



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Slieveleague, 1159
Date of Inspection: 3 November 2014
Inspector's Name: Lorna Conn
Inspection ID: 16730

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

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 (Acting manager)
Categories of care:	RC-PH, 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):	£450.00
Date and type of previous inspection:	14 March 2014, primary announced inspection
Date and time of inspection:	3 November 2014 12:30pm - 3:00pm
Name of Inspector:	Lorna Conn

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 are required.

This is a report of an unannounced secondary 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 unannounced inspection was to ensure that the service is 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

Specific methods/processes used in this inspection include the following:

- Discussion with the registered provider
- Discussion with the acting registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 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 DHSSPS Residential Care Homes Minimum Standards.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home'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.

6.0 Profile of service

Slieveleague Residential Care Home 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

Accommodation is provided in six single and one double bedroom with an en-suite, 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.

7.0 Summary of inspection

This secondary unannounced care inspection of Slieveleague was undertaken by Lorna Conn on 3 November 2014 between the hours of 12:30pm-3:00pm. Ms Jennifer Scott (Acting manager) was available during the inspection and for verbal feedback at the conclusion of the inspection and Mr Wesley Kerr was contacted after the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed some of the areas as required within the timescales specified. One requirement regarding redecoration has been partially restated and two recommendations regarding policy development have been stated for the second time. The detail of the actions taken by registered provider can be viewed in the section following this summary.

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.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff are included in section 10.0 of the main body of the report.

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 and some had been redecorated. Décor and furnishings were found to be of a good standard. The requirement regarding the redecoration of the staff cloakroom/office has been restated on a second occasion. One bedroom now contains an oxygen supply and the fire safety implications need to be reviewed and a sign placed on the door.

A number of additional areas were also examined these included fire safety and accidents/incidents. Further details can be found in section 10.0 of the main body of the report.

One new requirement regarding the oxygen supply and one new recommendation regarding incidents/accidents notification were made as a result of the secondary unannounced 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, the acting registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 13 March 2014.

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	Reg 27 (2) (d)	Replace the living room floor covering. As per the Quality Improvement Plan following the previous inspection on 11 and 28 October 2013.	Discussions with staff and visual inspection of the living room confirmed that this requirement was now met.	Compliant
2.	Reg 27 (2) (d)	Ensure the following environmental matters are addressed: <ul style="list-style-type: none"> • Paint ceiling in downstairs bathroom. • Redecorate one specified resident's bedroom. • Redecorate the staff cloakroom/office. 	Discussions with staff and residents as well as the visual inspection of the environment indicated that the downstairs bathroom and the specified resident's bedroom had been redecorated. However, the staff cloakroom/office is still in need of redecoration. This is partially re-stated on a second occasion.	Moving towards compliance

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	1.7	A copy of the home's Quality report/summary report to be distributed to residents/representatives.	This was noted to be on display on the main noticeboard in the home.	Compliant
2.	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 inspector was advised that this policy and procedure is in the process of being updated and staff were able to provide the most up to date contact details for the Trust safeguarding team. This is restated on a second occasion.	Moving towards compliance
3.	16.9	Review training records to ensure all staff have attended annual refresher training in respect of the Vulnerable adults policy ,as per RQIA staff training guidance	Staff received annual update training on 30 October 2014 and records reviewed confirmed this had occurred.	Compliant
4.	19.1	Revise the home's policy and procedure on the recruitment of staff to ensure it references all matters as per 19.2.	This is still to be updated.	Not compliant
5.	19.6	Further consider how the home could in the future, where appropriate, involve residents or their relatives in the recruitment of staff.	The home has not recruited since the last inspection but there are plans to recruit a new manager which will enable this recommendation to be considered. This will be reviewed at the next inspection.	Not examined

10.0 Additional Areas Examined

10.1 Resident's consultation

The inspector met with six residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities, all residents indicated/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:

'It's very homely here and I like it. The staff are very very good and so friendly and nice. The food is very good and if I didn't like something I just get something else'.

'I'm doing alright here'.

'I like it alright and the staff are great. The food's good and I have no complaints'.

'I am happy enough'.

'It's grand here. They're very good. I've no complaints and the food is grand. We play skittles and have quizzes and I'm well looked after'.

10.2 Relatives/representative consultation

No relatives were present during the inspection who met with the inspector.

10.3 Staff consultation

The inspector spoke with all the staff on duty. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

Comments received included:

'We are getting on the very best. Everything's really good and the standard of care is very high in the home. We have a lot of time for the residents and we all work well together. My training is up to date. We are just like a wee family as it's a very close wee home'.

'Everything is fine. We work together as a team. The care is good and we get good support. I've no concerns'.

'Things are ticking over without the manager. There's a lot to do but we are managing well. The registered provider is only a phone call away'.

10.4 Visiting professionals' consultation

No professionals visited the home during the inspection.

10.5 Environment

The inspector viewed the home accompanied by the acting manager and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised and some had been redecorated. Décor and furnishings in the residents' areas were found to be of a good standard. The requirement regarding the redecoration of the staff cloakroom/office has been restated on a second occasion. One bedroom now contains an oxygen supply and the fire safety implications need to be reviewed and a sign placed on the door.

10.6 Fire safety

Fire prevention arrangements were examined during the inspection.
Fire exits were noted to be free from obstruction during the inspection.
Fire safety training was last provided for all staff on 30 October 2014.
An evacuation was undertaken on 4 February 2014.
Fire alarms are checked weekly and recorded (from a different position).
Fire risk assessment of the premises was last conducted on 14 August 2014 and the registered person confirmed that all recommendations had been met.
One bedroom now contains an oxygen supply and the fire safety implications need to be reviewed and a sign placed on the door.

10.7 Incidents and accidents

These were sampled and it is appeared that these had been responded to appropriately. However, it is recommended that care manager/social workers are notified of all incidents/accidents and that records are maintained to evidence this. This contact should also be recorded on RQIA forms submitted.

Quality Improvement Plan

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

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



Quality Improvement Plan

Secondary Unannounced Care Inspection

Slieveleague

3 November 2014

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 (Acting manager) during and Mr Wesley Kerr, 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	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	27 (2) (d)	Ensure the following environmental matters are addressed: <ul style="list-style-type: none"> • Redecorate the staff cloakroom/office. 	Two	This room was redecorated on the 28 th November 2014.	By 31 March 2015.
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.	One	A sign was purchased immediately and placed on the bedroom door on the 6 th November 2014.	With immediate effect.

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.	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.	Two	The home's policies and procedures for the Protection of Vulnerable Adults was revised on the 4 th November 2014 to ensure that reference to the regional guidance is included. A flow chart for easy reference by staff has also been included.	By 3 December 2014.
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	Two	The policy and procedure on the recruitment of staff has been revised to address all matters as per 19.2.	By 3 December 2014.
3.	19.6	Further consider how the home could in the future, where appropriate, involve residents or their relatives in the recruitment of staff.	One	This has been incorporated into the recruitment of staff policy to encourage the involvement of residents and/or their relatives.	By 31 March 2015.
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.	One	This is written into the current accident/incident book (Social Worker Informed: Yes/No, Date & Time) and will be printed in the next run of new books. This has ensured compliance with immediate effect.	With immediate effect.

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:

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	5/1/15
Further information requested from provider			