

# Inspection Report

**7 April 2022**



## Slieveleague

**Type of service: Residential Care Home**  
**Address: 34 Cullion Road, Edenmore, Tempo. BT94 3AR**  
**Telephone number: 02889541327**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Slieveleague  <b>Registered Person:</b> Mr John James Wesley Kerr	<b>Registered Manager:</b> Mrs Patricia Grimes  <b>Date registered:</b> 7 December 2015
<b>Person in charge at the time of inspection:</b> Mrs Patricia Grimes	<b>Number of registered places:</b> 8 The home is approved to provide care on a day basis only to 2 persons.
<b>Categories of care:</b> Residential Care (RC) PH (E) - Physical disability other than sensory impairment – over 65 years 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.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 6
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to eight residents. The home is a two storey building with residents bedrooms located over two floors. Residents have access to a lounge, dining room and garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 7 April 2022, from 10.30 am to 1.55 pm by a 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 were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 7.0. One area for improvement in relation to medicines management has been carried forward for review at a future inspection.

Residents spoke positively about living in Slieveleague and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff, are included in the main body of this report.

Based on the inspection findings RQIA were assured that the delivery of care and service provided was safe, effective, compassionate and well led.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were discussed with the Manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

The inspector spoke with six residents and two staff during the inspection. Residents told us that they felt well cared for, enjoyed the food and that staff members were helpful and friendly.

Five questionnaires were returned from residents and one from a relative. The respondents were very satisfied with the overall provision of care. Comments included: "Excellent care" and "Information on ..... to family is very good."

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "Patricia (Manager) is great" and a further staff member said "love working here". There was no feedback from the staff online survey.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 30 September 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref: Regulation 16 (1)</b>  <b>Stated: Second time</b>	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of care records and discussion with the manager evidenced that this area for improvement had been met.	
<b>Area for Improvement 2</b>  <b>Ref: Regulation 20 (1) (c) (ii)</b>  <b>Stated: First time</b>	The registered person shall ensure a robust system is in place to monitor the NISCC registration of relevant staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.	
<b>Area for improvement 3</b>  <b>Ref: Regulation 16 (1)</b>  <b>Stated: First time</b>	The registered person shall ensure that relevant care plans for any newly admitted residents are implemented in a timely way to direct the care required.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant care records and discussion with the manager evidenced that this area for improvement had been met.	
<b>Area for improvement 4</b>  <b>Ref: Regulation 14 (2) (a)</b>  <b>Stated: First time</b>	The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with staff evidenced that this area for improvement had been met.	
<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time	The registered person shall ensure that the monthly quality monitoring visit report is robust, that it provides sufficient information on the conduct of the home; with an action plan and timescales to address any deficits identified in a timely manner.  <b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.	<b>Met</b>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b> <b>Validation of compliance</b>		
<b>Area for Improvement 1</b>  <b>Ref: Standard 32</b>  <b>Stated: First time</b>	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.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and has been carried forward to the next inspection.</b>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 21  <b>Stated:</b> Second time	The registered person shall ensure that policies and procedures are in place to direct the quality of care and services.  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.  <b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.	<b>Met</b>

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 20  <b>Stated:</b> Second time	<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> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.</p>	Met
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 25.3  <b>Stated:</b> First time	<p>The registered person shall ensure that competency and capability assessments for the person in charge of the home in the absence of the manager are reviewed to include arrangements for the management of adult safeguarding and DoLS.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.</p>	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 6.7  <b>Stated:</b> First time	<p>The registered person shall ensure that, if restrictive practices cannot be avoided, best interest decisions are made safely in consultation with the resident, their representative and the commissioning Trust.</p> <p>The type of restrictive intervention must be fully recorded within the resident's care records including written consent and DoLS where relevant, a risk assessment and care plan.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.</p>	Met
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	<p>The registered person shall ensure that where recommendations are made by SALT a care plan is implemented to direct the relevant care.</p>	

	<b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.	
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 9.3  <b>Stated:</b> First time	The registered person shall ensure that timely referrals are made to other health care professionals and documented within the residents care records.  <b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling and adult safeguarding. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

A system for ensuring that care workers are registered with the Northern Ireland Social Care Council (NISCC) was in place and reviewed regularly; however, expired fee dates were evident for two staff. During the inspection the Manager provided written confirmation that both staff had paid their fee and were registered with NISCC. The Manager further provided evidence of her registration with the Nursing and Midwifery Council (NMC) and agreed to ensure that relevant staff records are updated when fees have been paid going forward.

The inspector reviewed three staff competency and capability assessments for the person in charge in the absence of the Manager and found these to be completed.

A system was in place to ensure that staff received supervisions and appraisals. Staff confirmed that they received regular supervisions/appraisals and evidence of such was available within staff files.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the Manager was not on duty.

Staff reported that there was good team work, they felt well supported in their role and that the Manager was approachable. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the residents.



Residents said that they felt well looked after and that staff were attentive. One resident commented “you couldn’t ask for better” and a further resident referred to the staff as “brilliant”.

### 5.2.2 Care Delivery and Record Keeping

The Manager advised that staff meet at the beginning of each shift to discuss any changes in the needs of the residents. Staff members were observed to be prompt in recognising residents’ needs and were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

It was observed that staff respected residents’ privacy by their actions such as knocking on doors before entering, discussing residents’ care in a confidential manner, and by offering personal care to residents discreetly.

There was a system in place to ensure accidents and incidents were notified, if required, to residents’ next of kin, the trust and to RQIA. There was evidence of appropriate onward referral as a result of reduced mobility, for example, residents were referred to their GP, or for occupational therapist assessment.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure residents were comfortably seated.

Staff members were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of residents’ individual nutritional and support needs and how care records were important to ensure that modified food and fluids were provided to residents who needed this based on recommendations made by the Speech and Language Therapist (SALT).

Residents’ needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents’ needs. These plans included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Each resident should be provided with an individual written agreement that sets out the terms of their residency, the amount of the weekly fee (including any third party top-up charge) and an accurate itemised list of all agreed services and facilities over and above the general services and facilities provided. The individual charges for all the agreed itemised services and facilities should also be included. The agreements should be signed by the resident, or their representative, and a representative from the home. Review of two resident care files evidenced that this had not been completed and an area for improvement was identified.

An inventory of personal property brought into residents’ rooms should be maintained at the care home. The inventory records should be updated when additional items are brought into the rooms or when items are disposed of. The records of personal property should be checked at least quarterly and signed by two members of staff. Two residents’ property records were reviewed. The records were not signed by staff and were not checked at least quarterly. This was discussed with the Manager and identified as an area for improvement.



Review of two residents care records evidenced that a body map had not been completed on admission. This was discussed with the Manager who advised there were no issues with either resident's skin on admission but acknowledged that staff should have recorded this and agreed to monitor this going forward and to discuss with relevant staff.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. A number of minor deficits were identified and discussed with the Manager who agreed to amend accordingly.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a resident.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home and retained within the residents care file.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was fresh smelling, neat and tidy and residents' bedrooms were found to be personalised with items of memorabilia and special interests. Corridors and fire exits were clear from clutter and obstruction.

The Manager advised that refurbishment was ongoing as required to ensure that the home is well maintained.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

There was a good supply of PPE and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. The manager also said that any issues observed regarding IPC measures or the use of PPE was immediately addressed.

Visiting arrangements were managed in line with Department of Health and IPC guidance.

#### 5.2.4 Quality of Life for Residents

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounge.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

#### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff said that the Manager was approachable and accessible.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan with time frames, the person responsible and follow up was completed.

The home was visited each month by the Responsible Individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and available within the home.

### 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3*

\* The total number of areas for improvement includes one standard which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Patricia Grimes, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 32  <b>Stated:</b> First time  <b>To be completed by:</b> 12 April 2021	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.  Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and has been carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 7 May 2022	The registered person shall ensure that each resident has an individual written agreement setting out the terms of residency regarding the services and facilities to be provided.  The resident or their representative and the registered person sign the agreement prior to, or within five working days of admission. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> ,Each resident has a written contract setting out terms of residency, services and facilities provided. The agreement is signed by the resident or representative.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 8.7  <b>Stated:</b> First time  <b>To be completed by:</b> 7 May 2022	The registered person shall ensure that the residents' inventory of personal possessions is obtained on admission and kept up to date with additional items brought into the residents' rooms or when items are disposed of.  A reconciliation of the records should be undertaken at least quarterly. Two signatures should be recorded against the reconciliation.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> All residents have personal possessions recorded on admission. Two staff sign; and valuables may be kept for safekeeping in a locked safe, if requested. Records are reconciled by two staff and signature obtained quarterly.

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



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