



The Regulation and
Quality Improvement
Authority

Inspector: Laura O'Hanlon
Inspection ID: IN22209

Slieveleague
RQIA ID: 1159
34 Cullion Road
Edenmore
Tempo
BT94 3AR

Tel: 02889541327
Email: slieveleague@live.co.uk

**Unannounced Care Inspection
of
Slieveleague**

9 July 2015

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 9 July 2015 from 10.15 to 16.00. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	3

The details of the QIP within this report were discussed with Claire Wilson, acting manager. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: John James Wesley Kerr	Registered Manager: Jennifer Scott (Acting)
Person in Charge of the Home at the Time of Inspection: Claire Wilson	Date Manager Registered: Registration pending
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: 5	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 and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection we analysed the following records: returned QIP from the last care inspection and notifications of incidents and accidents.

We met with five residents, three care staff and the acting manager.

We inspected the following records: four care records, accident / incident reports, fire safety records, complaints/compliments, registered provider visits, staff management records and policies and procedures available relating to continence management and death and dying.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced estates inspection dated 23 June 2015. This report is in the process of completion by the estates inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 6 January 2015

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (4) (f)	<p>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.</p> <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. 	Not Met
	<p>Action taken as confirmed during the inspection: The registered provider advised that a fire drill was undertaken on 14 April 2015. Written evidence of this was unable to be provided during the inspection. This requirement will be stated for the second time.</p>	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 19.6	<p>Further consider how the home could in the future, where appropriate, involve residents or their relatives in the recruitment of staff.</p>	Met
	<p>Action taken as confirmed during the inspection: The registered provider confirmed that a resident was involved within the interview process. This was also verified by the resident during the inspection.</p>	

<p>Recommendation 2</p> <p>Ref: Standard 21.1</p>	<p>It is recommended that the registered person should review the policy in relation to the management of behaviours which challenge staff to ensure that it includes the following;</p> <ul style="list-style-type: none"> • DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) • The need for RQIA to be informed of each occasion when restraint is used • The need for appropriate HSC Trust involvement in managing behaviours which challenge staff. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The policy on managing behaviour which challenges staff now references the above recommendation.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 23.4</p>	<p>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.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>We inspected the training matrix and confirmed that training in respect of management of behaviours which challenge staff had not been undertaken.</p> <p>This recommendation will be stated for the second time.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 7.4</p>	<p>It is recommended that the registered person ensures that appropriate consents are in place with regard to photography and other forms of media.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>We inspected care records and confirmed that appropriate consents were in place with regard to photography and other forms of media.</p>		

Recommendation 5 Ref: Standard 23.6	It is recommended that the registered person ensures that the staff training matrix is updated to reflect most recent training completed.	Met
	Action taken as confirmed during the inspection: The staff training matrix was updated on 29 May 2015.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

The acting manager confirmed to us that residents can and do spend their final days in the home unless there are documented health care needs to prevent this. The acting manager and staff shared their experience of a recent death in the home.

The home had a spiritual ethos. Clergy and lay ministers visited the home throughout the week on a regular, planned basis. Such visits were consistently recorded within residents care records.

In our discussions with the acting manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so if the resident wishes. Following a death, the body of the deceased resident is handled with dignity and respect and in accordance with his or her expressed social, cultural and religious preferences. The staff shared their experiences of dealing with a deceased resident.

We reviewed a sample of compliment letters and cards. Some of these were received from families of deceased residents. In these correspondences there were nice messages of praise and gratitude for the compassion and kindness received during this period of care. This included welcoming relatives to the home with provision of refreshments and kind, caring staff interactions.

We noted that within the home's policy, when a death of a resident occurs, the resident's next of kin or family deal with the deceased resident's belongings. This is attended to, at a sensitive and convenient time after the death of the resident.

Is Care Effective? (Quality of Management)

We noted that the home had written policies in place on end of life care and the death of a service user.

We noted that end of life instructions were documented within care records. This recorded the wishes of the resident or representative following their death. Spiritual and cultural wishes were recorded within this record. The document was signed by the resident and/or their representative. This practice is to be commended.

In our discussions with the acting manager and staff they confirmed to us that the district nursing service attached to the home lead in the management of palliative care.

The acting manager confirmed that staff had undertaken training in this area of care.

Is Care Compassionate? (Quality of Care)

In our discussions with staff and the acting manager they shared their recent experience of a recent death in the home. Staff confirmed that the relatives were treated in a sensitive manner. Staff advised us that the relatives were given space and privacy immediately following the bereavement.

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care. Staff also confirmed to us that there was a supportive ethos within the management of the home, in helping residents and staff deal with dying and death.

The acting manager and staff advised us that residents were informed of the death of a fellow resident individually and in a sensitive manner. In our discussions with the residents they confirmed that they were able to visit the deceased resident if they so wished.

Areas for Improvement

There were no areas of improvement identified with the standard inspected. Overall, this standard is assessed to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

We reviewed four care records. We found that a needs assessment was completed and that care plans were in place. A recommendation was made to review and develop care plans for all residents. A second element of this recommendation was stated to develop specific care plans for residents with continence needs.

We spoke with staff members. They were able to describe the system of referral to community District Nursing services for specialist continence assessment.

In our discussions with staff, we found that they were able to demonstrate knowledge in the area of continence care. Staff were able to describe the process of referral for assessment to continence services.

From our discreet observations, discussion with staff and review of care records we identified no mismanagement in this area of care such as breakdown of skin integrity.

We found adequate provision of continence products, laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were available.

Is Care Effective? (Quality of Management)

We found that the home had a policy in place on continence promotion.

Staff were able to verify to us that any issues of assessed need are reported to the district nursing services for advice and guidance.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. From our discussion with residents, we endorsed that staff provide assistance with continence care in a sensitive and caring manner.

Areas for Improvement

A recommendation was made to further develop and review regularly care plans for all residents. In addition to this specific care plans should be developed for residents with continence needs

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Residents Views

We met with five residents. We observed residents relaxing in the communal lounge area. Residents were involved in musical activities. 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. Some comments made were:

- “I like it here. I can get anything I want, all I have to do is ask.”
- “There are always plenty of staff around. I am very happy here.”
- “I am very happy here. The food is good.”

5.5.2 Staff Views

We spoke with three care staff members in addition to the acting manager. Staff advised us that they felt well supported in their respective roles by both the acting manager and the registered provider. 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.

- “I enjoy working here and the residents are cared for very well.”
- “The care provided here is very good and I have felt well supported here since I started working here.”

Nine staff questionnaires were distributed for return. None were returned at the time of writing this report.

5.5.3 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 satisfactory standard. With the exception of one bedroom all areas were fresh smelling throughout. A recommendation was made to ensure this was addressed.

5.5.4 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. We observed residents were well presented.

5.5.5 Accidents / Incident reports

We reviewed accidents and incidents records. We confirmed that these were reported and managed appropriately.

5.5.6 Fire Safety

We confirmed that the home's most recent fire safety risk assessment was undertaken on 14 August 2014.

We reviewed the fire safety records and could confirm that fire safety training was undertaken in April 2015. The registered provider advised us that a fire drill took place on 14 April 2015. A written record was unable to be provided during this inspection. This requirement was stated for the second time.

The records identified that different fire alarms have been tested weekly with written records maintained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

5.5.7 Visits by registered provider

We confirmed that these visits were undertaken on a monthly basis. A written report was available in the home.

5.5.8 Staff Management Records

We inspected a random sample of staff records. We found that competency and capability assessments had not been undertaken with staff who were in charge of the home at any given time. A requirement was made to address this.

We inspected a random sample of supervision records and confirmed that supervision was previously completed in August 2014. A requirement was made in this regard.

We inspected a random sample of appraisals. We found that appraisals were last undertaken in 2013. A requirement was made to address this matter.

Areas for Improvement

Three requirements were made with regards to the completion of staff supervision, appraisals and the need for competency and capability assessments. A recommendation was stated to address the malodour in one identified resident's bedroom.

Number of Requirements	3	Number Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Claire Wilson, acting manager. The timescales commence from the date of inspection.

The registered person 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 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, 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 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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 27 (4) (f)</p> <p>Stated: Second time</p> <p>To be Completed by: 31 July 2015</p>	<p>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.</p> <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.
	<p>Response by Registered Person(s) Detailing the Actions Taken: This has been completed and a written record made. This will be an ongoing practice, with fire drills being carried out twice per year as a minimum norm. A fire drill had been previously carried out in April 2015, and produced to a recent inspection by the local Fire Officer. It could not be located at this inspection or since.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2015</p>	<p>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.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Competency and capability assessments have been carried out for eight staff. Two remaining staff will have their assessments done, upon return from leave.</p>
<p>Requirement 3</p> <p>Ref: Regulation 20 (2)</p> <p>Stated: First time</p> <p>To be Completed by: 31 August 2015</p>	<p>The registered person must ensure that all staff working in the home is appropriately supervised.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Supervision of staff has been carried out and supervision records are on staff members files. This will be ongoing practice.</p>
<p>Requirement 4</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p>	<p>The registered person must ensure that staff working in the home receives an appraisal.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: All available staff have had their annual staff appraisals carried out, since this inspection date. The appraisals are placed in the staff files. The one remaining staff member will have an appraisal carried out upon</p>

To be Completed by:
30 September 2015

her return from leave.

Recommendations			
Recommendation 1 Ref: Standard 23.4 Stated: Second time To be Completed by: 30 September 2015	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.		
	Response by Registered Person(s) Detailing the Actions Taken: All staff have had training on behaviour that challenges on 27/07/2015. This training had a strong human rights based approach.		
Recommendation 2 Ref: Standard 6.2 Stated: First time To be Completed by: 31 August 2015	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.		
	Response by Registered Person(s) Detailing the Actions Taken: All care plans will be subject to review on a regular basis. A specific care plan for residents with continence needs is in place.		
Recommendation 3 Ref: Standard 27.1 Stated: First time To be Completed by: 31 August 2015	The registered person should address the malodour in one identified resident's bedroom.		
	Response by Registered Person(s) Detailing the Actions Taken: The malodour issue in the identified resident's bedroom has been addressed. This is the subject of ongoing monitoring.		
Registered Manager Completing QIP	Claire Wilson	Date Completed	14/08/15
Registered Person Approving QIP	wesley Kerr	Date Approved	14/08/15
RQIA Inspector Assessing Response	Laura O'Hanlon	Date Approved	2.9.15

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

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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.