



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Slieveleague (1159)
Date of Inspection: 06 January 2015
Inspector's Name: Laura O'Hanlon
Inspection No: IN016971

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 General information

Name of Service:	Slieveleague
Address:	34 Cullion Road Edenmore Tempo BT94 3AR
Telephone number:	028 8954 1327
E mail address:	slieveleague@live.co.uk
Registered Organisation/ Registered Provider:	Mr John James Wesley Kerr
Registered Manager:	Ms Jennifer Scott (Acting manager)
Person in charge of the home at the time of inspection:	Ms Jennifer Scott
Categories of care:	RC-PH, RC-PH(E), RC-DE, RC-MP, RC-MP(E), RC-I
Number of registered places:	8
Number of residents accommodated on Day of Inspection:	6
Scale of charges (per week):	£461.00
Date and type of previous inspection:	03 November 2014 Secondary Unannounced
Date and time of inspection:	06 January 2015 9.45am – 4.15pm
Name of Inspector:	Laura O'Hanlon

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 acting manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- 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 including acting manager
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	4	4

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:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially Compliant	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
5 - Compliant	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

Slieveleague provides accommodation in a two storey dormer style bungalow which is situated in its own grounds on the outskirts of the village of Tempo.

The home is registered to provide care under the following categories:

RC - I Old age not falling into any other category

RC - DE Dementia

RC - MP Mental disorder excluding learning disability or dementia

RC - MP (E) Mental disorder excluding learning disability or dementia – over 65 years

RC - PH Physical disability other than sensory impairment

RC - PH (E) Physical disability other than sensory impairment – over 65 years.

Accommodation is provided in six single and one double bedroom with an en-suite facility, main sitting room, kitchen, dining room, laundry, bathroom, shower and toilet facilities.

Administration facilities include office and staff room.

Car parking facilities are available to the front of the home.

8.0 Summary of Inspection

This primary announced care inspection of Slieveleague was undertaken by Laura O'Hanlon on 06 January 2015 between the hours of 9.45am and 4.15pm. Ms Jennifer Scott Acting Manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The two requirements and four recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that the two requirements have been fully addressed. The three recommendations have also been fully addressed with the fourth recommendation unable to be examined at this inspection. This fourth recommendation will be carried forward to be examined at the next inspection. The detail of the actions taken by Ms Jennifer Scott can be viewed in the section following this summary.

Prior to the inspection, in June 2014 Ms Janet Clements (previous registered manager) completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Ms Janet Clements in the self-assessment were not altered in any way by RQIA.

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

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

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 in place on managing behaviours which challenge staff and restraint, which reflected human rights legislation. A recommendation has been stated to review the policy in relation to challenging behaviour, as it should reference the DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005). The policy should also refer to the need for RQIA to be informed of each occasion when physical restraint due to aggression, is used. A further recommendation has been made to review the policy in relation to challenging behaviour to reflect the need for Trust involvement in managing behaviours which challenge staff.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used within this home. 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.

A review of the staff training evidenced that training in managing behaviours which challenge staff was last completed in August 2013 by six out of nine staff members. A recommendation has been made to ensure that this training is updated to include a human rights approach when the training is next delivered. Staff 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. The acting 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 Slieveleague 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. The programme 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.

Activities are undertaken by designated 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. The evidence gathered through the inspection process concluded that Slieveleague is compliant with this standard.

Resident and staff consultation

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

In discussions with residents they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Residents were comfortable in their environment and praising of staff.

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 and staff 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 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 satisfactory standard. Resident's bedrooms were personalised and consideration was given to spiritual needs.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting, registered provider visits and fire safety. Further details can be found in section 11.0 of the main body of the report.

One requirement and five 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, 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 18 February 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	27 (2) (d)	Ensure the following environmental matters are addressed: <ul style="list-style-type: none"> • Redecorate the staff cloakroom/office. 	An inspection of the environment evidenced that the staff cloakroom/office has been redecorated.	Compliant
2	27 (4) (a)	The fire safety implications of one bedroom having an oxygen supply should be reviewed and a sign placed on the door.	The fire safety implications have been reviewed to include no smoking within the home and visitors are to be informed on arrival to the home. An inspection of the environment evidenced that there was a sign on the door.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	16.1	Revise the home’s policies and procedures for the Protection of Vulnerable Adults to ensure it makes reference to the Regional guidance and make available a flow chart for easy reference by staff outlining the Vulnerable Adults procedure and the contact details of relevant staff.	The home’s policies and procedures for the Protection of Vulnerable Adults were available on the day of inspection and it refers to the Regional guidance. The policy contains a flow chart and outlines the Vulnerable Adults procedure and the contact details of relevant staff.	Compliant
2	19.1	Revise the home’s policy and procedure on the recruitment of staff to ensure it references all matters as per 19.2.	The home’s policy on the recruitment of staff was available on the day of inspection and reflects all matters as per standard 19.2.	Compliant
3	19.6	Further consider how the home could in the future, where appropriate, involve residents or their relatives in the recruitment of staff.	<u>Not examined at this inspection. To be examined at next inspection.</u>	Not examined
4	20.15	It is recommended that care managers/social workers are notified of all incidents and accidents and that records are maintained to evidence this. This contact should also be recorded on RQIA forms submitted.	The inspector examined the accident and incident reports since the last inspection which evidenced that records are maintained, care managers and RQIA are also informed.	Compliant

10.0 Inspection Findings

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.	
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider’s Self-Assessment	
All staff have a good knowledge of each residents usual behaviour and are aware of the best way to respond or intervene to promote positive responses for residents.	Compliant
Inspection Findings:	
<p>The home had a policy in place on behaviour that challenges staff and the management and use of restraint. A review of these policies identified that it referred to the NICE guidelines 2010 and Human Rights legislation, but did not reflect the DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005). A recommendation has been made in this regard.</p> <p>This policy did not include the need for HSC Trust involvement in managing behaviours which challenge or detail that RQIA must be notified on each occasion when physical restraint due to aggression is used. A recommendation has been made to address this.</p> <p>Observations of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that training in managing behaviours which challenge was last completed in August 2013 by six out of nine staff members.</p> <p>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.</p>	Moving towards compliance

<p>Staff who met with the inspector demonstrated knowledge and understanding of residents usual routines, behaviours and means of communication. Staff were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of returned staff questionnaires identified that staff are provided with training and support and are aware of residents’ rights.</p>	
<p>Criterion Assessed: 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.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>Staff seek to find the reason for uncharacteristic behaviour. They take necessary action, informing the other carer on duty as well as the manager. They monitor the situation and involve relatives and the multi-disciplinary team where appropriate.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The homes policies on behaviours that challenge staff and restraint reflected the following:</p> <ul style="list-style-type: none"> • Identifying uncharacteristic behaviour which causes concern • Recording of this behaviour in residents’ care records • Action to be taken to identify the possible cause(s) and further action to be taken as necessary • Reporting to senior staff, the Trust, and relatives. • Agreed and recorded response(s) to be made by staff. <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and/or person in charge.</p> <p>Four care records were reviewed and identified that they contained the relevant information regarding the residents’ uncharacteristic behaviour.</p>	Compliant

A review of the records confirmed that relatives were informed appropriately.	
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
If a resident requires a consistent approach or response from staff this is detailed in their care plan. If appropriate the residents representative is also informed.	Compliant
Inspection Findings:	
A review of four care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate and the staff member drawing it up.	Compliant
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
If a resident had a specific programme this would be approved by an appropriately trained professional and would form part of the care plan.	Not applicable
Inspection Findings:	
The acting manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore this criterion was not applicable at this time.	Not applicable

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.	
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
If a resident had a programme in place staff would be provided with the necessary training and support.	Not applicable
Inspection Findings:	
The acting manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore this criterion was not applicable at this time. A review of staff training records identified that training in Managing Behaviours which Challenge staff was last completed in August 2013 by six out of nine staff members. A recommendation has been made to ensure that this training is updated to include a human rights approach when the training is next delivered. Staff confirmed during discussion that they felt supported through informal discussions with the acting manager.	Not applicable
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
All incidents are recorded and reported as necessary and followed by a multi-disciplinary review if required.	Compliant
Inspection Findings:	
A review of the accident and incident records from 07 November 2014 and discussions with staff identified that resident representatives, RQIA and HSC Trust personnel were informed.	Compliant

<p>A review of four care plans identified that they had been updated and reviewed and when a resident became unwell the relevant professional had been contacted appropriately and promptly.</p>	
<p>Criterion Assessed: 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.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>Restraint would only be used as a last resort and a record would be kept.</p>	Not applicable
<p>Inspection Findings:</p>	
<p>A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose.</p> <p>Residents confirmed during discussion that they are involved in decisions which affect their care.</p>	Compliant

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

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

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.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
On admission an activity assessment is done to identify needs interests of residents so that the programme of activities will provide positive outcomes.	Substantially compliant
Inspection Findings:	
The home had a policy in place named ‘Social Contact’ policy which was reviewed in 2014. 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 provided information pertaining to activity provision within the home.	Compliant
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Efforts are made to provide a range of activities that are relevant for each resident.	Substantially compliant

Inspection Findings:	
Examination of the programme of activities identified that social activities are organised six days per week. The programme included activities which were age and culturally appropriate and reflected the residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis. Care staff also confirmed that the duration of activity depends upon the needs and abilities of residents on that day.	Compliant
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
During residents meetings all residents have the opportunity to contribute suggestions and to be involved in the development of the programme.	Substantially compliant
Inspection Findings:	
A review of the record of activities provided and discussion with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents were also invited to express their views on activities within residents' meetings, individual discussions with staff and satisfaction questionnaires as part of annual quality review.	Compliant
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programme of activities is displayed on a white board in the dining room and can be viewed by all.	Compliant
Inspection Findings:	
On the day of inspection the programme of activities was on display in the dining room. This location was considered appropriate as this area was used by all the residents.	Compliant

<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 format to meet the residents' needs.</p>	
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Residents are facilitated to participate in activities.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>Activities are provided for one to two hours six days per week by designated care staff depending on the needs of the residents.</p> <p>Care staff and residents confirmed that there was an acceptable supply of equipment available. This equipment included skittles, board games, jigsaws, paints and bingo.</p> <p>The acting manager confirmed that activity provision is financed through fund raising within the home.</p>	Compliant
<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Yes</p>	Compliant
<p>Inspection Findings:</p>	
<p>The acting manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant

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.	
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
If someone comes in to provide an activity they are monitored to see if they have the necessary skill to do so.	Compliant
Inspection Findings:	
The acting manager confirmed that there are no outside agencies contracted to provide activities in the home. Therefore this criterion is not applicable at this time.	Not applicable
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
On arrival they would be informed of any changes regarding residents needs. There would be an opportunity for feedback after the activity..	Compliant
Inspection Findings:	
The acting manager confirmed that there are no outside agencies contracted to provide activities in the home. Therefore this criterion is not applicable at this time.	Not applicable
The acting manager confirmed that visiting entertainers or church groups who visit the home would be advised of any change in residents’ needs which would affect their participation in the planned activity and would be	

supervised by care staff at all times.	
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
This is the case. Record completed daily.	Compliant
Inspection Findings:	
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 no evidence that appropriate consents were in place with regard to photography and a recommendation has been made to reflect this.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Programme reviewed at residents meeting and as required.	Compliant
Inspection Findings:	
A review of the programme of activities identified that it had been last reviewed at the residents' meeting on 18 December 2014. The acting manager confirmed that planned activities were also changed at any time at the request of the residents. 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.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with all of the residents either individually or as part of a group. 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:

- "The food is nice, good home cooked food."
- "My room is comfortable and warm."
- "The staff encourage me to participate in activities."
- "The staff are very good and approachable."
- "I can make my own choices."
- "Staff are good at getting the GP if I am not well."

11.2 Relatives/representative consultation

No relatives visited the home during the inspection visit.

11.3 Staff consultation/Questionnaires

The inspector spoke with the two staff on duty, the acting manager and four 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 resident's 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. A recommendation has been made to ensure that the staff training matrix is updated to reflect most recent training completed.

Comments received included:

- "Everyone is well cared for in this home."
- "No one here with challenging behaviour."
- "A personalised approach to residents here and they are offered choice."

11.4 Visiting professionals' consultation

No professionals visited the home on the day of the inspection.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful,

polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed. Residents were able to move freely within the home.

11.6 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.

11.7 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.

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 acting manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home accompanied by acting manager 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 satisfactory standard.

11.9 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.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 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 confirmed that the home's most recent fire safety risk assessment was dated 14 August 2014. The acting manager confirmed that any recommendations raised have been appropriately actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff in February and August 2014. The records identified 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. A written record was unable to be evidenced on the day of the inspection to confirm that an evacuation had been undertaken. A requirement has been made to ensure that a written record is maintained of all fire drills completed.

This matter is referred to the estates inspector for the home for further review.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Ms Janet Clements (previous registered manager). Ms Janet Clements 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.

11.12 Visits by registered provider

A review of the visits by the registered provider confirmed that they were unannounced and had been completed by Mr Wesley Kerr on a monthly basis. These reports were available on the day of inspection.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Jennifer Scott, 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:

Laura O'Hanlon
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



Quality Improvement Plan

Primary Announced Care Inspection

Slieveleague

06 January 2015

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 Ms Jennifer Scott 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.

Statutory Requirements

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

No.	Regulation Reference	Requirement	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	27 (4) (f) Ref: Section 11.10 (Additional Areas Examined)	<p>The registered person shall – Ensure, by means of fire drills and practices at suitable intervals, that the persons working at the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</p> <ul style="list-style-type: none"> Reference is made to this in that the registered person shall ensure that fire drills are undertaken and a written record is maintained. 	One	This is in place and is scheduled on an ongoing basis. Written records of fire drills are maintained.	31 March 2015

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	19.6	<p><u>Carried forward for review at a future inspection.</u></p> <p>Further consider how the home could in the future, where appropriate, involve residents or their relatives in the recruitment of staff.</p>	One	Residents who are capable and willing, will be involved in the recruitment process through a discussion process with the Home manager of the suitability of applicants.	31 March 2015
2	21.1	<p>It is recommended that the registered person should review the policy in relation to the management of behaviours which challenge staff to ensure that it includes the following;</p> <ul style="list-style-type: none"> • DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) • The need for RQIA to be informed of each occasion when restraint is used • The need for appropriate HSC Trust involvement in managing behaviours which challenge staff. <p>Ref: Section 10, Criterion 10.1</p>	One	The policy in relation to the management of behaviours which challenge has been reviewed to ensure it includes the details required. The general restraint policy has been reviewed to include these details also.	31 March 2015
3	23.4	It is recommended that the registered person ensures that the training in respect of management of behaviours which challenge staff are updated to include a human rights	One	Training has been updated to include a human rights approach.	31 March 2015

		<p>approach.</p> <p>Ref: Section 10, Criterion 10.1</p>			
4	7.4	<p>It is recommended that the registered person ensures that appropriate consents are in place with regard to photography and other forms of media.</p> <p>Ref: Section 10, Criterion 13.9</p>	One	<p>New forms have been devised to ensure compliance with regard to appropriate consents being in place with regard to photography and other forms of media. All consents have been obtained.</p>	31 March 2015
5	23.6	<p>It is recommended that the registered person ensures that the staff training matrix is updated to reflect most recent training completed.</p> <p>Ref: Section 11.3 (Additional Areas Examined)</p>	One	<p>The staff matrix has been updated to reflect most recent training and will continue to be updated on an ongoing basis.</p>	31 March 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 and email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Jennifer Scott
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Wesley Kerr

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Laura O'Hanlon	9 February 2015
Further information requested from provider			