



The Regulation and
Quality Improvement
Authority

Roxborough House
RQIA ID: 1554
2 Dungannon Road
Moy
Dungannon
BT71 7SN
Tel: 02887784278

Inspector: Priscilla Clayton

Inspection ID: IN023192

Email: Roxborough.Roxborough@southerntrust.hscni.net

**Unannounced Care Inspection
of
Roxborough House**

7 July 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 7 July 2015 from 08.30 to 12.40. On the day of the inspection the home was found to be delivering safe, effective and compassionate care.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Southern HSC Trust/Mrs Paula Clarke	Registered Manager: Mrs Lucia Donnelly
Person in Charge of the Home at the Time of Inspection:	Date Manager Registered: 5/10/2010
Categories of Care: RC-DE, RC-LD, RC-I	Number of Registered Places: 30
Number of Residents Accommodated on Day of Inspection: 24	Weekly tariff £470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

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

Prior to inspection the following records were analysed: notifications of accidents/incidents and previous inspection Quality Improvement Plan returned from the home to RQIA.

During the inspection the inspector met with twelve residents, six care staff, and one resident's representative.

The following records were examined during the inspection: two care records, accidents/incidents, complaints, two policies/procedures and staff training.

Ten satisfaction questionnaires were left in the home for completion and return by staff.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 27 November 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 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. <ul style="list-style-type: none"> Reference to this is made in that RQIA should be notified of any incident which affects the health, care or welfare of a resident. 	Met
	Action taken as confirmed during the inspection: Cross referencing of records retained in the home with those notified to RQIA evidenced compliance with this recommendation.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 2 Ref: Standard 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. <ul style="list-style-type: none"> Reference to this is made in that appropriate consents should be put in place in regard to photography and other forms of media. 	Met
	Action taken as confirmed during the inspection: Records inspected evidenced that consent was obtained.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

The registered manager and staff confirmed to us that residents can and do spend their final days of life in the home. This is unless there is a documented health care need that would necessitate transfer to hospital or a nursing facility.

The manager confirmed to us that there was no resident who was very ill or dying on the day of inspection.

The registered manager explained that close collaboration with the Southern Health and Social Care Trust (SHSCT) care management review team, comprising the social worker, resident, representative, registered manager and district nurse would take place. The plan of care would be agreed by those in attendance.

The manager and staff confirmed to us that staffing levels would always be reviewed and if necessary increased to ensure that a resident who was very ill or dying would not be left alone. Support services could also be commissioned, if agreed by the resident, through the district nursing service. For example the Marie Curie or Macmillan service.

To ensure that the care provided by staff was safe the manager and staff confirmed to us that assessment of care needs of the resident who was terminally ill would be closely monitored and reviewed by the district nurse who would be accountable and responsible for the care provided. Care staff would follow the district nurse's care plan which would be left in the home. The resident, their representative and the general practitioner would be consulted in regard to any proposed changes in care.

The registered manager and staff confirmed that risk assessments would be undertaken to complement the holistic needs assessment completed by the district nurse. Risk assessments would include for example; moving and handling, nutritional and pressure area risk. Identified risks would be reflected within the resident care plan with measures to minimise risk recorded.

Staff training in the safe administration of medication is provided with records of attendance recorded in the training matrix. During the inspection the administration of medication was observed by us and was considered to be undertaken in accordance with safe practice.

Is Care Effective? (Quality of Management)

The home has a policy/procedure on dying and death which was dated January 2015. Staff who spoke with us demonstrated awareness of the policy and procedures to follow. The policy reflected relevant information regarding the provision of holistic care for the dying.

The registered manager showed us a signed "End of Life Support Plan" which is respectfully discussed with each resident so that their preference and choice is clearly recorded and upheld.

The registered manager explained to us the overall management arrangements which would be in place when a resident requires end of life care. The manager explained that areas such as, review of staffing levels, support to staff, visiting family support and collaboration with the SHSC Trust care manager and multi-professional staff would take place.

The Manager also explained to us the importance of close monitoring and review of care, keeping the care manager informed and ensuring all aspects of care are provided to the resident in a safe compassionate way.

One relative who visited the home on a regular basis afforded time to speak with us. Responses from this relative in regard to the provision and effectiveness of care and life provided in the home were very positive.

The registered manager confirmed that staff had opportunity to attend training in death and dying. Records of staff training examined by us reflected training had been provided for ten staff. Further training sessions has been arranged.

Is Care Compassionate? (Quality of Care)

The home had a policy and procedures pertaining to death and dying of a resident. Policies and procedures inspected by us evidenced that they provide guidance and inform staff on this aspect of care.

Staff demonstrated awareness of the necessity to ensure that the core value of rights of all residents is upheld.

In our discussion with staff they explained the importance of ensuring that the representatives of the resident were accommodated and supported in every way possible.

The registered manager confirmed to us that the arrangements are always made to accommodate relatives and friends to be with a resident who is very ill or dying. If no relatives or representative is available, additional staff or the Marie Curie sitting service would be commissioned.

The home's policy/procedure on death and dying, dated January 2015, reflected the arrangement for the handling of the deceased resident's personal belongings.

The registered manager informed us that resident's belongings are handled with care and respect. The home is to be commended on the replacement of the black plastic bags with new purple coloured canvas type bags for relatives to take the deceased personal belongings. This initiative demonstrates respect and regard held by staff for the deceased person and their family.

The registered manager also explained that the body of the deceased resident would be handled with care and respect and in accordance with his or her expressed social, cultural and religious preference as reflected within the resident's end of life care plan.

The registered manager confirmed that residents would be informed in a sensitive manner about any death in the home. Opportunity to pay their respects and are provided with support if necessary.

Several cards and letters of appreciation to the staff were displayed in the office. Letters and cards viewed by us were very complementary of the provision of care by staff when their relative was dying. This is to be commended.

Several information leaflets in regard to palliative and bereavement were shown to us by the manager. These were available for staff to give to relatives. Information included support available to them, practical matters and coping with Bereavement. This is to be commended.

Areas for improvement

The standard of care in regard to death and dying was assessed to be safe, effective and compassionate.

There were no identified areas for improvement in regard to this standard.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.4 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

The home has a policy and procedure on Continence Management which was dated March 2015.

We discussed continence management with the registered manager and three care staff. Staff was able to describe to us the process which included resident referral to the general practitioner and district nursing service for continence assessment and care planning to meet the identified need.

Care records shown to us by the manager contained relevant assessments and care plans. Reviews of continence needs were undertaken with care plans revised, dated and signed.

Through discussion with residents and staff and observation of supplies of incontinence garments we were able to confirm an adequate stock was readily available to residents.

Residents confirmed to us that staff was always readily available to assist them when required.

Staff members demonstrated knowledge of the safe disposal of used continence garments which were in line with the SHSC Trust Infection Control Guidance.

Is Care Effective? (Quality of Management)

The registered manager explained to us that the home's policy and procedure on management of continence was readily available to all staff. Examination of the policy evidenced that this was comprehensive.

In our discussion with staff they were able to explain the management of continence and how resident's needs were met.

Care records shown to us by the registered manager contained relevant information in regard to needs assessment, care planning, intervention and review. Record of referral to the general practitioner and district nursing service was recorded.

Residents confirmed to us that they felt their needs in regard to incontinence were being met and that the district nurse undertook reviews with them to ensure everything was attended.

Is Care Compassionate? (Quality of Care)

In our discreet observation of care practices we found staff responses to residents call for assistance were undertaken in a timely, respectful manner. Call bells were positioned close to

each resident who choose to remain in their bedrooms. Toilets and bedrooms were fitted with call bells.

Residents who spoke with us commented that they were satisfied with the care provided by staff. They also commented on the timely manner in which staff responding to their toileting needs and that privacy, dignity and respect was always upheld by staff.

Areas for Improvement

There were no areas identified for improvement from inspection of this standard of care.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined

5.5.1 Residents Views

We met with twelve residents individually and with others in small group format. Residents indicated that they were very satisfied with the service provided, their relationship with staff and the provision of their meals. Comments included:

“I like it here and would not wish to leave”

“The food is excellent with plenty of variety”

“I can see my care plan if I wanted to, staff keep me up to date with everything and ask me for my opinion and preference from choices”

“We are consulted by staff at our meetings and I we can discuss whatever I want to”

“Call bells are answered and we do not have to wait long until the staff come to help”

5.5.2 Staff Views

We met with six staff who spoke positively about their role, duties and teamwork. Staff confirmed to us that they are supported in their role by the provision of regular training and staff meetings. A staff member stated “We try to give residents as great a choice in all things as we can and feel it is their right to always be treated with respect, it’s not our home, it’s theirs and we have a duty of care to them”.

Eight of the ten staff satisfaction questionnaire was completed and returned to RQIA within the timescale. Satisfactory responses were recorded in all sections of the questionnaires.

5.5.3 Complaints / Whistle blowing /Safeguarding

The manager confirmed that no complaints or safeguarding issues had been received since the previous care inspection. This was confirmed by us in records examined.

5.5.4 Environment

The home was found to be clean, tidy and fresh smelling throughout. Décor and furnishings were of a good standard. There were no visible hazards noted on our inspection of the home.

5.5.5 Fire Safety

The home had a fire risk assessment dated April 2015 with recommendations addressed as recorded and signed. Fire training is provided twice annually. Fire equipment is checked in accordance with HTM 84 recommendations. Records of checks are retained.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Mrs Lucia Donnelly	Date Completed	21/07/2015
Registered Person	Mrs Angela McVeigh Director OPPC	Date Approved	21/07/2015
RQIA Inspector Assessing Response	Priscilla Clayton	Date Approved	06/10/15

Please provide any additional comments or observations you may wish to make below:

****Please complete in full and returned to care.team@rqia.org.uk from the authorised email address****

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.