

Inspection Report

13 April 2023



Slieveleague

Type of service: Residential Care Home

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation: Slieveleague Registered Person: Mr John James Wesley Kerr	Registered Manager: Mrs Patricia Grimes Date registered: 7 December 2015
Person in charge at the time of inspection: Mrs Patricia Grimes	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: 6
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 13 April 2023, from 10 am to 4 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.

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.

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

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 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. Two from residents and three which did not indicate if they were from residents or relatives. The respondents were very satisfied with the overall provision of care. Comments included: "Happy with the care I am getting" and "Very happy in the home."

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 "I really enjoy 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 7 April 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 32 Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager 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	
Area for Improvement 2 Ref: Standard 4 Stated: First 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. 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.	Partially Met
	Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager 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	

Area for improvement 3 Ref: Standard 8.7 Stated: First 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> <p>Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager 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</p>	Partially Met

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, there was no record of NISCC registration for one staff member and an expired fee date was evident for another staff member. During the inspection the manager provided verbal confirmation that both staff had paid their fee and were registered with NISCC. Following the inspection, the manager confirmed in writing that both staff were registered with NISCC.

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 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.

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.

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.

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

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.

Review of a sample of records relating to the medication fridge temperatures evidenced that staff were maintaining a daily record when the fridge was in use. However, a number of temperatures exceeded the recommended temperature without any documentation to state the action taken. This information was shared with the RQIA pharmacy inspector and an area for improvement has been stated for a second time.

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).

Whilst it was observed that residents received the correct diet, the inspector reviewed the SALT recommendations for one resident and identified that the level of supervision was not as per SALT recommendations. This was discussed in detail with the manager and an area for improvement was identified.

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.

Review of one resident's care records evidenced that a pre-admission assessment was not retained within their file. This was discussed with the manager who advised that a verbal

assessment was completed via telephone and acknowledged that a written record of the assessment should have been maintained within the resident's file. This was identified as an area for improvement.

Review of three resident's care files evidenced that a written agreement had been signed by the resident and the manager, however, the amount of the weekly fee and itemised list of all agreed services and facilities over and above the general services and facilities provided had not been accurately/fully recorded. It was further identified that the agreement had not been signed within the required timeframe following admission to the home for one resident. Details were discussed with the manager and an area for improvement has been stated for a second time.

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 consistently signed by staff. This was discussed with the manager and an area for improvement has been stated for a second time.

Whilst care records were regularly reviewed and updated, a number of care plans had not been implemented and/or amended to reflect the resident's current needs. It was further identified that the needs assessments of one resident had not been updated within the required timeframe. Details were discussed with the manager who acknowledged the shortfalls in the documentation and agreed to have these records reviewed. Following the inspection written confirmation was received from the manager that all relevant care records had been reviewed and updated as necessary. 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.

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.

The manager advised that refurbishment was ongoing as required to ensure that the home is well maintained. A number of maintenance related issues were discussed with the manager requiring review/repair. Following the inspection, the manager provided written confirmation of the action taken to address these issues.

Corridors and fire exits were clear from clutter and obstruction. A fire risk assessment (FRA) had been completed on the 5 October 2022. There were no actions required following this assessment.

Review of two resident's Personal Emergency Evacuation Plans (PEEP's) evidence that these had not been updated following a change to the resident's bedroom location and assessed needs. Details were discussed with the manager who agreed to have these reviewed. Following the inspection written confirmation was received from the manager that relevant action had been taken to address this.

A number of radiators within residents' bedrooms were very hot to touch. This was discussed with the manager who immediately adjusted the temperature of the radiators and agreed to monitor this going forward.

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.

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.

During the inspection residents were also observed engaged in their own activities such as; watching TV, resting or chatting to staff. Residents were seen to be content and settled in their surroundings and in their interactions with staff.

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 very 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. However, care record audits had not been completed and as mentioned above in section 5.2.2 there were a number of deficits identified regarding care records. This was discussed with the manager and an area for improvement was identified.

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.

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 the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	1	5*

* The total number of areas for improvement includes three standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Patricia Grimes, 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: From the date of inspection	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Salt team contacted and review requested as soon as possible. Awaiting review date. Contacted social worker and NOK. Resident is closely observed during all meals until review takes place. Care records are updated as required.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011 version 1.1)	
Area for improvement 1 Ref: Standard 32 Stated: Second time To be completed by: From the date of inspection	<p>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.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: The maximum and minimum temperatures of the medicines refrigerator are now monitored and recorded. Any variation in temperature will be reported for fridge to be checked.</p>
Area for improvement 2 Ref: Standard 4 Stated: Second time To be completed by: 13 May 2023	<p>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.</p> <p>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.</p> <p>Ref: 5.1 and 5.2.2</p>

	<p>Response by registered person detailing the actions taken:</p> <p>Each resident has an individual written agreement setting out the terms of residency. The resident or their representative and the registered person sign the agreement within five working days of admission.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.7</p> <p>Stated: Second time</p> <p>To be completed by: 13 May 2023</p>	<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> <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The resident's inventory of personal possessions is obtained on admission and maintained with additional items that are brought to the resident's room. This is audited every three months thereafter.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 3.4</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<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> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A pre-admission assessment is carried out before admission for all residents. This is kept on the resident's care file.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by:</p>	<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

13 May 2023	Ref: 5.2.5
	Response by registered person detailing the actions taken: Care record audits are carried out monthly.

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



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