"> <li>that the gap between the identified double doors is repaired</li> <li>regular fire evacuation drills are carried out to ensure that all staff participate in at least one fire evacuation drill yearly</li> <li>the actions within the FRA are addressed.</li> </ul>	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met.  This is discussed further in section 5.2.3.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (c)  <b>Stated:</b> First time	The registered person shall ensure that equipment provided for use by residents and staff is properly maintained in accordance with the manufactures guidance. With specific reference to ensuring that PAT testing is completed on relevant electrical appliances.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for Improvement 3</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> First time	<p>The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety.</p> <p><b>Action taken as confirmed during the inspection:</b>          Observations during the inspection confirmed that there were denture cleaning tablets accessible to residents in the home.</p> <p>This area for improvement will be stated for the second time.</p> <p>This is discussed further in section 5.2.3</p>	<b>Partially met</b>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> Second time	<p>The registered person shall ensure that the guidance on the post falls pathway is followed when a resident sustains a fall.</p> <p><b>Action taken as confirmed during the inspection:</b>          There was evidence that this area for improvement was met.</p>	<b>Met</b>
<b>Area for Improvement 2</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> Second time	<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><b>Action taken as confirmed during the inspection:</b>          There was evidence that this area for improvement was met.</p>	<b>Met</b>
<b>Area for Improvement 3</b> <b>Ref:</b> Standard 19.2 <b>Stated:</b> First time	<p>The registered person shall ensure that the manager has oversight of the recruitment process including pre-employment checks.</p> <p><b>Action taken as confirmed during the inspection:</b>          This area for improvement was not met. This will be stated for the second time.</p> <p>This is discussed further in section 5.2.1</p>	<b>Not met</b>

<b>Area for Improvement 4</b>  <b>Ref:</b> Standard 8.5  <b>Stated:</b> First time	The registered person shall ensure that all care records are legible, accurate, up to date, signed and dated by the person making the entry  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	Met
<b>Area for Improvement 5</b>  <b>Ref:</b> Standard 27 E27  <b>Stated:</b> First time	The registered person shall ensure that wardrobes and free standing furniture are safely secured where necessary.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 6</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered person shall ensure that IPC deficits identified during the inspection are addressed.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	Met
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 20  <b>Stated:</b> First time	The registered person shall ensure that effective quality assurance audits are maintained to assess the delivery of care in the home. With specific reference to: <ul style="list-style-type: none"> <li>• care records</li> <li>• accidents and incidents.</li> </ul> <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. While email confirmation was provided to the manager to confirm that all pre-employment checks had been completed; the manager did not have oversight of the full details of this information. This area for improvement will be stated for the second time.

A comprehensive induction was completed by staff upon commencement of employment.

Competency and capability assessments were completed for the person in charge of the home in the absence of the manager.

There were systems in place to ensure staff were trained and supported to do their job. A planner was in place to ensure that staff received regular supervision and annual appraisal.

The records of staff training were reviewed. There was evidence that a range of training was provided for staff including adult safeguarding, moving and handling and infection prevention and control.

Appropriate checks had been made to ensure that care workers were appropriately registered with the Northern Ireland Social Care Council (NISCC). Advice was given to ensure this was signed off by the manager, when completed.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge of the home. It was noted that the grades of staff were not consistently recorded. Email confirmation was provided following the inspection to confirm that the rota had been amended to reflect this. This will continue to be monitored at future inspections.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication with the manager.

Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. Staff advised that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents spoken with, reported that staff were responsive to their needs and did not express any concerns in seeking support from staff reporting: "It's very good in here" and "This is a good place; I am well looked after."

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Examination of records confirmed that the risk of falling and falls were well managed. Care plans and risk assessments were reviewed following a fall.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff were observed complying with speech and language recommendations providing direct supervision and support where this was an assessed need. It was noted that residents' needs in relation to nutrition and the dining experience were being met.

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 this initial assessment care plans were developed to direct staff on how to meet residents' needs. Residents care records were held confidentially.

Residents' individual likes and preferences were reflected throughout the records. Overall care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. It was noted where one care plan had not been updated to reflect the most recent recommendation from the Speech and Language Therapist. Email confirmation was provided following the inspection to confirm this was actioned immediately. This will continue to be monitored at future inspections.

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 found to be warm, clean and maintained to a good standard. Resident bedrooms were found to be personalised and contained items which were important to them.

Residents could choose where to sit and spend their time; they were able to walk around the home freely and had access to communal lounges and dining areas.

There was evidence to confirm that all cleaning store rooms were secured. However, it was observed that within the delirium unit there were denture cleaning tablets and toiletries within one communal bathroom which were accessible to residents. This had the potential to cause harm to residents. This area for improvement will be stated for the second time.

Within the environment there was staining identified on one ceiling in a bedroom. This was discussed with the manager who advised that there had been a leak and this had already been reported for action. Email confirmation was provided following the inspection to confirm this matter was being actioned as a priority.

Corridors and fire exits were clear from clutter and obstruction. While it was noted that the identified gap was addressed at the fire doors; a further gap was observed within a different set of double doors.

It was noted that a number of staff had not completed an annual fire evacuation drill. Written assurances were provided by the manager following the inspection to confirm that all of these staff had completed a fire drill following the inspection.

Review of the most recent fire safety risk assessment confirmed that this was completed on 21 December 2022. It was identified that the recommendations within this assessment were not signed off by the manager, as addressed. The manager confirmed that these were referred for action. Email confirmation was provided to confirm that all of these actions were signed off as addressed.

While it is acknowledged that these areas were actioned promptly by the manager following the inspection, a new area for improvement will be made to ensure that there is sustained compliance with, and robust management oversight of fire safety.

Throughout the home there was evidence of accessible personal protective equipment (PPE) and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the PPE and to adhere to the correct infection control guidelines.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

#### **5.2.4 Quality of Life for Residents**

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in, they could return to bed after breakfast or stay up late to watch TV. This was observed during the inspection.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain in their bedroom were supported to do so and had opportunities to listen to music, watch television or engage in their own preferred activities.

#### **5.2.5 Management and Governance Arrangements**

There had been no change in the management of the home since the last inspection. Ms Claire McKeever is the registered manager of this home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said that the manager was approachable and accessible.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Such audits completed were care plan audits, falls audits, and hand hygiene audits. Where deficits were identified an action plan with time frames, the person responsible and follow up was completed.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

There was a system in place to monitor and report accidents and incidents that happened in the home. However, it was noted that there a number of incidents which were not reported to RQIA. This was identified as an area for improvement.

There was evidence that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine 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.

### 5.2.6 Medicines Management

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of two medicines. The discrepancies were drawn to the attention of the manager to address with staff. The manager agreed to submit incident notifications regarding the two discrepancies. These notifications were submitted to RQIA on 16 November 2023.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments. The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. For two of the three residents whose records were examined, pain management care plans were in place and reviewed regularly. However, one resident did not have a pain management care plan; this was drawn to the attention of the manager for rectifying.

The management of warfarin was reviewed. Warfarin is a high risk medicine and safe systems must be in place to ensure that residents are administered the correct dose and arrangements are in place for regular blood monitoring. Review of the warfarin administration records and the audit completed at the inspection identified satisfactory arrangements were in place for the management of warfarin.

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. The manager advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines.

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment. A sample of the medicines administration records was reviewed. The records were found to have been fully and accurately completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on most medicines so that they could be easily audited. This is good practice.

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another. A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents. The manager was familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available for staff. There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

## 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 the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	1*

\* the total number of areas for improvement includes two areas that have been stated for a second time.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> Second time  <b>To be completed by:</b> 21 November 2023	<p>The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  The Registered Manager has advised that this area of improvement is now compliant with regulation 14 (2)(a) The care staff team and the facility support team have been made aware of the importance of removing hazards to residents safety. No toiletries are to be left in communal areas. The care staff team have been made aware of the importance that individual services users personal toiletries are brought to and removed from bathrooms before and after use.</p>
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 21 December 2023	<p>The registered person shall ensure that there is robust management oversight of fire safety.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  The Registered Manager has reviewed Regulation 10 (1) and has ensured that all staff have now undertaken the required fire drills and fire safety training. A schedule has also been put in place for fire drills to be undertaken and this includes the staff nightly fire safety checks.</p> <p>Personal evacuation plans are all completed and put in place for all service users on admission to the home.</p>

<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 30 (1) (d)  <b>Stated:</b> First time	The registered person shall ensure that all incidents affecting the health, care and welfare of residents are reported to RQIA in a timely manner.  Ref: 5.2.5
<b>To be completed by:</b> 21 November 2023	<b>Response by registered person detailing the actions taken:</b> The Registered Manager has reinforced with all senior staff that they are required to notify RQIA in respect of all incidents affecting the health, care and welfare of residents in a timely manner, which means on the day the incident occurred or within 24 hours.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> Second time	The registered person shall ensure that the manager has oversight of the recruitment process including pre-employment checks.  Ref: 5.1 and 5.2.1
<b>To be completed by:</b> 21 December 2023	<b>Response by registered person detailing the actions taken:</b> This area of Improvement was discussed with the Head of Service. The Registered manager was advised that all recruitment checks are visible on the Amicus on line Portal. The nominated Recruitment Manager receives an access privilege, which is granted by Shared Services Recruitment Team (BSO) at the beginning of the recruitment process. The Head of Service has devised a new Recruitment verification template detailing all Verification checks confirming staff are recruited in line with Regulation 21(1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.  This will be completed by the recruitment manager and along with the final verification email from Recruitment services, this will confirm that staff have been recruited and employed in accordance with relevant statutory employment legislation. This new process was implemented on October 09 2023 for all new staff recruitments. A copy of the completed verification template and the Recruitment Team email confirming completion of checks will be forwarded to the Registered Manager and this copy is retained in the new staff member file.

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



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