

Unannounced Care Inspection Report 22 February and 12 March 2021



Slieveleague

Type of Service: Residential Care Home

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Inspectors: Jane Laird, Catherine Glover and Philip Lowry

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 residential care home registered to provide residential care for up to eight residents.

3.0 Service details

<p>Organisation/Registered Provider: Slieveleague</p> <p>Responsible Individual: John James Wesley Kerr</p>	<p>Registered Manager and date registered: Patricia Grimes</p> <p>7 December 2015</p>
<p>Person in charge at the time of inspection: 22 February 2021: Maria Cullen, senior care assistant 11.15 – 12.30 Patricia Grimes, manager 12.30 – 16.20</p> <p>12 March 2021: Ruth Armstrong, Senior Care Assistant</p>	<p>Number of registered places: 8</p> <p>The home is approved to provide care on a day basis only to 2 persons</p>
<p>Categories of care: Residential Care (RC) 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 PH (E) - Physical disability other than sensory impairment – over 65 years</p>	<p>Number of residents accommodated in the residential home on the day of this inspection: 7</p>

4.0 Inspection summary

An unannounced care inspection took place on 22 February 2021 from 11.15 to 16.20 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

- medicines management.

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	4	5

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

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

Questionnaires and 'Tell us' cards were provided to give to residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was also left for staff inviting them to provide feedback to RQIA online.

The following records were examined during the inspection on 22 February 2021:

- staff duty rotas for weeks commencing the 15 February 2021 and 22 February 2021
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- three residents' records of care
- complaint records
- a sample of governance audits/records
- accident/incident records
- policy regarding accidents/falls
- competency assessments for taking charge of the home in the absence of the manager

- fire risk assessment
- the monthly monitoring reports for December 2020 and January 2021

A sample of the following records was examined and/or discussed during the medicines management inspection on 12 March 2021:

- personal medication records
- medicine administration records
- medicine receipt and disposal records
- controlled drug records
- care plans related to medicines management
- governance and audit
- medicine storage temperatures

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 7 March 2020.

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 6 Stated: First time	The registered provider should ensure that detailed care plans for the management of distressed reactions are in place.	Met
	Action taken as confirmed during the inspection: There were no residents that require medicines for distressed reactions at the time of this inspection. The management of these medicines was discussed with the manager and it was evident that she was aware of how these medicines should be managed and that care plans should be in place.	
	This area for improvement has therefore been	

	assessed as met.	
Area for improvement 2 Ref: Standard 31 Stated: Third and final time	In the interests of safe practice two members of staff should verify and sign all updates on the personal medication records. Action taken as confirmed during the inspection: Personal medication records had been signed by two staff members. A new personal medication record is printed when updates are made.	Met
Area for improvement 3 Ref: Standard 30 Stated: Second time	The registered provider should ensure that dates of opening are recorded on medicines which are not contained within the monitored dosage system. Action taken as confirmed during the inspection: Dates of opening were recorded on all medicine containers which facilitated audit.	Met
Area for improvement 4 Ref: Standard 30 Stated: First time	The registered person shall implement a robust audit tool which identifies and addresses shortfalls in the management and administration of medicines. Action taken as confirmed during the inspection: A comprehensive audit which reviewed all aspects of the management of medicines was completed once per month. Satisfactory outcomes had been achieved in the last audit which was completed in February 2021 and correlated with the findings of this inspection.	Met
Area for improvement 5 Ref: Standard 13 Stated: First time	The registered person shall ensure that the floor covering in room 4 is addressed. Action taken as confirmed during the inspection: Observation and discussion with staff evidenced that the floor covering had been replaced to the identified bedroom.	Met

6.2 Inspection findings

6.2.1 Staffing

On arrival to the home we were greeted by the senior care assistant and staff who were helpful and attentive. The senior care assistant explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed.

Review of staff duty rotas evidenced that the planned staffing levels had been adhered to. We discussed the importance of ensuring that the gender of staff on specific shifts is reflective of an identified resident's preference regarding assistance with personal care. Following the inspection the responsible individual provided written confirmation on the 26 February 2021 that this had been suitably actioned. This is discussed further in section 6.2.4 below.

There was a pleasant and calm atmosphere throughout the home and we could see that there was enough staff to quickly respond to the needs of the residents and provide the correct level of support.

A discussion with staff confirmed that they felt supported in their roles and were satisfied with current staffing levels. Comments from staff included:

- "Love working here."
- "The manager is very approachable and supportive."
- "Great team."
- "We receive lots of training."
- "Good morale amongst staff."

We reviewed staff training records which confirmed that compliance with mandatory training was maintained.

We requested the registration monitoring checks of staff registration with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC) and were advised by the manager that this was completed by the responsible individual and was not available during inspection. Following the inspection relevant information was received from the responsible individual on the 25 February 2021 and that the manager was updated regarding the location of these checks within the home.

We 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 the Mental Capacity Act (Northern Ireland) 2016 Deprivation of Liberty Safeguards (DoLS) or arrangements concerning the management of adult safeguarding in the absence of the manager. This was discussed in detail with the manager who agreed to update the assessment accordingly. This will be reviewed at a future inspection.

6.2.2 Infection prevention and control procedures

Upon arrival to the home the inspectors' temperature and contact tracing details were obtained in line with COVID-19 visiting guidelines. We were advised that this was completed on all visitors entering the home. Staff advised us that temperature checks were being completed on all residents and staff twice daily and that any concerns or changes were reported to management.

We found that there was an adequate supply of personal protective equipment (PPE) and hand sanitising gel within the home. Staff demonstrated an awareness of the various types of PPE with the majority of staff observed applying and removing PPE correctly.

Whilst RQIA observed that IPC practices were mainly satisfactory, there were a number of deficits identified as follows:

- a weighing chair stored within an identified communal shower room beside a toilet
- incontinence pads outside of packaging within a communal shower room
- toilet brushes stained and/or not air dried
- toilet roll on top of a bin within a communal toilet
- no hand paper towels within residents' bedrooms
- resident equipment stored within a communal bathroom
- medicine cups drying on top of a radiator.

These deficits were discussed in detail with the manager who acknowledged the shortfalls and addressed some of these issues during the inspection. In order to drive and sustain compliance with IPC an area for improvement was identified.

6.2.3 Care delivery

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. Residents were well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents appeared to be content and settled in their surroundings and in their interactions with staff. Comments from residents included:

- "Very happy here."
- "Staff are fantastic."
- "Food is lovely."
- "Everything I need here."
- "Home from home."

We observed the serving of the lunch time meal and saw that staff attended to the residents' needs in a prompt and timely manner. A daily menu was displayed within the dining room which offered a choice of two main meals; however, it had not been updated to reflect the meals being served. This was discussed with the manager who agreed to monitor this during daily walk arounds. This will be reviewed at a future inspection.

Staff spoke of the importance of communication with families due to limited visiting at present; they were helping residents to keep in touch via alternative methods such as FaceTime and phone calls and found this was generally working well. At present visiting arrangements are in place in a designated area of the home and on a scheduled basis.

We observed residents engaged in their own activities such as; watching TV, sitting in the lounge or chatting to staff. Staff were very aware of each resident's likes, dislikes and strengths and were easily able to redirect a resident when this was required.

6.2.4 Care records

We reviewed three resident's care records which evidenced that care plans were reviewed regularly. However, a number of care plans were not person centred or reflective of specific medical conditions and as mentioned above in section 6.2.1 care plans were not specific to the residents' gender preference for assistance with personal care. This was discussed in detail with the manager who acknowledged the shortfalls within the documentation and agreed to delegate care record audits to relevant staff for review. This was identified as an area for improvement.

We further identified that risk assessments had not been reviewed for a number of residents within the required time frame and other assessments were not available within residents care files. We were therefore unsure if these assessments had been carried out and discussed this in detail with the manager. This was identified as an area for improvement.

6.2.5 Environment

The environment was fresh smelling, neat and tidy with the majority of communal areas throughout the home kept clear and free from obstruction. Residents' bedrooms were found to be personalised with items of memorabilia and special interests.

We identified a sharp edge to a shower outlet point which we considered to be a potential risk to residents and discussed this with the manager who agreed to have this removed and made safe. This was identified as an area for improvement.

We observed a resident's bedroom door to be propped open during the inspection and discussed this with the manager who advised that the resident preferred the door to be kept open. The importance of ensuring that all fire doors are kept clear from obstruction was discussed with the manager who agreed to review the resident's bedroom door and make arrangements to have a suitable fire door release installed. This was identified as an area for improvement.

6.2.6 Governance and management arrangements

All staff spoken with commented positively about the manager and described her as supportive and approachable. A clear management structure was evident within the home.

An inspection of accidents and incident reports evidenced that a notifiable incident had not been reported to RQIA. We requested that this outstanding notification be submitted retrospectively and an area for improvement was identified.

Review of the home's policy regarding accidents and falls identified that there was no information regarding what action to take following a fall if a resident is receiving anticoagulant therapy. This was discussed with the manager who agreed to update the policy and an area for improvement was identified.

A system of audits was in place in the home. Examples of such audits reviewed were, hand hygiene, IPC and accidents. The audits did not contain an action plan, time frame or person responsible for addressing any deficits identified. We further identified that audits were not being completed for care records and an area for improvement was identified.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. Copies of the report were available for residents, their representatives, staff and trust representatives. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

6.2.7 Medicine management

Personal medication records and associated care plans

Residents in the home were registered with a local GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals for example, medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to provide a double check that they are accurate.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required.

Medicine storage and record keeping

The records inspected showed that medicines were available for administration when residents required them.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. A medicine refrigerator and controlled drugs cabinet were available for use as needed. The current temperature of the medicines refrigerator was being monitored daily, however the range of temperature was not recorded. The refrigerator must be maintained

within the range of 2°C to 8°C and the maximum and minimum temperature must be recorded. This was discussed with the manager and an area for improvement was identified.

We reviewed the disposal arrangements for medicines. Discontinued medicines were returned to the community pharmacy for disposal and records maintained.

Administration of medicines

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs, when medicines are administered to a resident. A sample of these records was reviewed. The records were found to have been fully and accurately completed. The completed records were filed once completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were recorded in a controlled drug record book.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

Management of medicines on admission/re-admission to the home

We reviewed the management of medicines for residents who had a recent hospital stay and were discharged back to this home. Hospital discharge letters had been received and a copy had been forwarded to the residents' GPs. The residents' personal medication records had been updated to reflect medication changes which had been initiated during the hospital stay. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

Medicine related incidents

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The audit system in place within the home helps staff to identify medicine related incidents. There have been no medicine related incidents reported to RQIA since the last medicines management inspection.

Areas of good practice

Evidence of good practice was found in relation to the friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home. Medicines were well managed within the home.

Areas for improvement

Nine new areas for improvement were identified during the inspection. Details can be found throughout the body of the report and in the Quality Improvement Plan (QIP).

	Regulations	Standards
Total number of areas for improvement	4	5

6.3 Conclusion

There was evidence of appropriate leadership and management structures within the home and residents appeared to be content and settled in their surroundings. Staff were knowledgeable regarding the needs of residents and how to access relevant services to ensure that the needs of residents are met. We were satisfied that the appropriate action had been taken to address any immediate issues identified during the inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patricia Grimes, 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 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 16 (1) Stated: First time To be completed by: 22 March 2021	<p>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.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Care plans have been reviewed and updated to reflect residents current needs and gender preference for assistance with personal care.</p>
Area for improvement 2 Ref: Regulation 15 (2) (a) (b) Stated: First time To be completed by: 22 March 2021	<p>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.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: The residents needs are kept under review and revised in any change of circumstances. Risk assessments are documented in their care file.</p>
Area for improvement 3 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: With immediate effect	<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>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Fire doors are no longer propped open.</p>
Area for improvement 4 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with Regulation 30.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: The RQIA have been notified of any events that have occurred in the home.</p>

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Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 35 Stated: First time To be completed by: 22 March 2021	<p>The registered person shall ensure that the IPC issues identified during this inspection are addressed.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Residents equipment is removed from the bathroom. New toilet roll holders are in place. Incontinence pads kept (sealed) in residents rooms. Paper handtowel dispensers have been installed in all bedrooms. The weighing chair has been moved away from the toilet. Medicine cups have been removed from a radiator. Toilet brushes were replaced.</p>
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the sharp edge to the identified shower outlet is made safe.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Shower outlet removed.</p>
Area for improvement 3 Ref: Standard 21 Stated: First time To be completed by: 22 March 2021	<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: section 6.2.6</p> <p>Response by registered person detailing the actions taken: Policies and procedures have been revised and updated and include action to be taken in the event of a fall.</p>
Area for improvement 4 Ref: Standard 20 Stated: First time To be completed by: 22 March 2021	<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: section 6.2.6</p> <p>Response by registered person detailing the actions taken: All audits have been reviewed. Care record audits are in place.</p>
Area for improvement 5 Ref: Standard 32 Stated: First time	<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>

To be completed by: 12 April 2021	Ref: 6.2.7
	Response by registered person detailing the actions taken: The temperature of the medicine refrigerator is recorded daily and a thermometer is placed inside . The recording sheet states the minimum and maximum range.

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



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