



Unannounced Care Inspection Report 26 February 2020



Roxborough House

Type of Service: Residential Care Home

Address: 2 Dungannon Road, Moy,

Dungannon BT71 7SN

Tel No: 028 8778 4278

Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 30 residents within the categories of care as shown in section 3.0. The home has a secure unit which can accommodate a maximum of seven residents living with dementia.

3.0 Service details

<p>Organisation/Registered Provider: Southern HSC Trust</p> <p>Responsible Individual: Shane Devlin</p>	<p>Registered Manager and date registered: Lucia Donnelly 5 October 2010</p>
<p>Person in charge at the time of inspection: Briege Donnelly Senior Care assistant until 11.30.</p> <p>Manager, Lucia Donnelly from 11.30 hours.</p>	<p>Number of registered places: Total number: 30 places comprising: RC - I RC – DE X 7 residents RC – LD X1 resident</p> <p>Five places for day service providing the total occupancy does not exceed 30 residents.</p>
<p>Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia LD – Learning Disability</p>	<p>Total number of residents in the residential care home on the day of this inspection: 23 residents.</p>

4.0 Inspection summary

An unannounced inspection took place on 26 February 2020 Year from 10.15 hours to 16.15.

This inspection was undertaken by the care inspector.

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

Evidence of good practice was found in relation to communication between residents, staff and other key stakeholders. There was evidence of a good standard of hygiene throughout the home.

Areas requiring improvement identified included submission of specific notification to RQIA, care records and staff training record.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, two visitors and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*3

*The total number of areas for improvement includes one which had been partially met and is stated for a second time. This will be followed up at the next care inspection to the home.

4.2 Action/enforcement taken following the most recent inspection dated 18 & 25 July 2019

The most recent inspection of the home was an unannounced care inspection. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. One resident questionnaire was completed and returned to RQIA following the inspection.

During the inspection a sample of records was examined which included:

- staffing rota
- two residents' records of care
- complaint and complements records
- accident/incident records
- monthly monitoring reports dated December 2019 and January 2020
- NISCC registrations
- staff training record
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 18 & 25 July 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard – good governance practice Stated: First time	The registered person shall review/revise the NISCC monitoring record layout of the matrix template in order to facilitate understanding of the recording of staff NISCC registration checks. Ref: 6.3	Met
	Action taken as confirmed during the inspection: Review of the NISCC register evidenced this had been amended as recommended.	
Area for improvement 2 Ref: Standard 5.2 Stated: First time	The registered person shall ensure that the needs assessment template reflects full details and that care plans would be amended to reflect only the actual and potential needs of the resident. The undertaking of one oral risk assessment is necessary. Ref: 6.4	Partially Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of two needs assessments, risk assessment and care plan records evidenced that details were recorded. However, further work is necessary to ensure that the standardised care plans do not	

	include needs which are not applicable to the residents' current assessed needs. The template should be amended to exclude these or indicated as "not applicable."	
Area for improvement 3 Ref: Standard 23.4 Stated: First time	The registered person shall ensure that training is provided in the new terminology for modified diets and fluids known as International Dysphasia Diet Standardisation Initiative (IDDSI) for the cook and staff. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The manager and staff confirmed this training had been provided. The manager agreed to record the date when training was provided including named staff in attendance within the training matrix.	
Area for improvement 4 Ref: Standard Dementia Design Standards. Stated: First time	The registered person shall make arrangements for the provision of navigational signage within the DE unit and throughout the home so that residents can easily find their way around. Ref: 6.3	Met
	Action taken as confirmed during the inspection: Inspection of the Moy suit evidenced that some signage had been installed. The manager advised that further signage was a work in progress.	

6.2 Inspection findings of this inspection

6.2.1 Staffing

On arrival at the home we could see that staff were busy answering call bells and attending to residents. All residents were observed to be up washed and dressed with personal care needs attended. Residents told us they had breakfast earlier and were looking forward to their mid-morning tea which was being served.

The manager explained that although the staff team were busy the needs of residents were being met and that staffing levels for the home were based on the number and dependency levels of residents accommodated alongside the layout of the home and fire safety

recommendations. The manager explained that the dependency model previously used had not been currently recorded due to the high throughput of admissions and discharges of residents via the intermediate care scheme. However it is her intention to recommence use of the tool as this would assist in determining safe staffing levels.

Staffing within the Moy suit was discussed with the manager as one staff was on duty to care for four residents, one of whom required 1:1 supervision leaving it difficult for the remaining residents to be supported. The staff member on duty explained that it can be problematic with one staff on duty. This comment was shared with the manager. We observed the continuous coming and going of general care staff and visiting professionals using the treatment room and office within the Moy unit resulting in the staff member having to continually watch that residents, identified to be at risk, do not leave unaccompanied when the door was opened. Our concerns were raised with the manager who agreed that the office arrangements for the general staff were to be temporarily transferred to another shared office within the home until final arrangements were agreed by senior management. Following the inspection RQIA were advised by the manager that admissions to the Moy suit had ceased until the staffing arrangements were satisfactory.

Staffing levels and meeting the assessed needs of residents was discussed with other staff. Two staff members within the general unit told us that the home had become very busy lately with admission and discharges via the intermediate care scheme alongside respite care and it was not always possible to provide activities or have time to have discussions with residents as they would like. One resident also told us that there were few activities provided as staff were too busy. Comments raised were shared with the manager.

The manager advised that interviews for the recruitment of three new staff had taken place and that she was waiting for confirmation from Business Service Organisation (BSO) to arrange commencement dates for the successful three applicants. Currently consistent trust bank staff are providing this cover alongside permanent part time staff working additional hours.

Staffing levels were reflected within the staff duty roster which included named staff, grades and shift hours worked. This detail was consistent with the staff on duty as explained by the manager.

6.2.2 Care records

Care records were observed to be safely and securely stored.

Two intermediate care scheme care records were reviewed and discussed with the manager. Records reviewed contained documents including; needs assessments which were complemented with risk assessments, standardised care plans and progress notes. There was evidence of multi-professional involvement with ongoing monitoring of care by the trust intermediate care team.

Areas identified for improvement related to the following:

- Needs assessment within one care record was not signed by the resident and another not signed by staff member or the resident / representative.
- Needs reflected within standardised care plans which were not applicable to the residents were not indicated as such.

- The inclusion of preferred activities, spiritual needs and signature of the resident or their representative was not reflected within one care plan reviewed.

Additionally further work is necessary in regard to standardised care plans in use as cited within section 6.1 (second improvement) of the previous inspection quality improvement plan.

6.2.3 Meals and mealtimes

The serving of the mid- day meal was discreetly observed. Tables were respectfully set with condiments, napkins and preferred drinks. Meals which were well organised, consisted of three servings; soup, main meal and dessert. Meals were nicely presented with adequate portions of food served. The manager explained that the cook is notified, on a daily basis, of any special diets. Staff supervised and provided assistance to residents throughout the meal.

Mid- morning, afternoon and evening snacks were served.

Residents told us they enjoyed their meals and that they were offered choice of meal. No issues or concerns were raised or indicated about meals provided.

The manager confirmed that staff training had been provided in the terminology for modified diets and fluids for people with swallowing difficulties. This was not evidenced within electronic training records. One improvement was made in regard to recording of staff training.

6.2.4 Complaints and compliments

The home retains a complaints policy and procedure which was readily available to staff. The manager explained the complaints procedure and how these were handled and recorded. Records reviewed and discussion with the manager evidenced that one complaint was being managed by senior management and that she had not received the outcome.

Residents who spoke with us said they would tell the manager if they were unhappy with the care or life within the home.

Many complimentary letters and cards were displayed in the home. Examples of some comments included:

- “Thank you for the wonderful care and team of good staff.”
- “I feel I am more ready to go home soon as a result of the good care and support given.”
- “Your kindness speaks many languages.”

6.2.5 Accident/incidents

Records of accidents and incidents continue to be recorded within the trust electronic datix system which relays all accidents and incidents to the residential and day care manager and trust governance team for monitoring purposes. Notifications submitted to RQIA were cross referenced with those recorded during January and February 2020. All but one incident, which requires to be notified, had been forwarded within the required timescale. This was identified as an area for improvement.

6.2.6 Residents' experience

All residents were observed to be comfortable, neatly clothed with obvious attention given to their personal care needs.

We spoke with eight residents individually and with others in small group format regarding their experience of the care provided. Residents spoke freely; their comments included:

- “Very happy here, no issues what so ever.”
- “Call bells always answered on time.”
- “Staff friendly and see that we are well looked after.”
- “Wish there was more things to do, we like the Bingo held on Tuesdays, would like more craft work, like knitting.”
- “The home is kept lovely and clean and staff always washing their hands.”
- “The food is very good and yes we have a good variety of meals and we get choice.”
- “We noticed the staff are very busy, always rushing around.”

The above comments were shared with the manager.

One satisfaction questionnaire was completed by a resident and returned to RQIA following the inspection. The responses to all questions were positive indicating that the respondent was very satisfied that care was safe, effective, compassionate and well managed. No issues or concerns were recorded.

Two visitors told us that they found the staff to be friendly, always made them feel welcome and they had no issues or concerns about the care provided. Some comments included:

“Great home, staff attentive”

6.2.7 Monthly monitoring visits

Monthly monitoring visit by the head of residential and day care were reviewed and discussed with the manager as reports for January and February 2020 were not on file. The manager confirmed that these visits were undertaken and she was waiting for the reports. Confirmation was provided to RQIA following the inspection that reports were completed and were available within the home.

6.2.8 Environment

Inspection of the home evidenced that all areas were clean, organised, appropriately heated and fresh smelling throughout. There was evidence of good infection, prevention and control (IPC) resources throughout with disposable, gloves, aprons and appropriate waste disposal. A plentiful supply of resources was stocked and readily available to staff. Pictorial and written notices on safe hand washing were displayed in all wash rooms/toilets. Staff training in IPC had been provided.

Residents' bedrooms, whilst all similar in size, were individualised with items of memorabilia displayed, for example, photographs and craft work.

The manager explained that a change in the placement of the staff office accommodation and treatment room was planned and that RQIA would be notified when approval from senior management was received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

Areas identified for improvement in relation to submission of specific notification to RQIA, improvement in care records and staff training record.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation (1) (d) Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that notifications of incidents which require to be notified are forwarded to RQIA. Ref: 6.2.5 Response by registered person detailing the actions taken:
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.2 Stated: Second time To be completed by: 9 March 2020.	The registered person shall ensure that the standardised care plans do not include needs which are not applicable to the residents' current health and social care. Where necessary residents' standardised templates should be amended to exclude these or indicated a record as "not applicable." Ref: 6.2.2 Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 5.4 & 13.1 Stated: First time To be completed by: 2 March 2020 and ongoing	The registered person shall ensure: <ul style="list-style-type: none"> • Needs assessment within care records are signed/dated by the staff member and by the resident or their representative where appropriate. • The inclusion of preferred activities, spiritual needs is reflected within care records. Ref: 6.2.2 Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Standard 23.6 Stated: First time To be completed by: 16 March 2020	The registered person shall ensure a record is retained of staff attendance at training in the terminology for modified diets and fluids, known as International Dysphasia Diet Standardisation Initiative (IDDSI). Ref:6.2.3 Response by registered person detailing the actions taken:

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



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

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

Assurance, Challenge and Improvement in Health and Social Care