

Inspection Report

11 January 2024



Slieveleague

Type of service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Tierney Homes Ltd	Registered Manager: Mrs Patricia Grimes
Responsible Individual: Mrs Maria Virgilita Tierney	Date registered: 7 December 2015
Person in charge at the time of inspection: Diane Elliott, senior care assistant, 10 am – 10.30 am Mrs Patricia Grimes, manager, 10.30 am – 4 pm	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) 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.	Number of residents accommodated in the residential care home on the day of this inspection: 7
Brief description of the accommodation/how the service operates: 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 11 January 2024, from 10 am to 4 pm by a care inspector.

Since the last care inspection on 13 April 2023, there has been a change in provider to Tierney Homes Ltd and Mrs Maria Virgilita Tierney as the newly appointed responsible individual. The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents 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.

Areas for improvement identified during this inspection are detailed throughout the report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team 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 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 management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included: "First class care here", "Home from home", "Happy here" and "The staff are very friendly".

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments from staff included: "I really enjoy working here", "We have a good team and all work well together" and "The new owner has been very good". There was no feedback from the staff online survey.

Four questionnaires were received, one from a relative and three which did not indicate if they were from a resident or a relative. The respondents were very satisfied with the overall provision

of care. Comments included: "The staff are extremely friendly, welcoming and accommodating. I feel very secure to know that (relative) is being so well looked after and cared for. It is a tremendous relief to see (relative) so happy and content".

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 13 April 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that any deviation to recommendations made by SALT regarding a resident's level of supervision are firstly discussed and agreed with SALT and relevant care records are updated to reflect the agreed changes.	Met
	Action taken as confirmed during the inspection: Review of relevant care records and discussion with the manager evidenced that this area for improvement had been met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	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.	Carried forward to the next inspection
	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. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 2 Ref: Standard 8.7 Stated: Second time	<p>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.</p> <p>A reconciliation of the records should be undertaken at least quarterly. Two signatures should be recorded against the reconciliation.</p>	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 3.4 Stated: First time	<p>The registered person shall ensure that a pre-admission assessment form is completed prior to a resident's admission and is retained within the resident's file.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of relevant care records and discussion with the manager evidenced that this area for improvement had been met.</p>	
Area for improvement 4 Ref: Standard 20 Stated: First time	<p>The registered person shall ensure that effective quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none">• care records	Partially Met
	<p>Action taken as confirmed during the inspection: Review of a sample of care records and audits evidenced that this area for improvement had not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.2 and 5.2.5.</p>	

Area for improvement 5 Ref: Standard 31 Stated: First time	The registered person shall ensure that personal medication records are signed and verified as accurate by two trained members of staff when written and when updated.	Partially Met
	Action taken as confirmed during the inspection: Review of a sample of residents' personal medication records and discussion with management evidenced that this area for improvement had not been fully met and has been stated for a second time. This is discussed further in section 5.2.2.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of staff recruitment files evidenced that relevant pre-employment information had been obtained prior to commencing work.

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.

There was evidence that staff received regular supervisions and appraisals and a matrix system was in place to record staff names and when the supervision/appraisal had taken place.

Records regarding registration checks with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC) were completed and available during the inspection.

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.

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

Observation of the delivery of care during the inspection evidenced that residents' needs were met by the levels and skill mix of staff on duty.

The inspector reviewed a sample of staff competency and capability assessments for the person in charge in the absence of the manager and found these to have been completed.

5.2.2 Care Delivery and Record Keeping

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat.

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.

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. A menu was on display within the dining room but did not offer a choice of two meals and the seating arrangements did not provide enough space should all residents wish to eat their meals in the dining room at the same time.

Whilst most residents said they were provided with an alternative meal if they did not like what was on the menu; one resident said they were not consulted with regarding their preferences or where they would like to dine, but did confirm that they enjoyed the meals provided. The provision of meals was discussed in detail with the management team who agreed to have this reviewed. Following the inspection written confirmation was received that relevant action had been taken to address these issues.

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 based on recommendations made by the Speech and Language Therapist (SALT).

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.

Care records were regularly reviewed and updated to ensure the assessed needs of the residents are being met. A number of discrepancies were identified and discussed in detail with the manager. Following the inspection written confirmation was received that the identified care records had been updated. This is discussed further in section 5.2.5.

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. A discussion was held with the management team to ensure that the entry time within daily evaluation notes is accurately maintained. Following the inspection written confirmation was received that relevant action had been taken to address this with ongoing monitoring to ensure sustained compliance.

Review of a sample of residents' personal medication records evidenced that these had been signed and verified as accurate by two staff when written but not when being updated. This

information was shared with the pharmacy inspector who provided the responsible individual with relevant advice. This area for improvement has been stated for a second time.

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.

A number of confidential care records belonging to residents were identified within an unlocked cupboard of the home and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm and comfortable and residents' bedrooms were found to be personalised with items of memorabilia and special interests. Identified furniture and a bath was worn. The responsible individual confirmed that any refurbishment needs were included within the homes action plan to address.

Whilst the home was clean, neat and tidy, a small number of high surfaces and behind furniture required dusting. Following the inspection written confirmation was received that relevant action had been taken to address this.

A number of maintenance related issues were identified requiring repair/replacement. Following the inspection written confirmation was received that relevant action had been taken to address this.

Corridors and fire exits were clear from clutter and obstruction. However, one fire door was observed propped open with a chair. When brought to the attention of management the chair was immediately removed. The responsible individual agreed to continue to monitor for this type of practice and to action where necessary.

The most recent fire risk assessment was completed on 5 October 2023 and there were no actions required. There was evidence that regular fire drills were being completed with the names of the staff who attended.

A number of windows within the home were not fitted with the appropriate type of restrictor and some were opening wider than the recommended distance. This was discussed with the management team who agreed to have these reviewed as a matter of urgency. Following the inspection written confirmation was received from the manager that relevant action had been taken to address this.

Radiators were very hot to touch in identified areas of the home and the associated risks were discussed with the management team who agreed to have this reviewed as a matter of priority. Following the inspection written confirmation was received that relevant action had been taken to address this.

Denture cleaning tablets were not securely stored in two areas of the home. This was brought to the attention of the management team who immediately had these secured and agreed to monitor going forward.

Observation of staff practices evidenced that they were not consistently adhering to infection prevention and control (IPC) measures, including inappropriate storage of resident's personal belongings and equipment within communal toilets and one staff member not bare below the elbow. Details of these and any other IPC issues identified during the inspection were discussed with the management team who acknowledged that these findings were not in keeping with IPC best practice and an area for improvement was identified.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents confirmed that they could remain in their bedroom, go to a communal room or outdoors as desired.

Live music and singing was provided in the afternoon and residents appeared to enjoy this. Other residents were observed engaged in their own activities such as; watching TV, resting or chatting to staff. One resident commented: "It couldn't be better here in every way" and a further resident said: "They (staff) are very good here".

Residents commented positively about the food provided within the home with comments such as: "The food is the best", "They will always make me something different if I don't like something" and "The food is very good".

5.2.5 Management and Governance Arrangements

As mentioned above in section 2.0, there has been a change in the provider for the home with Tierney Homes Ltd and Mrs Maria Virgilita Tierney now the responsible individual. Mrs Patricia Grimes remains as the manager. Staff said that the manager was very approachable and accessible.

Review of accidents/incidents records confirmed that relevant persons were notified and a record maintained.

There was evidence that a number of audits were being completed on a regular basis to review the quality of care and other services within the home. However, hand hygiene audits were not being completed. This was discussed with the manager and an area for improvement was identified.

Review of the audits completed regarding care records did not fully reflect the deficits identified during this inspection as mentioned above in sections 5.1 and 5.2.2. An area for improvement has been stated for a second time.

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 were available within the home.

6.0 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 (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	0	7*

* The total number of areas for improvement includes two standards that have been stated for a second time and two standards that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Maria Virgilita Tierney, Responsible Individual and 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 (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 13 May 2023	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: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 8.7 Stated: Second time To be completed by: 13 May 2023	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: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 3 Ref: Standard 31 Stated: Second time To be completed by: 11 January 2024	<p>The registered person shall ensure that personal medication records are signed and verified as accurate by two trained members of staff when written and when updated.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Medication records are verified and signed by two staff when written or updated.</p>
Area for improvement 4 Ref: Standard 20 Stated: Second time To be completed by: 11 January 2024	<p>The registered person shall ensure that effective quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • care records <p>Ref: 5.1, 5.2.2 and 5.2.5</p> <p>Response by registered person detailing the actions taken: Quality assurance records are maintained including care records of all residents.</p>
Area for improvement 5 Ref: Standard 22.6 Stated: First time To be completed by: 11 January 2024	<p>The registered person shall ensure that any record retained in the home which details resident information is stored safely in accordance with the General Data Protection Regulation and best practice standards.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All care records are stored in a locked cupboard.</p>
Area for improvement 6 Ref: Standard 35 Stated: First time To be completed by: 25 January 2024	<p>The registered person shall ensure that the IPC deficits identified during the inspection are addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The bathroom has been cleared of urinals etc and kept in residents bedroom.</p>

Area for improvement 7 Ref: Standard 20 Stated: First time To be completed by: 11 January 2024	<p>The registered person shall ensure that effective quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none">• hand hygiene <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: Hand hygiene audits are in place.</p>
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