

# Unannounced Care Inspection Report 5 July 2016



## Slieveleague

Type of Service: Residential Care Home  
Address: 34 Cullion Road, Tempo, BT94 3AR  
Tel No: 028 8954 1327  
Inspector: Laura O'Hanlon

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Slieveleague took place on 5 July 2016 from 10.30 to 15.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

Two areas for improvement were identified within this domain. A requirement was made to ensure supervision is completed with staff members no less than every six months. A recommendation was made to ensure staff appraisals are completed annually.

### Is care effective?

One area for improvement was identified within this domain. A recommendation was made to ensure staff meetings are undertaken on a quarterly basis.

### Is care compassionate?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking into account the views of residents.

### Is the service well led?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and good working relationships.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	2

Details of the QIP within this report were discussed with Patricia Grimes, registered 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> John James Wesley Kerr	<b>Registered manager:</b> Patricia Grimes
<b>Person in charge of the home at the time of inspection:</b> Patricia Grimes	<b>Date manager registered:</b> 7 December 2015
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	<b>Number of registered places:</b> 8
<b>Weekly tariffs at time of inspection:</b> £494.00	<b>Number of residents accommodated at the time of inspection:</b> 6

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned QIP and the accident/incident notifications.

During the inspection the inspector met with six residents, one visitor, two care assistants and the registered manager.

- Three care records
- Duty rota
- Supervision and appraisal records
- Record of a completed induction programme
- Mandatory training records
- Staff recruitment files
- A staff competency and capability assessment
- Policy on adult safeguarding
- Fire safety records
- Records of residents and staff meetings
- Record of complaints
- Accident and incidents records
- Monthly monitoring reports

Four resident views, three representative views and five staff views questionnaires were left in the home for completion and return to RQIA.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 7 January 2016

The most recent inspection of Slieveleague was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 7 January 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> Ref: Regulation 15 (2) (b) Stated: First time To be completed by: 7 February 2016	The registered person must ensure that the needs assessment of each resident is updated on an annual basis.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records confirmed that the needs assessments were not updated on an annual basis.  This requirement is stated for the second time	
<b>Requirement 2</b> Ref: Regulation 16 (1) Stated: First time To be completed by: 7 February 2016	The registered person must ensure that the care plans reflect the identified needs of each resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three care records confirmed that care plans were updated to reflect the identified needs of each resident.	

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 January 2016</p>	<p>The registered person must ensure that the recommended advice and guidance from professionals is adhered to. In addition to this an urgent referral to the dietician must be completed and twice monthly weights maintained for this resident.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of this care record confirmed that staff had adhered to the recommended advice and guidance from professionals. Care records reflected evidence that an urgent referral was made to the dietician. A record of twice monthly weights was maintained.</p>		
<p><b>Last care inspection recommendations</b></p>		<p style="text-align: center;"><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 1.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 March 2015</p>	<p>The registered person should ensure a record is maintained of the residents' meetings convened</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the record of residents meetings confirmed that the last residents meeting was convened on 23 March 2016.</p>		

#### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty – two care assistants and the registered manager.

Review of a completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A review of four staff files confirmed that supervision was last completed for two staff members in July 2015 and a third file contained no record of supervision. A requirement was made to ensure supervision is completed with staff members no less than every six months.

Two out of four staff files reviewed contained a record of completed appraisals. The registered manager reported that she was aware that appraisals needed to be completed in July 2016 and had plans in place to ensure this was undertaken. A recommendation was made to ensure staff appraisals are completed annually.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of one staff competency and capability assessment found this to be satisfactory.

Discussion with the registered provider and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

The adult safeguarding policy and procedure in place was consistent with current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for seven staff on 25 February 2016

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a monthly basis or more often if required.

The registered manager confirmed that one area of restrictive practice was employed within the home, notably the use of bedrails. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges and bathrooms. Residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated 27 August 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 25 May 2016 and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### Areas for improvement

Two areas for improvement were identified within this domain. A requirement was made to ensure supervision is completed with staff members no less than every six months. A recommendation was made to ensure staff appraisals are completed annually.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.4 Is care effective?

Discussion with the registered manager established that the staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that they had an understanding of person centred care and a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. A separate document was maintained to record contact with professionals.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Records of staff meetings were reviewed. It was noted that the last staff meeting was convened on 8 October 2015. A recommendation was made to ensure staff meetings are undertaken on a quarterly basis.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. Residents, one visitor spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

### Areas for improvement

One area for improvement was identified within this domain. A recommendation was made to ensure staff meetings are undertaken on a quarterly basis.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff, residents and one visitor confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. The Eucharistic Minister was present in the home and visits the home on a weekly basis. Discussion with residents and review of care records confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents confirmed they receive the daily and weekly newspapers.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, review of care records and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.



There were systems in place to ensure that the views and opinions of residents, and their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions with staff, residents meetings and care management reviews.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties.

Some residents' comments made during the inspection were:

- "I am very happy here; I am well looked after."
- "The staff are all very kind. My visitors are always made welcome and get a cup of tea."
- "The staff are all very good in here."
- "They are very attentive, the food is great and the staff are all very kind."

One visitor commented:

- "The staff are all wonderful and couldn't do enough."

### Areas for improvement

There were no areas of improvement identified within this domain.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager confirmed that policies and procedures were systematically reviewed every three years or more frequently should changes occur.

Residents and their representatives were made aware of the process of how to make a complaint by way of the complaints procedure displayed in each bedroom.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

A record of compliments was maintained in the home. One letter commented:

- “I can only say that Slievalague is a model home which ought to be held up as such. The atmosphere created by the staff is second to none, just like a home from home.
- They are patient, caring and friendly and nothing seems to be too much trouble for them. I had a large number of visitors whilst there and they all remarked on the friendly greeting they received from staff.”

A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. One staff member is currently being supported by the organisation to complete the QCF Level five.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home’s Statement of Purpose. Discussion with the registered manager identified that she had an understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home. The registered manager reported that the registered provider visits the home at least on a weekly basis.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home’s certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner.

The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

## Areas for improvement

There were no areas of improvement identified within this domain.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Patricia Grimes, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

Statutory requirements	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 15 (2) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 7 February 2016</p>	<p>The registered person must ensure that the needs assessment of each resident is updated on an annual basis.</p> <p><b>Response by registered person detailing the actions taken:</b> The needs assessment of each resident is fully up to date and will continue to be updated on at least an annual basis.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 20 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 August 2016</p>	<p>The registered person must ensure that supervision is completed with staff members no less than every six months.</p> <p><b>Response by registered person detailing the actions taken:</b> All staff supervision records are up to date and supervision will be completed with all staff members no less than every six months.</p>
Recommendations	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 24.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2016</p>	<p>The registered person should ensure staff appraisals are completed annually.</p> <p><b>Response by registered person detailing the actions taken:</b> All staff appraisals are up to date and staff appraisals will be completed annually for all staff members.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 25.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2016</p>	<p>The registered person should ensure staff meetings are undertaken on a quarterly basis.</p> <p><b>Response by registered person detailing the actions taken:</b> A staff meeting has been held on Thursday 18<sup>th</sup> August 2016. Further staff meetings will be completed on at least a quarterly basis.</p>



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