

# Unannounced Care Inspection Report 13 September 2017



## Slieveleague

**Type of Service: Residential Care Home**  
**Address: 34 Cullion Road, Edenmore, Tempo, BT94 3AR**  
**Tel No: 02889541327**  
**Inspector: Laura O'Hanlon**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with eight beds registered to provide care for residents under categories of care detailed on its certificate of registration.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Slieveleague <b>Responsible Individual(s):</b> John Wesley Kerr	<b>Registered Manager:</b> Patricia Grimes
<b>Person in charge at the time of inspection:</b> Patricia Grimes	<b>Date manager registered:</b> 7 December 2015
<b>Categories of care:</b> Residential Care (RC) 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 PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Number of registered places:</b> 8

### 4.0 Inspection summary

An unannounced care inspection took place on 13 September 2017 from 10:15 to 16:00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff training, the culture and ethos of the home and the management of incidents.

Areas requiring improvement were identified in regard to staff appraisals, the statement of purpose and care plans.

Residents said:

- “This place is excellent; the staff are so kind and considerate.”

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

#### 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Patricia Grimes, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 February 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and returned QIP and the notifications of accidents and incidents.

During the inspection the inspector met with eight residents, two staff and the registered manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. One questionnaire was returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Two staff competency and capability assessments
- Staff training schedule/records
- One staff recruitment file
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report

- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- A sample of the policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 2 February 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 2 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 25.3 <b>Stated:</b> First time	The registered provider should ensure that the duty rota clearly identifies the person in charge of each shift in the absence of the manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the staff duty rota confirmed that the person in charge in the absence of the manager was identified.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 21.5  <b>Stated:</b> First time	The registered provider should ensure that the following policies are systematically reviewed every three years: <ul style="list-style-type: none"> <li>• Infection prevention and control</li> <li>• Health and safety</li> <li>• Fire safety</li> <li>• Accidents and incidents</li> <li>• Whistleblowing policy</li> <li>• </li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the identified policies confirmed these were reviewed in April 2017.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

A review of one completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. A review of the schedule for staff appraisals identified that staff appraisals were last undertaken in July and August 2016. This was identified as an area for improvement under the standards to ensure that staff appraisals are completed on an annual basis.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Two completed staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the registered manager and review of one staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

The adult safeguarding policy in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager confirmed that a safeguarding champion was established within the home.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably the use of bed rails and pressure alarm mats. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the Statement of Purpose and Residents' Guide identified that such restrictions were not described. This was identified as an area for improvement under the standards to ensure the statement of purpose references any restrictive practices used in the home.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly for example fire safety.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection validated this.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. Recent refurbishment had taken place in the home.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 9 August 2017 and no recommendations were made.

Review of staff training records confirmed that staff completed fire safety training twice annually. A fire drill was completed on 9 August 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

One completed questionnaire was returned to RQIA from a resident's representative. The respondent described their level of satisfaction with this aspect of care as very satisfied. One comment made on the returned questionnaire was:

- "Good communication with residents and staff. A very caring environment."

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment.

### **Areas for improvement**

Two areas for improvement were identified in regard to staff appraisals and the Statement of Purpose.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 6.5 Is care effective?

### **The right care, at the right time in the right place with the best outcome**

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that they included an assessment of needs, life history, risk assessments, care plans and a regular statement of health and well-being of the resident. Two of the care records reviewed were residents who were admitted to the home in early August 2017 and early September 2017. Neither of these care records contained a care plan. This was identified as an area for improvement under the regulations to ensure that a written care plan is devised in regard to the care, health and welfare of the residents.

During the review of one care record a period of significant weight loss for one resident was noted and action was taken by staff to address this issue. However there was no care plan in place to support the management of nutrition/weight loss. In addition this resident has ongoing pain management issues. There was no care plan in place to manage this area of need. These issues were identified as areas for improvement under the regulations to ensure an up to date care plan is devised to meet the identified needs of the resident.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced during discussions with the staff in regard to individual needs and preferences.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

One completed questionnaire was returned to RQIA from a resident's representative. The respondent described their level of satisfaction with this aspect of care as very satisfied. One comment made on the returned questionnaire was:

- "Any concerns regarding my relative have been addressed immediately and communication with family very good."

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

## Areas for improvement

Two areas for improvement were identified in regard to care plans.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was also recorded in the progress notes.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions with the staff, residents' meetings, annual reviews and the monthly monitoring visits by the registered provider.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection one resident was out at a morning club. Others were reading the newspapers and listening to music.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff advised that relatives and visitors were welcome to visit the home at any time.

Comments made by residents during the inspection were:

- “I am very happy here, the girls are all good. If I want anything I just have to ask. The food is good.”
- “This place is excellent; the staff are so kind and considerate.”

Comments made by staff during the inspection were:

- “The staffing levels are fine. I am here, this is a great staff team and we all help each other out. There is good communication and we all make sure information is passed on. The manager is very easy to go to if there was a concern.”
- “The residents receive a good quality of care. There is good teamwork and we all help each other out. The staffing levels are good. The manager is great, I could go to her about anything.”

One completed questionnaire was returned to RQIA from a resident’s representative. The respondent described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and/or their representatives were made aware of how to make a complaint by way of a poster displayed in each bedroom. Review of the complaints and compliments records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A record of a compliment received in the home was:

- "The first class care Dad got by the wonderful staff, it was second to none in other words you had him spoiled and all the family also. It takes a special team of people to create an environment such as Slieveleague has; warm friendly and always made welcome. It can only be described as home from home. We will be forever grateful to the dedicated staff for the care, respect and love shown to dad."

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home as they visit the home on a weekly basis.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

One completed questionnaire was returned to RQIA from a resident's representative. The respondent described their level of satisfaction with this aspect of care as very satisfied. One comment made on the returned questionnaire was:

- "Person in charge is well advised on residents' needs, is caring and shows great skills when dealing with residents and staff."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patricia Grimes, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 20 September 2017	The registered person shall ensure that a written care plan is devised in regard to the care, health and welfare of the residents in a timely manner.  Ref: section 6.5  <b>Response by registered person detailing the actions taken:</b> This was a temporary placement. A full care plan was put in place, after the day of the inspection visit.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2017	The registered person shall ensure an up to date care plan is devised to meet the identified needs of the residents. Reference to this is made in regard to the identified needs pertaining to nutrition / weight loss and the management of pain.  Ref: section 6.5  <b>Response by registered person detailing the actions taken:</b> Care plan is revised to meet identified needs of residents pertaining to nutrition/weight loss and the management of pain.

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<b>Area for improvement 1</b>  <b>Ref:</b> Standard 24.5  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2017	The registered person shall ensure that staff appraisals are completed on an annual basis.  Ref: section 6.4  <b>Response by registered person detailing the actions taken:</b> Some appraisals were completed and others in progress. All now completed.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.6  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2017	The registered person shall ensure that the statement of purpose references any restrictive practices used in the home.  Ref: section 6.4  <b>Response by registered person detailing the actions taken:</b> Statement of Purpose has been updated to include references to restrictive practices. This takes into account where bed rails or alarm mats may be used.

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
 @RQIANews