



The **Regulation** and
Quality Improvement
Authority

Inspector: Laura O'Hanlon
Inspection ID: IN022238

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**Unannounced Care Inspection
of
Slieveleague**

07 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 7 January 2016 from 10.15 to 16.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care in relation to the standard we inspected; which was assessed as being met.

Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. Requirements were made in regard to care records and ensuring that advice from other professionals is adhered to. One recommendation was made to ensure that a record is maintained of the residents meetings convened.

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

1.1 Actions/enforcement taken following the last inspection

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

1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection. The home was requested to submit a written action plan to RQIA to outline how the identified concerns were addressed. RQIA was satisfied with this action plan.

1.3 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 3 | 1 |

The details of the QIP within this report were discussed with Patricia Grimes, registered manager. The timescales for completion commence from the date of inspection.

2. Service details

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| Registered Organisation/Registered Person: John James Wesley Kerr | Registered Manager: Patricia Grimes |
| Person in charge of the home at the time of inspection: Patricia Grimes | Date manager registered: 7 December 2015 |
| Categories of care: RC-PH(E), RC-I, RC-DE, RC-MP, RC-MP(E), RC-PH | Number of registered places: 8 |
| Number of residents accommodated on day of inspection: 7 | Weekly tariff at time of inspection: £470.00 |

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard had been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan and the notification of accidents and incidents.

We met with seven residents, two sets of relatives, two members of the care staff, the registered manager and the registered provider.

We inspected the following records: three care records, accident /incident reports, registered provider visits, fire safety records, complaints/compliments records and the record of residents meetings.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 9 July 2015. The completed QIP was returned and was approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection dated 9 July 2015

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|---|--|--------------------------|
| Requirement 1 Ref: Regulation 27 (4) (f) | The registered person shall – Ensure, by means of fire drills and practices at suitable intervals, that the persons working at the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life. <ul style="list-style-type: none"> Reference is made to this in that the registered person shall ensure that fire drills are undertaken and a written record is maintained. | Met |
| | Action taken as confirmed during the inspection: A written record was available in the home to confirm that a fire drill was undertaken on 28 July 2015 by residents and staff. | |

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| Requirement 2 Ref: Regulation 20 (3) | The registered person must ensure that competency and capability assessments are completed for those staff who are in charge of the home at any given time. | Met |
| | Action taken as confirmed during the inspection: A review of two staff files confirmed that competency and capability assessments were completed for those staff who are in charge of the home at any given time. | |
| Requirement 3 Ref: Regulation 20 (2) | The registered person must ensure that all staff working in the home is appropriately supervised. | Met |
| | Action taken as confirmed during the inspection: A review of two staff files confirmed that supervision for staff working in the home was completed on 16 July 2015. | |
| Requirement 4 Ref: Regulation 20 (1) (c) (i) | The registered person must ensure that staff working in the home receives an appraisal. | Met |
| | Action taken as confirmed during the inspection: A review of two staff files confirmed that staff appraisals were completed on 16 July 2015. | |
| Previous Inspection Recommendations | | Validation of compliance |
| Recommendation 1 Ref: Standard 23.4 | It is recommended that the registered person ensures that the training in respect of management of behaviours which challenge staff are updated to include a human rights approach. | Met |
| | Action taken as confirmed during the inspection: A review of the training records confirmed that training in respect of management of behaviours which challenge staff was completed on 23 July 2015 by eight staff. | |

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| Recommendation 2 Ref: Standard 6.2 | The registered person should develop review regularly all care plans for residents. In addition to this a specific care plan should be devised for residents with continence needs. | Not met |
| | Action taken as confirmed during the inspection: A review of care records confirmed that whilst care plans were reviewed, they require further review and development. This recommendation was changed to a requirement. | |
| Recommendation 3 Ref: Standard 27.1 | The registered person should address the malodour in one identified resident's bedroom. | Met |
| | Action taken as confirmed during the inspection: Inspection of the environment confirmed that there was no malodour in the home at the time of the inspection. | |

5.3 **Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

Is care safe? (Quality of life)

The registered manager confirmed that residents' views are taken into account in all matters affecting them, in so far as practically possible.

Through discussion with the residents they reported to us that their views were actively sought and incorporated into practice. Their views and wishes were actively sought and recorded in regard to facilities and services, menu planning and activity provision.

The registered manager confirmed that a relatives meeting was convened on 12 November 2015. There was no record of this meeting available during the inspection. A recommendation was made to ensure that a record is maintained of residents meetings.

Is care effective? (Quality of management)

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These were reflected within the care management reviews, record of relatives' meetings and the registered provider's monthly visits. The registered manager confirmed that there was an open door policy within the home for residents and relatives who wished to highlight any issues.

Copies of review forms were observed within each care record. Residents were present and participated in their care management review where possible.

The registered manager shared with us the annual quality review report dated April 2015. This reflected the views of residents, representatives and other external visitors to the home. Surveys completed by the residents and their representatives were also available.

The three care records inspected in regard to this standard, demonstrated to us that residents' views and wishes were sought and residents were encouraged to participate in their care management reviews

Is care compassionate? (Quality of care)

Discussion with staff demonstrated that they were knowledgeable about residents' needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened and responded to by staff.

Staff shared with us examples of how they incorporate their knowledge of values in to their practice with residents. This included knocking on doors before entering, asking residents what they want to wear each day, seeking their preferences at meal-times and when they would like assistance to have a shower or get dressed.

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

Areas for improvement

One recommendation was made to ensure that a record is maintained of residents' meetings. This standard was assessed as being met.

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| Number of requirements: | 0 | Number of recommendations: | 1 |
|--------------------------------|----------|-----------------------------------|----------|

5.4 Additional areas examined

5.4.1 Residents' views

We met with seven residents. We observed residents relaxing in the communal lounge area. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff and advised that their wishes were respected in so far as possible. Some comments made were:

- "I am very happy here and well looked after. If I want anything all I have to do is ask."
- "All the staff are good. The food is great. I get the daily papers."
- "I am very relaxed in here, its brilliant."

5.4.2 Relatives Views

We met with two sets of relatives. Both relatives commented positively on the home. The relatives referred to the staff as, "very willing to assist." The relatives praised the standard of care provided to their relative. They confirmed that any issues or concerns are promptly addressed.

5.4.3 Staff views

We spoke with two members of care staff, the registered manager and the registered provider. Staff advised us that they felt supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents.

The staff stated that they felt supported by the new registered manager and advised that she was very approachable. The staff explained how the residents were offered choices on a daily basis. Some comments made were:

- “The care provided here is good. There is good 1:1 care provided. I work well with everyone.”
- “A high standard of care is provided to the residents. We work well together and all get on really well.”

5.4.4 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a good standard. Spiritual emblems were noted within residents' bedrooms. We noted that a programme of redecoration was underway within the home.

5.4.5 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. Residents were well dressed with attention to personal detail.

5.4.6 Fire safety

We confirmed that the home's most recent fire safety risk assessment was dated 27 August 2015.

We reviewed the fire safety records and confirmed that fire safety training was last undertaken on 29 October 2015.

The records indicated that a fire drill took place on 28 July 2015.

5.4.7 Accidents / Incident reports

We reviewed the accident/incident records which have occurred since the previous inspection and confirmed that these were appropriately managed and reported. The registered manager was referred to the RQIA guidance on reporting of statutory notifications.

5.4.8 Complaints /Compliments records

In our inspection of complaint records and discussion with the registered manager we confirmed that complaints had been managed appropriately.

5.4.9 Visits by the Registered Provider

We reviewed the record of these visits. This record confirmed that these visits were unannounced and were undertaken on a monthly basis.

5.4.10 Care records

We inspected three care records. We found the care records contained a needs assessment, risk assessment, care plans and reviews. In two out of three care records the needs assessments were not current. A requirement was made to ensure the needs assessments are updated on an annual basis.

Within the three care records we found that the care plans did not fully reflect the care needs of the residents. A recommendation was made at the previous inspection to address this issue; however this had not been met. We, therefore, made a requirement to ensure that the care plans reflect the identified needs of each resident.

We identified one resident who had nutrition and weight loss issues. This resident was assessed by a speech and language therapist in October 2015 and a referral to the dietician was recommended. Further to this, the speech and language therapist recommended on 2 December 2015 that twice monthly weights were undertaken for this resident. There was no documentary evidence to validate that these recommendations were completed. A requirement was made to 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.

Areas for improvement

There were three areas of improvement identified within the additional areas. Two requirements were made in regard to needs assessments and care plans. A requirement was made to 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.

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| Number of Requirements: | 3 | Number of Recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

6 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. 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.

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to care.team@rqia.org.uk or RQIA's office (non- paperlite) 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 weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

| Quality Improvement Plan | |
|--|---|
| Statutory Requirements | |
| Requirement 1 Ref: Regulation 15 (2) (b) Stated: First time To be completed by: 7 February 2016 | <p>The registered person must ensure that the needs assessment of each resident is updated on an annual basis.</p> <p>Response by Registered Person(s) detailing the actions taken: A complete review of all Care files has been undertaken. The needs assessment of each resident has been updated accordingly and this practice will be maintained on an ongoing annual basis.</p> |
| Requirement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: 7 February 2016 | <p>The registered person must ensure that the care plans reflect the identified needs of each resident.</p> <p>Response by Registered Person(s) detailing the actions taken: The review of Care Plans has ensured that the identified needs of each resident is reflected. This will be maintained on an ongoing basis.</p> |
| Requirement 3 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: 14 January 2016 | <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>Response by Registered Person(s) detailing the actions taken: The advice of the dietitian has been sought. The identified resident currently has weights taken and recorded weekly. New sit-on scales have been obtained in order to ensure that this task can be completed, with resident safety in mind.</p> |

| Recommendations | | | |
|---|---|-----------------------|------------|
| Recommendation 1 Ref: Standard 1.2 Stated: First time To be Completed by: 31 March 2015 | The registered person should ensure a record is maintained of the residents' meetings convened | | |
| | Response by Registered Person(s) Detailing the Actions Taken: The relatives/residents meetings were held and recorded jointly. This will now be separated so that residents have their own meeting which is appropriately documented. | | |
| Registered Manager completing QIP | Patrica Grimes | Date completed | 04/02/2016 |
| Registered Person approving QIP | Wesley Kerr | Date approved | 04/02/2016 |
| RQIA Inspector assessing response | Laura O'Hanlon | Date approved | 5.2.16 |

Please ensure this document is completed in full and returned to care.team@rgia.org.uk from the authorised email address