

Inspection Report

23 February 2023



Roxborough House

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

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Southern Health and Social Care Trust (SHSCT) Registered Person: Dr Maria O'Kane	Registered Manager: Ms Claire McKeever – not registered
Person in charge at the time of inspection: Ms Claire McKeever	Number of registered places: 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.
Categories of care: Residential Care (RC) I – Old age not falling within any other category LD (E) – Learning disability over 65 years of age.	Number of residents accommodated in the residential care home on the day of this inspection: 19
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 30 people. The home is divided into two floors and each resident has their own bedroom. Residents also have access to communal areas with secure outside spaces.	

2.0 Inspection summary

An unannounced inspection took place on 23 February 2023, from 10.15am to 5.20pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents spoke positively about living in Roxborough House and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff, are included in the main body of this report.

Areas for improvement were identified during the inspection as detailed throughout this 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 previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. 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.

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 findings of the inspection were discussed with 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 the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included: "The staff are great here", "They (staff) couldn't do enough for you", "Great place", "I feel very safe" and "Getting good care". There were no questionnaires received from residents or relatives following the inspection.

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "I really love working here" and a further staff member said: "Great teamwork and staff morale". There was no feedback from the staff online survey.

Comments received during the inspection were shared with the manager.

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 2 December 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 6.6 Stated: First 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>Action taken as confirmed during the inspection: Review of relevant care records and discussion with the manager evidenced that this area for improvement had not been fully met and has been stated for a second time.</p> <p>This us discussed further in section 5.2.2.</p>	Partially met
Area for improvement 2 Ref: Standard 25.6 Stated: Second time	<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>Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.</p>	
Area for improvement 3 Ref: Standard 6.2 Stated: First 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>Action taken as confirmed during the inspection: Review of relevant care records and discussion with the manager evidenced that this area for improvement had not been fully met and has been stated for a second time.</p> <p>This us discussed further in section 5.2.2.</p>	Partially met

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, infection prevention and control (IPC) and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. The manager confirmed that there was ongoing monitoring of training to ensure full compliance.

Review of the training matrix evidenced that the Mental Capacity Act (Northern Ireland) 2016 deprivation of liberty safeguards (DoLS) training had not been completed by all staff. Details were discussed with the manager and following the inspection written confirmation was received that relevant action had been taken to address this.

There was evidence that checks had been made to ensure that care workers are registered with the Northern Ireland Social Care Council (NISCC).

Review of two staff recruitment files evidenced that not all relevant pre-employment information was available within the home. This was discussed with the manager who advised that these records are held by the human resource department. We discussed the importance of the manager having oversight of the recruitment process to ensure they are satisfied that appropriate safety checks have been completed and an area for improvement was identified.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the residents.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. The manager confirmed that staffing levels are regularly reviewed to ensure that the needs of the residents are met.

Observation of the delivery of care during the inspection evidenced that residents' needs were met by the levels and skill mix of staff on duty.

There was evidence that staff received regular supervisions and appraisals and a matrix system was in place to record staff names and when the supervision/appraisal had taken place.

Review of a sample of competency and capability assessments for the person in charge in the absence of the manager evidenced that these had been completed.

5.2.2 Care Delivery and Record Keeping

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. There was a pleasant, relaxed atmosphere in the

home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Whilst most residents were well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner, a number of residents finger nails required attention. This was discussed with the manager who agreed to discuss with relevant staff and action accordingly.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy in Roxborough House. Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed.

Staff had made an effort to ensure residents were comfortably seated. Most residents were seated within the dining room, whilst others were seated within their bedroom. Discussion with staff and a number of residents evidenced that this was their personal choice.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which residents preferred a larger/smaller portion and demonstrated their knowledge of individual resident's likes and dislikes. Staff members were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Residents said they very much enjoyed the food provided in the home.

Staff told us how they were made aware of residents' nutritional needs to ensure that recommendations made by Speech and Language Therapist (SALT) were adhered to. Observation of the meals served to residents evidenced that staff were providing the correct diet as recommended by SALT. However, discussion with two staff regarding dietary levels in accordance with the International Dysphagia Diet Standardisation Initiative (IDDSI) terminology evidenced that they provided inaccurate information. This was discussed with the manager and following the inspection written confirmation was received of the action take to address this.

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. These plans included any advice or recommendations made by other healthcare professionals.

Care records were regularly reviewed and updated to ensure they continued to meet the residents' needs. However, a number of discrepancies were identified including; entries made within care records not consistently signed and dated; scoring over original entries without signing/dating and one entry hand written in pencil. Details were discussed with the manager and an area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a resident.

As mentioned above in section 5.1 two areas for improvement have been stated for a second time in relation to post falls and nutritional records which were not being consistently

maintained. Details were discussed with the manager who acknowledged the shortfalls in the documentation and agreed to communicate with relevant staff and to monitor going forward.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was fresh smelling, neat and tidy and residents' bedrooms were found to be personalised with items of memorabilia and special interests. There was evidence that a number of communal lounges and bedrooms had recently been painted and a painter was onsite during the inspection.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. However, a number of fire related issues were identified including a gap observed between two fire doors within the reception area of the home and fire evacuation drills not being maintained by the home management to ensure that all staff participate in a fire evacuation drill at least once a year. Review of the fire risk assessment (FRA) completed on the 21 December 2022 also identified that a number of actions were required to be addressed and an area for improvement was identified.

Observation of the environment identified that Portable Appliance Tests (PAT) had not been completed on relevant electrical appliances within the required timeframe. This information was shared with the estates inspector and an area for improvement was identified.

Review of a sample of bedrooms identified that wardrobes were not secured to walls. The potential risks regarding free standing furniture were discussed in detail with the manager who agreed to have all wardrobes and free standing furniture reviewed and secured where necessary. This was identified as an area for improvement.

A number of rooms used for storage were observed to be cluttered and unlocked. This was discussed with the manager who agreed to have these storage spaces reviewed and doors locked. The manager also confirmed that refurbishment was ongoing to ensure the home is well maintained and that any maintenance issues identified during the inspection would be addressed.

Observation of the environment highlighted some areas in which denture cleaning tablets, a razor and cleaning chemicals were not securely stored. It was further identified that an electrical cupboard was unlocked. The importance of ensuring that all areas of the home are hazard free was discussed with the manager and an area for improvement was identified.

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept.

Observation of staff practices and the environment evidenced that they were not consistently adhering to infection prevention and control (IPC) measures, including one staff member wearing nail polish; linen trolleys without lids and a number of paper towel dispensers stained underneath. Details of these and any other IPC issues identified during the inspection were discussed with the manager who acknowledged that these findings were not in keeping with IPC best practice and an area for improvement was identified.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents confirmed that they could remain in their bedroom, go to a communal room or outdoors as desired.

During the inspection residents were observed engaged in their own activities such as; watching TV, resting or chatting to staff. An activity schedule was on display within the main reception area of the home. One resident commented: "Lots of things to do" and a further resident said: "The staff are great here".

Residents commented positively about the food provided within the home with comments such as: "The food is very nice here", "Plenty of choices" and "The food is great".

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been a change to the management arrangements for the home since the last inspection with Dr Maria O'Kane now the registered person. Ms Claire McKeever remains as the manager. The manager said they felt well supported by senior management and the organisation.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA.

There was evidence that audits had been completed to review the quality of care and other services within the home. However, as mentioned above in sections 5.1 and 5.2.2 a number of deficits were identified in relation to care records and post falls documentation. Details were discussed with the manager who advised that audits specific to care records and accidents/incidents were completed on a yearly basis. A discussion was held with the manager regarding the frequency of these audits to ensure a more effective oversight and an area for improvement was identified.

The home was visited each month by a representative of the registered person to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	3	7*

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

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (a) (b) (d) (i) (iii) (iv) (v) (f) Stated: First time To be completed by: From the date of inspection	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of residents in the home.</p> <p>Specific reference to ensuring:</p> <ul style="list-style-type: none"> that the gap between the identified double doors is repaired regular fire evacuation drills are carried out to ensure that all staff participate in at least one fire evacuation drill yearly the actions within the FRA are addressed. <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has reviewed the FRA and escalated the outstanding requirements to The Trust Estates Team for immediate action. The Estates Team has been made aware that the requirements are to be prioritised as part of this RQIA QIP. The Registered Manager will update FRA 21 December 2022 (Fire Risk Assessment) as the recommendations outlined in Action Plan are worked through. Fire drills will now be carried out every two months to ensure all staff are in attendance at least once a year. Fire drill completed on 8th April 2023.</p>
Area for improvement 2 Ref: Regulation 27 (2) (c) Stated: First time To be completed by: From the date of inspection	<p>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.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has requested urgent PAT testing on all equipment provided for residents. PAT testing completed on 10th March 2023 and all satisfactory.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<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>Response by registered person detailing the actions taken: The registered manager has taken immediate action in relation to the hazards identified from the inspection. All cleaning stores and rooms used for storage have been now locked for resident safety. In addition to this a request has been submitted to Trust Estates Dept to install key pad locks on all storerooms to ensure hazardous areas are protected and restricted for residents to ensure their safety. A risk assessment was completed in relation to those residents that have denture cleaning tablets and razors. Those residents that have been risk assessed and no risk deemed can keep their belongings in their room in a secure place. Any residents identified to be at risk their belongings will be kept in treatment room locked away and used with staff assistance when required. This will be assessed ongoing to ensure safety of residents.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6.6</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection</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: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager has re-issued the Falls Pathway Guidance to all staff. The Guidance has been discussed with all Senior Staff. The Care Plans have been updated to reflect the guidance and standards. A cyclical Falls Audit has been planned to roll out over the year beginning April 2023 - March 2024. The learning will be shared and where improvements are required these will be implemented.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 6.2</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that care plans accurately reflect the needs of the residents. This is specifically in relation to nutrition and nutrition screening tools should be fully completed.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed the Nutrition and nutrition screening tools and has implemented a monthly MUST for the 5 permanent and 1 long term temporary resident. MUST will be undertaken for ICS and Respite residents on admission. MUST training will be accessed for all staff requiring same.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that the manager has oversight of the recruitment process including pre-employment checks.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A process has been put in place to ensure the registered manager has oversight of the recruitment process including confirmation of pre- employment checks for new staff in post..</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that all care records are legible, accurate, up to date, signed and dated by the person making the entry.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Good Manangement Good Records policy outlining the standards required for record keeping has been shared across the senior staff. A records Audit Tool has been prepared and a cyclical audit programme will be undertaken annually commencing April 2023 - March 2024. The outcome will identify learning and individual staff learning needs and this will be escalated to the Trust Learning & Development Team to support and advise on a short in house training programme to meet staff needs where required. The registered manager will be completing monthly checks on care records within the home to ensure they are in keeping with good record keeping.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 27 E27</p> <p>Stated: First time</p> <p>To be completed by: 23 March 2023</p>	<p>The registered person shall ensure that wardrobes and free standing furniture are safely secured where necessary.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>The registered manager has requested an on site visit from the Trust Health and safety team to undertake a risk assessment in the home on 26 April 2023 to action this improvement. This is to ensure wardrobes and free standing furniture are safely secured where necessary.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that IPC deficits identified during the inspection are addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>The registered manager has met with staff and reiterated standards expected of staff, to ensure all compliant with IPC standards and adhering to IPC precautions. The registered manager locked the electrical cupboard following inspection. Linen trolleys have been ordered up with lids and delivery is expected by Mid May 2023.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: 23 March 2023</p>	<p>The registered person shall ensure that effective quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • care records • accidents and incidents. <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>Good Management Good Records policy outlining the standards required for record keeping has been shared across the senior staff. A records Audit Tool has been prepared and a cyclical audit programme will be undertaken annually commencing April 2023 - March 2024. The outcome will identify learning and individual staff learning needs and this will be escalated to the Trust Learning & Development Team to support and advise on a short in house training programme to meet staff needs.</p> <p>The Registered Manager has re-issued the Falls Pathway Guidance to all staff. The Guidance has been discussed with</p>

	<p>all Senior Staff. The Care Plans have been updated to reflect the guidance and standards. A cyclical Falls Audit has been planned to roll out over the year beginning April 2023 - March 2024. The learning will be shared and where improvements are required these will be implemented. The registered manager has oversight and investigates Datixs completed in relation to accidents and incidents within the home and these are referred onto other agencies when appropriate.</p>
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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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