

Inspection Report

12 & 14 August 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 Responsible Individual: Mrs Maria Virgilita Tierney	Registered Manager: Mrs Patricia Grimes Date registered: 7 December 2015
Person in charge at the time of inspection: 12/08/2024- Mrs Ruth Armstrong, Care Assistant 14/08/2024- Mrs Maria Virgilita Tierney, Responsible Individual	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. Accommodation is provided over two floors and residents have access to dining areas and communal spaces.	

2.0 Inspection summary

An unannounced inspection took place on 12 August 2024 from 10.30am to 3.30pm, by a care inspector and on 14 August 2024 from 10.30am to 2.15pm, by a finance inspector.

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.

The home was found to be welcoming, clean and free from odours. Recent redecoration was evident in the home.

Staff were observed to be friendly and approachable. Staff interactions with residents were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The residents were involved in activities of their choice throughout the day.

Nine new areas of improvement were identified during this inspection. These are detailed within Section 6.0 of this report.

RQIA were assured that the delivery of care and service provided in Slieveleague was safe, effective, compassionate and that the home was well led. Addressing these areas for improvement will further enhance the safety of care in the home.

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 quality improvement plan, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

4.0 What people told us about the service

Residents spoke positively about staff and their experience of living in the home. Residents advised that they felt safe in the home; that the staff were good to them and the food was good."

One resident described the care as being “second to none; I could not say one wrong word; they are so good to me. I am very content in here.” Residents described the staff as being approachable and helpful. The residents praised the food provision in the home saying that it was “good.” Compassionate interactions were observed between staff and the residents.

Staff reported that there was a good staff team in Slieveleague and they all worked well together. Staff commented that there was enough staff on duty to meet the needs of the residents. Staff were found to be knowledgeable of residents’ needs and preferences and they were able to provide support and reassurance to residents, when required. Positive comments were made by staff in regards to the management team in terms of the level of support provided to them and that they were approachable.

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 11 January 2024		
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.	Met
	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: 5.2.6	
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 8.7 Stated: Second time	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.	Met

	A reconciliation of the records should be undertaken at least quarterly. Two signatures should be recorded against the reconciliation. Ref: 5.2.6	
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 31 Stated: Second 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. Ref: 5.1 and 5.2.2	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 20 Stated: Second time	The registered person shall ensure that effective quality assurance audits are maintained to assess the delivery of care in the home. With specific reference to: <ul style="list-style-type: none"> • care records Ref: 5.1, 5.2.2 and 5.2.5	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Standard 22.6 Stated: First time	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. Ref: 5.2.2	Met

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 6 Ref: Standard 35 Stated: First time	The registered person shall ensure that the IPC deficits identified during the inspection are addressed. Ref: 5.2.3	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 7 Ref: Standard 20 Stated: First time	The registered person shall ensure that effective quality assurance audits are maintained to assess the delivery of care in the home. With specific reference to: <ul style="list-style-type: none"> • hand hygiene Ref: 5.2.5	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Whilst there was evidence that a system was in place to ensure staff were recruited correctly, it was noted that there were gaps in employment which were not explored. This was identified as an area for improvement.

There were systems in place to ensure staff were trained and supported to do their job. Competency and capability assessments were completed for the person in charge of the home in the absence of the manager. Arrangements were in place to ensure that staff appraisals and supervision were completed.

Appropriate checks had been made to ensure that care workers were appropriately registered with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on each shift and the manager's hours were recorded. However it was noted that the grades of staff was not recorded on the duty rota. This was identified as an area for improvement.

Staff said there was enough staff on duty to meet the needs of the residents. Staff reported that there was good team work and that they felt well supported in their role. Staff said that there was a good staff morale and that they felt the care provided for in the home was very good.

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training was maintained on an up-to-date basis. Staff spoke positively on the level of training and how it was provided.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. One resident said: "It's all very good in here. Staff make it feel like home. There are always plenty of staff to help you."

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents was observed to be friendly, supportive and polite. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and discretion when assisting in personal care. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Staff showed understanding and sensitivity to residents' needs.

Care records were held electronically and stored confidentially. Care records were organised, person centred and reflected the needs of the residents. Residents' individual likes and preferences were reflected throughout the records.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. During the dining experience, staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

However it was noted that residents' weights were not checked on a monthly basis. This was identified as an area for improvement.

Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphasia.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Detailed daily progress records were kept of how each resident spent their day and the care and support provided by staff. Issues of assessed need were followed up with a recorded statement of care provided.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was found to be warm, clean and maintained to a good standard. The home was bright and recent redecoration was evident included painting, new furniture and new equipment in the home. Resident bedrooms were personalised and contained items which were important to them.

It was observed that residents were able to move around the home around freely and, in addition to their bedrooms had access to communal lounges and dining areas. Residents could choose where to sit and how to spend their time.

Corridors and fire exits were clear from clutter and obstruction. All staff were in receipt of up-to-date training in fire safety. Fire safety records were recorded with up-to-date fire safety checks of the environment and fire safety drills. However it was noted that there were a number of fire doors which were not fully closing. This was identified as an area for improvement.

A review of the most recent fire safety risk assessment was completed on 17 April 2024. There were no recommendations made as a result of this assessment.

Throughout the home there was evidence of accessible personal protective equipment (PPE) and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct PPE and to adhere to the correct food hygiene and infection control guidelines.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in, they could return to bed after breakfast or stay up late to watch TV. This was observed during the inspection.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities. The genre of music and television channels played were in keeping with residents' age group and tastes.

Residents commented that they were very happy with the activity provision in the home. One resident talked about her recent party in the home and there is another party planned later in the summer.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said that the manager was approachable and accessible.

There had been no change in the management of the home since the last inspection; Mrs Patricia Grimes is the registered manager of this home.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

There was evidence that complaints were managed correctly and that good records were maintained.

There was a wide range of audits and quality assurance in place. These audits included; falls, hand hygiene, care records, infection prevention and control and medication.

On the day of the inspection the record of accidents and incidents were unable to be located. Assurances were provided by the Responsible Person that there have been no recent incidents in the home. An area for improvement was identified to ensure that all records should be readily available for inspection.

The Responsible Person is required to visit the home each month to consult with residents, their relatives and staff and to examine all areas of the running of the home and a written report should be completed. However the most recent report available was dated 27 June 2024. This was identified as an area for improvement.

5.2.6 Finance Inspection

A safe place was provided within the home for the retention of residents' monies and valuables. There were satisfactory controls around the physical location of the safe place and the members of staff with access to it. A review of a sample of records of residents' monies and valuables showed that the records were up to date on 14 August 2024.

Discussion with the responsible person confirmed that no bank accounts were used to retain residents' monies and no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

A sample of records evidenced that reconciliations (checks) of monies held on behalf of residents were undertaken on a quarterly basis. Valuables held on behalf of residents were reconciled monthly. The records of the reconciliations were only signed by one member of staff. The responsible person was advised that two signatures should be recorded against the reconciliations. This was identified as an area for improvement.

Two residents' finance files were reviewed; written agreements were retained within both files. The agreements showed the current weekly fee paid by, or on behalf of, the residents. A list of services provided to residents as part of their weekly fee was also included in the agreements. Both agreements were signed by the resident, or their representative, and a representative from the home.

The procedure for members of staff escorting residents to external appointments such as hospital or dental appointments, was discussed with the responsible person. The arrangements for escorting residents were not recorded in the residents' written agreements or care plans.

There was also no evidence that the arrangements for escorting residents were agreed with the Health and Social Care Trust (Trust). The responsible person was advised to contact the Trust to arrange a review of the current arrangements. This was identified as an area for improvement.

A review of a sample of records of fees received on behalf of one resident evidenced that the records were up to date at the time of the inspection on 14 August 2024. Discussion with the responsible person confirmed that no resident was paying an additional amount towards their fee over and above the amount agreed with the Trusts.

A sample of records of monies deposited at the home on behalf of two residents evidenced that the person depositing the monies had signed the records along with a member of staff. It was noticed that receipts were not always provided to the person depositing the monies. The responsible person advised that a system for issuing receipts when monies are deposited is currently being implemented. This procedure will be reviewed at the next RQIA inspection.

A review of a sample of purchases undertaken on behalf of three residents showed that the records were up to date at the time of the inspection on 14 August 2024. Two signatures were recorded against each entry in the residents' records and receipts from the transactions were retained for inspection.

The systems for recording transactions on behalf of residents and the retention of receipts from the transactions were discussed with the responsible person. Following the discussion, the responsible person agreed to implement a more robust system which would aid the audit process. This was identified as an area for improvement.

A sample of records of payments to both the hairdresser and podiatrist was reviewed. The records were up to date at the time of the inspection on 14 August 2024. In line with good practice the hairdresser and podiatrist had signed the records along with a member of staff to confirm that the treatments had taken place and payment was received.

A sample of one resident's file evidenced that a property record was in place for the resident. The record was updated with additional items brought into the resident's room following admission. The system used to record the possessions showed the next date the possessions will be reviewed by the home. There was no recorded evidence to show that the previous

reviews had taken place, at least quarterly. The responsible person provided assurances that a system for recording the reconciliation of residents' personal possessions would be implemented following the inspection on 14 August 2024. This will be reviewed at the next RQIA inspection.

Policies and procedures for the management and control of residents' finances and property were available for inspection. The responsible person advised that the policies and procedures were being updated as part of the home's systematic review process. The revised policies will be reviewed at the next RQIA inspection.

Discussion with the responsible person confirmed that no transport scheme was in place at the time of the inspection on 14 August 2024.

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 Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	3	6

Areas for improvement and details of the Quality Improvement Plan were discussed with Maria Tierney, Responsible Person, 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: 19 August 2024	The registered person shall ensure that all fire doors are fully closing. Ref: 5.2.3 Response by registered person detailing the actions taken: All fire doors are closing. All fire doors were checked and repaired when needed.
Area for improvement 2 Ref: Regulation 29 Stated: First time	The registered person shall undertake a visit to the home in accordance with this regulation. This visit should be completed on a monthly basis and should be unannounced. Ref: 5.2.5

To be completed by: 19 August 2024	Response by registered person detailing the actions taken: Registered provider visits the home as per Regulation 29.
Area for improvement 3 Ref: Regulation 12 (1) (b) Stated: First time To be completed by: 30 September 2024	The registered person shall ensure that the Health and Social Care Trust is contacted to request a review of the arrangements for members of staff escorting residents to external appointments. The outcome of the review should be forwarded to RQIA once available. The arrangements agreed from the review should be recorded in both the residents' written agreements and care plans. Ref: 5.2.6
	Response by registered person detailing the actions taken: Family agreed to arrange escort for hospital appointments. Policy was updated and all NOK were made aware of same. Social workers were also informed.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 19.2 Stated: First time To be completed by: 13 August 2024	The registered person shall ensure that all gaps in employment are fully explored before many an offer of employment. Ref: 5.2.1
	Response by registered person detailing the actions taken: In future, all gaps in employemny will be explored at the interview and will be recorded.
Area for improvement 2 Ref: Standard 25.6 Stated: First time To be completed by: 19 August 2024	The registered person shall ensure that the grades of staff are recorded on the duty rota. Ref: 5.2.1
	Response by registered person detailing the actions taken: All staff grades are indicated in the rota.

Area for improvement 3 Ref: Standard 9.3 Stated: First time To be completed by: 13 August 2024	The registered person shall ensure that all residents are weighed on a monthly basis. Ref: 5.2.2 Response by registered person detailing the actions taken: All residents are weighed monthly. Chair scales have been calibrated recently.
Area for improvement 4 Ref: Standard 22.3 Stated: First time To be completed by: 13 August 2024	The registered person shall ensure that all records are readily available for inspection. This relates specifically to the reports of accidents and incidents. Ref: 5.2.5 Response by registered person detailing the actions taken: All records are readily available for inspection. Staff are made aware of their location in the home.
Area for improvement 5 Ref: Standard 15.12 Stated: First time To be completed by: 15 August 2024	The registered person shall ensure that residents' monies and valuables held in the safe place are reconciled (checked), at least quarterly, and recorded. The records should be signed by the person undertaking the reconciliation and countersigned by a senior member of staff. Ref: 5.2.6 Response by registered person detailing the actions taken: Resident's monies are reconciled monthly by two staff.
Area for improvement 6 Ref: Standard 20.14 Stated: First time To be completed by: 31 August 2024	The registered person shall ensure that a more robust system is implemented for the recording of transactions undertaken on behalf of residents. The system implemented should include a revised procedure for retaining receipts from the transactions in order to aid the audit process. Ref: 5.2.6 Response by registered person detailing the actions taken: A new resident's ledger is on order to replace old system of auditing. Receipts are numbered with each transaction.

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