

Inspection Report

30 September 2021



Slieveleague

Type of service: Residential Care Home
Address: 34 Cullion Road, Edenmore, Tempo, BT94 3AR
Telephone number: 028 8954 1327

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Registered Provider: Slieveleague</p> <p>Registered Person: Mr John James Wesley Kerr</p>	<p>Registered Manager: Mrs Patricia Grimes</p> <p>Date registered: 7 December 2015</p>
<p>Person in charge at the time of inspection: Mrs Patricia Grimes</p>	<p>Number of registered places: 8 The home is approved to provide care on a day basis only to 2 persons</p>
<p>Categories of care: Residential Care (RC) PH (E) - Physical disability other than sensory impairment – over 65 years I – Old age not falling within any other category DE – Dementia MP – Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH – Physical disability other than sensory impairment.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 6</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Residential Care Home which provides health and social care for up to eight residents. The home is a two storey building with residents bedrooms located over two floors. Residents have access to a lounge, dining room and garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 30 September 2021, from 10.30 am to 3.10 pm by a 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.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 7.0.

Three areas for improvement from the previous care inspection have been stated for a second time in relation to care records, audits and falls policy. One area for improvement has been carried forward for review at a future inspection.

Residents spoke positively about living in Slieveleague and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff, are included in the main body of this report.

Based on the inspection findings RQIA were assured that compassionate care was being delivered in Slieveleague and that the manager had taken relevant action to ensure the delivery of safe, effective and well led care.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with six residents, two staff and a visiting professional during the inspection. Residents told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. Five questionnaires were returned which did not indicate if they were from a resident or a relative. The respondents were either satisfied or very satisfied with the overall provision of care.

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: “feel very much supported by the manager”. There was no feedback from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 22 February and 12 March 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure that care plans are person centred, reflective of the residents’ current medical needs and gender preference for assistance with personal care.	Not met
	Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement has not been met and has been stated for a second time. This is discussed further in section 5.2.2.	
Area for Improvement 2 Ref: Regulation 15 (2) (a) (b) Stated: First time	The registered person shall ensure that the assessment of the resident’s needs is kept under review and revised when a change of circumstances has been identified and in any case not less than annually. Risk assessments should be maintained within the residents care file.	Met
	Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement has been met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p>	<p>The registered person shall take adequate precautions against the risk of fire. With specific reference to ensuring that fire doors are not propped open.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement has been met.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with Regulation 30.</p> <p>Action taken as confirmed during the inspection: Review of accident and incident records and discussion with the manager evidenced that this area for improvement has been met.</p>	Met
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the IPC issues identified during this inspection are addressed.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement has been met.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the sharp edge to the identified shower outlet is made safe.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement has been met.</p>	Met

<p>Area for improvement 3</p> <p>Ref: Standard 21</p> <p>Stated: First time</p>	<p>The registered person shall ensure that policies and procedures are in place to direct the quality of care and services.</p> <p>Specific reference to ensuring that the accident/falls policy is updated to include relevant information on the actions to take if a resident has a fall and is receiving anticoagulant therapy.</p> <p>Action taken as confirmed during the inspection: Review of the accident/incident policy evidenced that this area for improvement has not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.5.</p>	<p>Partially met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 20</p> <p>Stated: First time</p>	<p>The registered person shall review the audit process to ensure that where deficits are identified, an action plan with timeframes, the person responsible for addressing the audit and a follow up is completed and that care record audits are implemented.</p> <p>Action taken as confirmed during the inspection: Review of a sample of available audits evidenced that this area for improvement has not been met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.5.</p>	<p>Not met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the maximum and minimum temperature of the medicines refrigerator is monitored and recorded. The temperature should be within the range of 2°C and 8°C.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and has been carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling and adult safeguarding. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

The manager confirmed that staff had completed specialised training to ensure they were aware of the Department of Health's (DoH) Deprivation of Liberty Safeguards (DoLS) and restrictive practices. This is discussed further in section 5.2.2.

Review of records identified that relevant registration checks with the Northern Ireland Social Care Council (NISCC) had not been completed since February 2021 with a number of fee dates which had expired. It was therefore unclear whether staff working within the home were suitably registered. Following the inspection the manager provided written confirmation that all relevant staff registration fees with NISCC were up to date. An area for improvement was identified to ensure management maintain oversight of staff registration with NISCC.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

The inspector reviewed two staff competency and capability assessments for the person in charge in the absence of the manager and found these to be completed. However, these assessments did not refer to arrangements concerning the management of adult safeguarding or DoLS in the absence of the manager. This was identified as an area for improvement.

Staff reported that there was good team work, they felt well supported in their role and that the manager was approachable. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the residents.

Residents said that they felt well looked after and that staff were attentive. One resident commented "anything I need staff are there to help" and a further resident referred to the staff as "very friendly".

5.2.2 Care Delivery and Record Keeping

The manager advised that staff meet at the beginning of each shift to discuss any changes in the needs of the residents. Staff were observed to be prompt in recognising residents' needs and were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Despite staff having received DoLS training as mentioned above in section 5.2.1, staff did not recognise a form of restrictive practice being used in the home; specifically the use of an alarm mat for an identified resident. On review of the resident's care records there was no evidence of consent for the use of the alarm mat and no corresponding risk assessment or care plan.

This was discussed with the manager who agreed to review the resident's care records and make contact with the care manager within the commissioning Trust. Following the inspection the manager provided written confirmation that relevant action had been taken. An area for improvement was identified to ensure these required arrangements are embedded into practice.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. Whilst most notifications had been appropriately reported to RQIA, one notification was required to be submitted retrospectively. Following the inspection the manager submitted the notification to comply with regulations.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure residents were comfortably seated. Some residents chose to have their meal within their bedroom; these meals were not covered while being transported from the kitchen. This was discussed with the manager who agreed to communicate with relevant staff and to monitor compliance during daily walk arounds.

Staff were supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of residents' individual nutritional and support needs, including recommendations made by the Speech and Language Therapist (SALT) for any residents who require modified food and fluids. One care file did not include a care plan regarding the recommendations made by SALT. This was discussed with the manager to action and an area for improvement was identified.

Care records were held confidentially and reviewed regularly however; care plans were not person centred, reflective of the residents' current medical needs and gender preference for assistance with personal care. This was an area for improvement at a previous care inspection and has been stated for a second time.

Review of a recently admitted resident's care records evidenced that whilst risk assessments had been completed following admission, relevant care plans had not been implemented to direct staff on how to meet the resident's needs. This was discussed in detail with the manager and an area for improvement was identified.

The minutes of care management reviews were retained within care records, including details of any actions required. One resident had required a referral to a General Practitioner (GP) however this had not yet been completed. During the inspection the resident stated that they were continuing to experience symptoms and the manager agreed to make contact with the GP. The importance of timely referrals was discussed with the manager and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. The home was warm, clean and comfortable. There was evidence that a number of areas had recently been painted or had flooring replaced.

A small amount of bedroom furniture and two toilet seats required repair or replacement. The manager confirmed that refurbishment works were ongoing including the replacement of identified furniture to ensure the home is well maintained. Following the inspection written confirmation was received from the manager that relevant repair work to identified bedroom furniture had been completed and that toilet seats had been ordered.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

The inspector observed cleaning chemicals accessible to residents within an unlocked laundry room and brought this to the immediate attention of relevant staff. This was later discussed with the manager and an area for improvement was identified specific to control of chemicals hazardous to health (COSHH). Following the inspection written confirmation was received from the manager that a lock had been installed to the laundry door.

There were systems and processes in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the Department of Health and infection prevention and control (IPC) guidance.

The manager said that cleaning schedules included frequent touch point cleaning and this was carried out by both domestic and care staff on a regular basis. There was a good supply of PPE and hand sanitising gel in the home. The manager also said that any issues observed regarding IPC measures or the use of PPE were immediately addressed.

5.2.4 Quality of Life for Residents

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff said that the manager was approachable and accessible.

Review of the home's policy and procedure on head injuries and falls evidenced that it had been reviewed since the previous care inspection in February 2021; however, the policy did not include relevant information on the actions to take if a resident has a fall and is receiving anticoagulant therapy. This area for improvement has been stated for a second time.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. However, completed audits did not include an action plan, time frames, the person responsible or a follow up. It was further identified that audits specific to care records had not been implemented. These deficits were discussed with the manager and an area for improvement has been stated for a second time.

The home was visited each month by the registered person to consult with residents, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits; however these were not robust at identifying the issues identified during this inspection as detailed throughout this report and an area for improvement was identified.

6.0 Conclusion

Residents looked well cared for and were seen to be content and settled in the home. Staff treated residents with respect and kindness.

Eight new areas for improvement were identified during this inspection in relation to staff registration checks, competency and capability assessments, restrictive practice, recording of SALT recommendations, care records, timely referrals, control of substances hazardous to health (COSSH) and monthly monitoring reports. Three areas for improvement have been stated for a second time in relation to care records, audits and falls policy. One area for improvement has been carried forward for review at a future inspection.

Based on the inspection findings RQIA were assured that compassionate care was being delivered in Slieveleague and that the manager had taken relevant action to ensure the delivery of safe, effective and well led care.

7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011 version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	5*	7*

* The total number of areas for improvement includes one regulation and two standards that have been stated for a second time and one standard which has been carried forward for review at the next inspection.

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16 (1) Stated: Second time To be completed by: 31 October 2021	The registered person shall ensure that care plans are person centred, reflective of the residents' current medical needs and gender preference for assistance with personal care. Ref: 5.1 and 5.2.2 Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Regulation 20 (1) (c) (ii) Stated: First time To be completed by: With immediate effect	The registered person shall ensure a robust system is in place to monitor the NISCC registration of relevant staff. Ref: 5.2.1 Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Regulation 16 (1) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that relevant care plans for any newly admitted residents are implemented in a timely way to direct the care required. Ref: 5.2.2 Response by registered person detailing the actions taken:

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2021</p>	<p>The registered person shall ensure that the monthly quality monitoring visit report is robust, that it provides sufficient information on the conduct of the home; with an action plan and timescales to address any deficits identified in a timely manner.</p> <p>Ref: 5.2.5</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011 version 1.1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: 12 April 2021</p>	<p>The registered person shall ensure that the maximum and minimum temperature of the medicines refrigerator is monitored and recorded. The temperature should be within the range of 2°C and 8°C.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and has been carried forward to the next inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 21</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that policies and procedures are in place to direct the quality of care and services.</p> <p>Specific reference to ensuring that the accident/falls policy is updated to include relevant information on the actions to take if a resident has a fall and is receiving anticoagulant therapy.</p> <p>Ref: 5.1 and 5.2.5</p>
<p>Area for improvement 3</p> <p>Ref: Standard 20</p> <p>Stated: Second time</p> <p>To be completed by: 31 October 2021</p>	<p>Response by registered person detailing the actions taken:</p> <p>The registered person shall review the audit process to ensure that where deficits are identified, an action plan with timeframes, the person responsible for addressing the audit and a follow up is completed and that care record audits are implemented.</p> <p>Ref: 5.1 and 5.2.5</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2021</p>	<p>Response by registered person detailing the actions taken:</p> <p>The registered person shall ensure that competency and capability assessments for the person in charge of the home in the absence of the manager are reviewed to include arrangements for the management of adult safeguarding and DoLS.</p> <p>Ref: 5.2.1</p>

<p>Area for improvement 5</p> <p>Ref: Standard 6.7</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that, if restrictive practices cannot be avoided, best interest decisions are made safely in consultation with the resident, their representative and the commissioning Trust.</p> <p>The type of restrictive intervention must be fully recorded within the resident’s care records including written consent and DoLS where relevant, a risk assessment and care plan.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that where recommendations are made by SALT a care plan is implemented to direct the relevant care.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 7</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that timely referrals are made to other health care professionals and documented within the residents care records.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p>

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



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