

Announced Premises Inspection Report 22 November 2016



Roxborough House

Type of Service: Residential Care Home
Address: 2 Dungannon Road, Moy, BT71 7SN
Tel No: 028 8778 4278
Inspector: Raymond Sayers

1.0 Summary

An announced premises inspection of Roxborough House took place on 22 November 2016 from 10:10 to 11:45hours.

The inspection sought to assess progress with any issues raised during and since the last premises inspection, to determine if the residential care home was well led, delivering safe, effective and compassionate care.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However one issue was identified for attention by the registered provider. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. Refer to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. Refer to section 4.6.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2011:

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Lucia Donnelly, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no enforcement action implemented as a result of the findings from this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those items detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 12 February 2014.

2.0 Service Details

Registered organisation/registered provider: Southern HSC Trust	Registered manager: Mrs Lucia Donnelly
Person in charge of the home at the time of inspection: Mrs Lucia Donnelly	Date manager registered: 05/10/2010
Categories of care: RC-DE, RC-LD, RC-I	Number of registered places: 30

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months period, and concerns call log.

During the inspection the inspector met with two residents, the Registered Manager, kitchen and laundry staff.

The following records were examined during the inspection: Copies of building services maintenance certificates, building user log books relating to the maintenance and inspection of the building and engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 31 October 2016

The most recent inspection of the residential care home was an unannounced care inspection, IN026835, dated 31 October 2016. The completed QIP was returned, and approved by the care inspector on 21 November 2016. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 12 February 2014

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 14.(2)(a),(b) & (c) Stated: First time	Review the legionella risk assessment, verify recommended works items implemented and arrange works action plan implementation.	Partially Met
	Action taken as confirmed during the inspection: Assessment completed & works implemented	
Requirement 2 Ref: Regulations 14.(2)(a),(b) & (c) Stated: First time	Verify that the portable electrical appliances are maintained in accordance with HSE guidance 'Maintaining Portable and Transportable Electrical Equipment' (HSG 107)	Met
	Action taken as confirmed during the inspection: Portable appliance testing completed.	
Requirement 3 Ref: Regulations 14.(2)(a),(b) & (c) Stated: First time	Fire risk assessment works action plan items should be verified as complete by the manager and fire risk assessor.	Met
	Action taken as confirmed during the inspection: Works completed.	
Last premises inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 28.1 Stated: First time	Install carbon monoxide detection sensors in the laundry accommodation.	Met
	Action taken as confirmed during the inspection: Detection installed.	

4.3 Is care safe?

A range of documents in related to the maintenance of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and associated risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises, this includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation, and protection to the means of escape.

The standard used by the registered person to determine the level of fire safety within the premises takes account of: the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies, and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

An issue was however identified for attention during this premises inspection, and is detailed in the 'areas for improvement' section below.

Areas for improvement

1. The legionella risk assessment works action plan should be validated as implemented by the registered manager.
Refer to Quality Improvement Plan, recommendation 1.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

There are arrangements in place for routine premises management, and effective breakdown/repair maintenance. Service users are involved where appropriate in decisions around the maintenance of the premises. This supports the delivery of effective care.

There were no issues requiring improvement identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The accommodation reviewed during this premises inspection was well maintained, comfortable, clean, well ventilated, and had adequate lighting levels. Service users are consulted about decisions around decoration and the private accommodation finishes, where appropriate. This supports the delivery of compassionate care.

There were no issues requiring improvement identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to authorised persons.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items, and other relevant issues relating to the premises. The responsible person has provided adequate support and resources.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators.
This supports a well led service.

There were no issues requiring improvement identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Lucia Donnelly, Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Estates.Mailbox@rqia.org.uk for review by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider should ensure that the Legionella risk assessment action plan completed items are validated by a competent person, and the registered person.</p> <p>Response by registered provider detailing the actions taken: Works have been instructed with a plan to have works complete by end of January 2017</p>
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