



Unannounced Care Inspection Report 7 March 2020



Slieveleague

Type of Service: Residential Care Home
Address: 34 Cullion Road, Edenmore, Tempo, BT94 3AR
Tel No: 028 8954 1327
Inspector: Priscilla Clayton

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 registered residential care home which provides care for up to 8 older people.

3.0 Service details

Organisation/Registered Provider: Slieveleague Responsible Individual: John James Wesley Kerr	Registered Manager and date registered: Patricia Grimes 7 December 2015
Person in charge at the time of inspection: Ruth Armstrong, Senior Care Assistant	Number of registered places: 8 The home is approved to provide care on a day basis only to 2 persons
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	Total number of residents in the residential care home on the day of this inspection: 7

4.0 Inspection summary

An unannounced inspection took place on 7 March 2020 from 10.00 hours to 12.30 hours.

This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of the previous medicines inspection were not reviewed and are carried forward to the next care inspection.

Evidence of good practice was found in relation to care records and planning and how these would be met. Residents were attended to by their general practitioner GP and other visiting health professionals. Residents were observed to be treated with dignity and respect by staff.

One area requiring improvement related to the floor covering in room four.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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	0	*5

*The total number of areas for improvement includes four medicines management which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Ruth Armstrong, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 17 November 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 17 November 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspection, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Three resident questionnaires were completed and returned to RQIA. Responses were all positive.

During the inspection a sample of records was examined which included:

- staff duty rotas from 17 February 2020 to 7 March 2020
- two residents' records of care
- complaint records
- compliment records
- Monthly monitoring reports dated January 2020 and February 2020
- RQIA registration certificate

Areas for improvements 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 the last care inspection dated 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 25.8 Stated: First time	The registered person shall ensure that staff meetings take place on a regular basis, at least quarterly.	Met
	Action taken as confirmed during the inspection: Review of the minutes of two staff meetings evidenced compliance. Staff advised that meetings are now held on a three monthly basis.	

Areas for improvement from the last medicines management 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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Not reviewed.	
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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Not reviewed.	
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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Not reviewed.	
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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Not reviewed.	

6.2 Inspection findings

On arrival at the home we were welcomed by the senior care assistant who was in charge as the manager was off duty. Most residents were comfortably seated within the lounge listening to the radio while others were in their room reading or watching television. All residents were observed to be content, appropriately clothed, with care and attention provided to their personal care needs. Staff were attending to residents in a respectful dignified manner. Residents told us they had enjoyed breakfast also their mid- morning tea and were looking forward to lunch.

Staffing

Staffing levels within the home were reviewed and discussed with the senior care assistant. We were advised that staffing levels were satisfactory and meeting the needs of residents accommodated. We asked residents about staffing levels and none expressed any issues or concerns. Residents spoke positively about staff and life in the home, some comments included;

- “Staff are kind and see to all our needs.”
- “Staff are always about and they see we are all well cared for.”
- “We enjoy living here, home from home.”

A review of the staff duty roster provided assurance that rostered staffing levels and skill mix were as explained by the senior care assistant. One staff member told us there was very good team work and they received excellent support from the manager with the provision of good staff training, supervision and appraisal provided.

Care records

Review of two care records evidenced that all documents relating to good practice were in place. There was evidence of multi-disciplinary working and collaboration with professionals such as general practitioners (GP), speech and language, optician, district nursing and social workers. Care records also evidenced that staff regularly communicated with residents representatives and also had a range of risk assessments with measures to minimise identified risks reflected within care plans.

Meals and meal times

Three weekly rotating menus in place were discussed and reviewed. These were considered to be varied and nutritious with a choice of meals reflected. Residents told us they were “very satisfied with the food provided and that this was all home cooked. Meals were served within the dining room each day, however if desired residents said they could have their meal served in their bedroom if desired. The lunch was being served in the dining room where a large table was set with condiments, napkins, utensils and drinks.

Activities

Residents told us about the good range of activities which they had discussed and chosen. For example, sing-a-longs with musicians visiting from time to time, bingo, quiz, news updates and discussions, visits by clergy and passive exercise. Resident participation in activities was recorded. Staff explained that social occasions were celebrated including birthdays. Residents told us they were very happy with the range of activities provided.

Residents' experience

Three residents completed and returned satisfaction questionnaires during the inspection. Responses were positive, that care was safe, effective, compassionate and well managed. Residents told us that they felt they got the right care at the right time and that they can talk to staff if they had any concerns. They also assured us that they were fully involved in the planning of their care and that choice and preferences acknowledged, for example, what time they wanted to go to bed and get up each day, what clothes they wanted to wear and which

activities they wanted to participate in. No issues or concerns were raised or indicated by residents.

Environment

All areas of the home were inspected. Residents' rooms were comfortably furnished and personalised with items of memorabilia displayed, for example, pictures, ornaments and items of craft work. One area identified for improvement related to the floor covering within bedroom four which was noted to be lifting in places and could present as a fall risk. Wash rooms were clean and tidy with items such as disposable hand towels, liquid hand soap, and pedal type operated bins and seven steps pictorial and written wash hand notices displayed.

Staff told us they had received infection, prevention and control (IPC) training which was evidenced in records reviewed. There was a plentiful supply of disposable gloves and aprons. Staff were observed washing their hands following practical assistance with residents. Fire doors were closed and unobstructed.

The kitchen was clean, tidy and organised. A plentiful supply of food and fresh vegetables was stocked. Staff confirmed that all items of kitchen equipment were in good working order.

Residents told us that a good standard of hygiene and cleanliness was always maintained and they were pleased with their environment which they described as "homely and very comfortable".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ambience and comfortable homely surroundings. There was evidence of good interpersonal communication between staff and residents and records pertaining to residents were satisfactorily maintained.

Areas for improvement

One area identified for improvement was made in relation to the flooring within bedroom four which requires attention as the covering is lifting in places which could present as a trip hazard.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

One area for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ruth Armstrong, Senior Care Assistant, as part of the inspection process. Areas identified from the previous medicines inspection were not reviewed at this inspection and are carried forward. 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 care 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: 16 February 2017	<p>The registered provider should ensure that detailed care plans for the management of distressed reactions are in place.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Standard 31 Stated: Third and final time To be completed by: 16 November 2018	<p>In the interests of safe practice two members of staff should verify and sign all updates on the personal medication records.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 3 Ref: Standard 30 Stated: Second time To be completed by: 16 November 2018	<p>The registered provider should ensure that dates of opening are recorded on medicines which are not contained within the monitored dosage system.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 4 Ref: Standard 30 Stated: First time To be completed by: 16 November 2018	<p>The registered person shall implement a robust audit tool which identifies and addresses shortfalls in the management and administration of medicines.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2020</p>	<p>The registered person shall ensure that the floor covering in room 4 is addressed.</p>
	<p>Response by registered person detailing the actions taken: The floor covering in room 4 has been appropriately addressed.</p>

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



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