



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

**Service and Establishment ID: Roxborough House (1554)**

**Date of Inspection: 27 November 2014**

**Inspector's Name: Alice McTavish**

**Inspection No: IN016862**

**The Regulation And Quality Improvement Authority  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1.0 General information

<b>Name of home:</b>	Roxborough House
<b>Address:</b>	2 Dungannon Road Moy Dungannon BT71 7SN
<b>Telephone number:</b>	02887784278
<b>Email address:</b>	Roxborough.Roxborough@southerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Anne Mairead McAlinden
<b>Registered Manager:</b>	Lucia Donnelly
<b>Person in charge of the home at the time of inspection:</b>	Lucia Donnelly
<b>Categories of care:</b>	RC-DE, RC-I, RC-LD
<b>Number of registered places:</b>	30
<b>Number of residents accommodated on day of Inspection:</b>	18
<b>Scale of charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	Secondary Unannounced Inspection 11 September 2014
<b>Date and time of inspection:</b>	Primary Announced Inspection 27 November 2014 9.45am – 4.00pm
<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 is required.

This is a report of a primary announced 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 inspection was to ensure that the service was 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

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff and relatives
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection the inspector spoke to the following:

Residents	6
Staff	3
Relatives	2
Visiting Professionals	0

Questionnaires were provided prior to the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	25	6

## 6.0 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 Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service'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.

## 7.0 Profile of Service

Roxborough House residential care home is situated in the village of Moy, Co. Tyrone close to all local amenities. The residential home is owned and operated by the Southern Health and Social Care Trust. Mrs Lucia Donnelly is manager of the home and has been registered manager since December 2009.

Accommodation for residents is provided in single rooms on the ground and first floors of the building. Access to the first floor is via a passenger lift and stairs. A number of communal sanitary facilities are available throughout the home. There are communal lounges on each floor and a large dining area and a hairdressing room on the ground floor. The home also provides for catering and laundry services on the ground floor.

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.

## 8.0 Summary of Inspection

This primary announced care inspection of Roxborough House was undertaken by Alice McTavish on 27 November 2014 between the hours of 9.45am and 4.00pm. Mrs Lucia Donnelly was available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these recommendations have been addressed within the timescales specified RQIA. The detail of the actions taken by Mrs Lucia Donnelly can be viewed in the section following this summary.

Prior to the inspection, on 25 June 2014, Mrs Lucia Donnelly completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Donnelly in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff and relatives, 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 returned staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

## Inspection Findings

### **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort.

Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff members were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. A recommendation was made, however, relating notification of incidents. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team. A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care.

The evidence gathered through the inspection process concluded that Roxborough House was compliant with this standard.

### **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents.

Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed and identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities.

An activity coordinator is supplied for one afternoon each week. Activities are also provided by care staff. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. A recommendation was made in relation to appropriate consents for the photography and other forms of media.

The evidence gathered through the inspection process concluded that Roxborough House was compliant with this standard.

## **Resident, Representatives and Staff Consultation**

During the course of the inspection the inspector met with residents, representatives and staff. Questionnaires were also completed and returned by staff.

In discussions 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. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were 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 11.0 of the main body of the report.

## **Care Practices**

The atmosphere in the home was friendly and welcoming. Staff members were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

## **Environment**

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 considered. These included returns regarding care reviews, the management of complaints, information relating to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements and two recommendations were made as a result of the primary announced inspection, the details of which 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, relatives, registered manager and staff for their assistance and co-operation throughout the inspection process.



**9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 11 September 2014**

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	9.1	Review all care records to ensure these contain details of residents' optometrist and dentist.	Examination of a sample of care records confirmed that details of residents' optometrist and dentist are noted.	Compliant
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.	Examination of a sample of care records confirmed that residents' views on the care provided are recorded. If a resident is unable or unwilling to provide an account this is also recorded.	Compliant

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider's Self-Assessment</b>	
Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. This information is detailed in the assessment contained within each Residents Care Plan. Responses and interventions required of staff to promote positive outcomes for residents are detailed in the Resident's Care Plan. Where there are any changes to the Residents conduct, behaviour or means of communication, the Residents Care Plan is amended and this information is exchanged at Staff Handovers in line with the Homes Policy on Staff Handovers. Older People and Primary Care Residential Care Homes Procedure No.60 Responding to residents behaviour, this complies with DFHSSPS guidance and the Human Rights Act. Staff attend training in Autism, Challenging behaviour, Dementia awareness and MAPPA Physical restraint has not been used in the home. We do not plan any Care practices which would impact on the human rights of residents, this would be undertaken only after a full assessment by multidisciplinary team	Compliant
<b>Inspection Findings:</b>	
The home had policies and procedures in place entitled 'Responding to Residents Behaviours' August 2013, 'Management of Violence and Aggression' March 2011 and 'Strategies for the Management of Violence and Aggression'. A review of the policies and procedures identified that they reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policies and procedures included the need for Trust involvement in managing behaviours which challenge. They detailed that RQIA must be notified on each occasion restraint is used.  Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.	Compliant

A review of staff training records identified that care staff had received training in behaviours which challenge entitled Challenging Behaviour on 20 November 2014 which included a human rights approach. Additional training in this area is included within Adult Safeguarding training and in Best Practice in Dementia Care training which has also been provided to staff.

A review of four residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.

Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff members spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.

<b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> The Southern Health and Social Care Trust Residential Care Homes has policies and procedures which direct how Staff are to respond when a resident's behaviour is uncharacteristic and causes concern. Staff will seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the Registered Manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative. A review meeting to discuss the care of The Resident and determine an action plan/ strategy is held and this procedure follows our procedure on the Review of Residents and Referral to Healthcare Professionals. Evidence of this is available for inspection. Staff attend training in challenging behaviour, dementia awareness training and Autism training. The home uses the Abbey Pain Scale as a tool to identify if the resident is in pain for residents who cannot verbalise this.	Compliant
<b>Inspection Findings:</b> The policies and procedures include the following: <ul style="list-style-type: none"> <li>. Identifying uncharacteristic behaviour which causes concern</li> <li>. Recording of this behaviour in residents care records</li> <li>. Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>. Reporting to senior staff, the trust, relatives and RQIA.</li> <li>. Agreed and recorded response(s) to be made by staff</li> </ul> Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff members are aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.  Four care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.	Complaint

A review of the records and discussion with visitors confirmed that they had been informed appropriately.	
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<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	
<b>Provider's Self-Assessment</b>	
When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. This approach is agreed with the Resident and all key stakeholders where this is appropriate. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	Compliant
<b>Inspection Findings:</b>	
A review of four care plans identified that when a resident needs a consistent approach or response from staff, this was detailed.  Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Compliant

<b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the Resident's Care Plan. The Residents Care Plan is signed by the designated professional and all relevant communications is retained in the Residents Care Plan. Systems are in place to monitor behaviour management programmes and care plan to ensure effective and appropriate.	Compliant
<b>Inspection Findings:</b>	
The registered manager informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion is not applicable at this time.	Not applicable

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	
<b>Provider’s Self-Assessment</b>	
When a behaviour management programme is in place for any resident, staff will be provided with the necessary training, guidance and support. The training needs, guidance and support required by staff will be an integral component for discussion in Staff Supervision processes and in developing future training needs programmes for the Home. Staff attend training in Autism, Dementia awareness and challenging behaviour.	Compliant
<b>Inspection Findings:</b>	
There are currently no residents who have a specific behaviour management programme in place, however, staff are equipped to manage challenging behaviour should they be required to do so.  A review of staff training records evidenced that most staff had received training in Mapa (Management of Actual or Potential Aggression) in July 2014 and that training for other staff members is being arranged for January 2015. Staff members have also received training in Dementia Awareness in September 2014 and in Autism Awareness in July 2014.  Staff confirmed during discussion that they felt supported and that the support ranged from the training provided, supervision and staff meetings.	Compliant



<b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan. This process will be consistent with the Homes policies and procedures in relation to: 62.'Responding to Residents behaviour', 9.'Communications with Carers and Representatives', 8.'Assessment, Care Planning and Review', 35. 'Managing Aggression' and 61. 'Restraint' Further to this the incident will be recorded and reported adhering to the Trust's internal policies and procedures and directives from the RQIA.	Compliant
<b>Inspection Findings:</b> A review of the accident and incident records from September 2014 to November 2014 and discussion with staff identified that no incidents had occurred outside of the scope of a resident's care plan. A recommendation is made, however, that RQIA should be notified of any incident which affects the health, care or welfare of a resident.  A review of four care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.  Visitors and staff confirmed during discussion that when any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	
<b>Provider’s Self-Assessment</b>	
All Staff will have to follow the Homes Policies and procedures on (61) Restraint. This policy indicates that Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. This policy reflects the Human Rights Act (1998) and DHSSPS guidance on restrain and seclusion (2005) Records will be maintained of all instances when restraint is used. Staff attend MAPPA training	Substantially compliant
<b>Inspection Findings:</b>	
Discussion with staff and visitors a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint is only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies have proved unsuccessful. There have been no instances of restraint being used.  A review of records, discussion with residents and staff and observation of care practices identified that there are currently no types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose.	Compliant

<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Provider to complete

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
The programme of activities and events is intended to provide positive outcomes for residents and is based on the identified needs and interests of residents. The home's has an extensive policy (42) 'Planning and recording the programme of activities and events' which has to be followed. Each Resident has a 'Holistic Lifestyle Care andActivity Care Plan'. these are based on the Residents preferences and is signed by the Resident and the Manager adhering to best practice and the Residential Care Homes Minimum Standards (2008).	Compliant
<b>Inspection Findings:</b>	
The home had a policy ‘Residents Involvement in Activities and Events’ dated August 2013 the provision of activities. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.  Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.  The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

<p><b>Criterion Assessed:</b>                      13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p> <p>The programme includes a wide range of activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events. The Activity and events programme facilitates the welcoming of people into the home from the community and the home provides church services and eccumenical events to meet the needs of the resident's. The home encourages the use of volunteers, community groups and local schools to contribute to the diversity of the activities and events programme. activities which reflect the time of year and seasonal activities are encouraged. Written consent is obtained for any media or social media formats used.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Examination of the programme of activities identified that social activities are organised twice daily. The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents’ inclusion in community based events.</p> <p>Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>Compliant</p>

<b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>All residents are provided with the opportunity to contribute suggestions and be involved in the development of the programme of activities. To promote quality care and support Residents will be fully informed and involved in all decisions, and they can contribute to the planning, design and evaluation of the programme of activities and events. The activity programme is discussed at Residents meetings, activity audits &amp; residents surveys are carried out and Residents will also have the opportunity to make suggestions by posting their suggestion in the Suggestion Box.</p> <p>The assessment, care planning and review of Residents will take into account the Residents views on the programme of activities and events they wish to be involved in and they will be able to provide feedback on the homes activities. Some residents do not wish to attend activities and their wishes are respected.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>A review of the record of activities provided and discussion with residents, including one resident who generally stayed in their room, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of an activity audit, resident meetings, one to one discussions with staff and care management review meetings.</p>	Compliant

<b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>The programme of activities and events will be displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled. On set occasions such as the over the Christmas period Residents will also receive a programme detailing all the events so that they can plan in advance with their families those events they wish to attend.</p> <p>The programme of activities is displayed in the Front Hall Residents are consulted about the activity programme through residents meetings, reviews, activity audits and residents satisfaction surveys.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>On the day of the inspection the programme of activities was on display in the entrance hallway. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussion with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate large print format to meet the residents' needs.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p> <p>When required Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others. This support will be described within the Care Plan maintained for each Resident. The loop system is available in the home to assist those residents with appropriate hearing aids. We have large print puzzles, large playing cards, soft bocchi balls. We print the activity menu in Latvian for a lady who came from Latvia. The activities are planned for different areas in the home to take into account if large space is required or tables. We purchase in activities such as cookery &amp; arts and crafts from the local college. this is paid for by the Friends of Roxborough House.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>An activities co-ordinator from the local Further Education College attends Roxborough House on one afternoon each week during term time and activities are also provided for daily by designated care staff.</p> <p>Care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included arts and crafts materials, floor and board games, newspapers and magazines, DVDs and CDs.</p> <p>The Friends of Roxborough House engage in fundraising which pays for the services of a tutor for baking and cooking each week.</p>	<p>Compliant</p>



<b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The duration of each activity and the daily timetable will take into account the needs and abilities of the residents participating, and care will be exercised to ensure that each achieves positive outcomes for the Residents. This is detailed in the residents care plan. Some residents simply enjoy watching but not participating. Card making may involve the facilitator cutting out items for the resident and the resident selecting from the cutouts what they want to use on the card.	Compliant
<b>Inspection Findings:</b>	
Care staff, the registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.  Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	
<b>Provider's Self-Assessment</b>	
Where a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so provides an activity. We purchase in cookery and arts & crafts from the local college. This is paid by the friends of Roxborough House. We have a volunteer who visits each week. We purchase in musical entertainment which is also paid for by the friends of Roxborough House.	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that there are tutors employed to provide arts and crafts and baking. The registered manager confirmed that she had obtained evidence from the persons that they had the necessary skills and knowledge to deliver the activity.	Compliant

<b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Where a person contracted-in to do so by the home provides an activity, staff informs them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback. A record of the activity is maintained of who attended, duration and outcomes	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which would affect their participation in the planned activity.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate, the duration of the activity. (See Appendix 3 of the homes procedures (42) 'Planning and recording the programme of activities and events'. Details of events and activities attended will also be recorded in the Residents progress notes contained within the Residents’ Care Plan	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.  There was limited evidence that appropriate consents are in place in regard to photography and other forms of media. A recommendation is made that appropriate consents are obtained.	Substantially compliant

<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>The assessment, care planning and review of Residents will take into account the Residents views on the programme of activities and events they wish to be involved in and they will be able to provide feedback on the homes activities. The review and evaluation of Residents will inform all related care needs and when required the programme will be monitored to ensure that it meets the Residents changing needs.</p> <p>The activity audit and Residents satisfaction survey is completed by Residents so that they can express their views on the homes activity programme anonymously and the feedback from this will inform, influence and shape future planning processes.</p> <p>As a result he programme is reviewed regularly, and at least twice yearly by the Registered Manager taking into account all possible feedback, to ensure it meets residents' changing needs.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>A review of the programme of activities identified that it had last been reviewed in November 2014. The records also identified that the programme had been reviewed at least twice yearly.</p> <p>The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Compliant

<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## 11.0 Additional Areas Examined

### 11.1 Resident's Consultation

The inspector met with six residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities 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:

- "I couldn't be in a better place."
- "The staff look after me here really well. The food is very good."
- "This is a great place."
- "It's first class here."
- "I'm looked after very well here."
- "This is an excellent place. The staff are so good. There's lots for me to do every day and I enjoy having the others (residents and staff) for company."

### 11.2 Relatives/Representative Consultation

Two relatives 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'm very happy with the care given to (my relative). The staff are very good and they know (my relative) so well; if there is anything not quite right, the staff contact the GP or the district nurse and (my relative) gets seen very quickly. All the care needs are being very well met."
- "The care I here is 100 per cent. The staff couldn't do enough for (my relative), they look after (my relative) so well and (my relative) is very happy here."

### 11.3 Staff consultation/Questionnaires

The inspector spoke with three staff of different grades and six staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to residents' behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- “The staff team is great. I’m very happy working here. We all do our best for the residents.”
- “I get great satisfaction from working here.”
- “This is a great place to work; the residents are very well looked after. There’s some great personalities and the residents enjoy the banter and we enjoy spending time with the residents.”

#### **11.4 Observation of Care Practices**

The atmosphere in the home was friendly and welcoming. Staff members were observed to be interacting appropriately with residents in a respectful, polite, warm and supportive manner. Residents were observed to be well dressed, with good attention to personal appearance observed.

#### **11.5 Care Reviews**

Prior to the inspection a residents’ care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

#### **11.6 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The complaints form was reviewed and found to be satisfactory.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant’s satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

#### **11.7 Environment**

The inspector viewed the home accompanied by Mrs Lucia Donnelly and alone and inspected a number of residents’ bedrooms and communal areas. The areas of the environment viewed by the inspector 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.



## **11.8 Guardianship Information/Resident Dependency**

Returned information was reviewed and no issues were identified. Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

## **11.9 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 25 September 2014. The review identified that the recommendations made as a result of this assessment had been passed to the Trust's Estates Department to be actioned.

A review of the fire safety records evidenced that fire training had been provided to staff on dates in in May, June, September and October 2014 with nominated fire officer training provided on 22 October 2014. The records also identified that an evacuation had been undertaken on 17 November 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

## **11.10 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Lucia Donnelly. Mrs Donnelly confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Lucia Donnelly 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

### Primary Announced Care Inspection

Roxborough House

27 November 2014

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 Mrs Lucia Donnelly 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	10.6	<p>Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p> <ul style="list-style-type: none"> <li>Reference to this is made in that RQIA should be notified of any incident which affects the health, care or welfare of a resident.</li> </ul>	One	Senior staff have been reminded that any incident which affects the well-being of residents must be reported to the RQIA.	Immediate and ongoing
2	13.9	<p>A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p> <ul style="list-style-type: none"> <li>Reference to this is made in that appropriate consents should be put in place in regard to photography and other forms of media.</li> </ul>	One	Written consent in reference to photography has been obtained for all residents.	30 January 2015

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	31 December 2014
Further information requested from provider			