



# Inspection Report

**Name of Service: Roxborough House**

**Provider: Southern Health and Social Care Trust (SHSCT)**

**Date of Inspection: 24 September 2024**

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Southern Health and Social Care Trust (SHSCT)
<b>Responsible Individual:</b>	Dr Maria O’Kane
<b>Registered Manager:</b>	James Dowdall – not registered
<p><b>Service Profile</b>            This home is a registered residential care home which provides health and social care for up to 30 residents with frail elderly needs and up to two persons living with a learning disability. All residents are accommodated in single bedrooms over two floors. Residents have access to communal areas and a secure outdoor space.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 24 September 2024, from 10.05 am to 5pm by a care inspector.

This inspection was undertaken to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 18 April 2024 which resulted in enforcement action.

Overall the home was found to be clean and no malodours were identified. Bedrooms were personalised to reflect the residents’ interests.

Residents stated that they were well looked after in the home and advised that the staff were kind to them.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection nine areas for improvement were assessed as having been addressed by the provider. One area for improvement has not been fully addressed and has been stated for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## **3.0 The inspection**

### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### **3.2 What people told us about the service**

Residents spoke positively about their experience of life in the home. Comments included: "the staff are respectful and kind, the food is excellent," "great place here; its brilliant, the staff are so good and I am well looked after. I feel very safe and I am encouraged to eat," and "I love it here; the staff are so kind and good to me. The food is very good." Discussions with residents confirmed that there was enough staff on duty and if they wanted anything, the staff attended to them quickly.

One questionnaire was received from a relative. The respondent was very satisfied with the overall delivery of care. Comments included: "The care provided has been excellent, from confidence building to rehabilitation. The staff are always pleasant and able to assist with any request; very honest with regards to capabilities."

## **3.3 Inspection findings**

### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. While there was evidence that a system was in place to oversee recruitment; the manager did not have full oversight of the process. This was identified as an area for improvement as a result of the previous inspection and will now be stated for the second time.

Residents said that there was enough staff on duty to help them. Staff were always available and responded promptly to call bells. Staff knew what they were required to do each day and understood the needs of the residents.

Staff said there was good team work however some concern was raised by staff in relation to the current staffing arrangements. Staff reported that due to the regular admissions and discharges of residents, when there was unplanned staff leave; this placed the staff team under pressure. Furthermore there is currently no administrator employed in the home which also impacts on staff workload, in particular the manager. Whilst the recruitment process had commenced interim arrangements are required until someone is appointed. This was identified as an area for improvement.

### **3.3.2 Quality of Life and Care Delivery**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was pleasant and friendly. Staff were observed to be compassionate in their delivery of care to the residents.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others. Residents reported that they could choose what time they could get up in the morning or retire to bed at night. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery.

Staff were observed supporting residents to the dining room for their main meal in a patient and reassuring manner. The residents commented that the food provided in the home was of a good standard. Staff were found to be knowledgeable of residents' dietary needs and preferences.

During the inspection the hairdresser was present in the home. A large number of the residents were involved in this and were observed sitting chatting to each other. For those residents who preferred not to attend; staff were observed sitting with them and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities such as knitting.

### **3.3.3 Management of Care Records**

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

### 3.3.4 Quality and Management of Residents' Environment Control

The home was clean, neat and tidy and residents' bedrooms contained items which were important to the resident. Whilst most areas of the home were suitably furnished, warm and comfortable, the dining room and kitchen flooring was either heavily stained or damaged; meaning this would be unable to be effectively cleaned. This was identified as an area for improvement.

It was further identified that a cooker and a fridge were broken and in need to repair. This was identified as an area for improvement.

Systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr James Dowdall is the Manager of the home.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	3

\* the total number of areas for improvement includes one area which has been stated for a second time

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (b) Schedule 2  <b>Stated:</b> Second time  <b>To be completed by:</b> 25 September 2024	<p>The registered person shall ensure that all staff are recruited appropriately in the home. Furthermore, the manager should have oversight of the recruitment process including pre-employment checks.</p> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager is currently in the process of recruiting additional Senior Staff, Care staff and clerical staff. The Registered Manager has full access to the recruitment system allowing oversight of the recruitment process.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.1  <b>Stated:</b> First time  <b>To be completed by:</b> 25 September 2024	<p>The registered person shall ensure that the staffing arrangements are kept under regular review.</p> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Rotas are reviewed by a second person upon completion and are reviewed as and when required. In the event of short notice absence staff will follow the process for escalating the staff shortage and will actively seek to replace the shift with alternative staff.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2024	<p>The registered person shall that ensure that the flooring in the dining room and kitchen is either cleaned and repaired or replaced.</p> <p>Ref: 3.3.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The floor in dining room has been escalated to the estates team. We are actively waiting their assessment to determine if we are seeking to repair the flooring or replace it. In the meantime the floor is cleaned appropriately after each meal setting.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 27.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 October 2024</p>	<p>The registered person shall ensure that the identified cooker and fridge are repaired/replaced.</p> <p>Ref: 3.3.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The fridge has been successfully repaired. An order has been raised for a new cooker we are currently awaiting delivery and installation.</p>

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



## The Regulation and Quality Improvement Authority

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