



The Regulation and  
Quality Improvement  
Authority

# Unannounced Care Inspection Report 14 February 2019



## Slieveleague

**Type of Service: Residential Care Home**

**Address: 34 Cullion Road, Edenmore,**

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**Tel No: 028 8954 1327**

**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 provider 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 registered to provide care and accommodation for eight persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Slieveleague  <b>Responsible Individual:</b> John James 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  The home is approved to provide care on a day basis only to 2 persons

### 4.0 Inspection summary

An unannounced inspection took place on 14 February 2019 from 10.15 to 14.30.

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

This was a focused inspection to review the provision of meals and mealtimes. We also reviewed and assessed compliance with the areas of improvement identified following the last care inspection.

Good practice was evident in regard to the dining experience and the provision and serving of meals. Further evidence of good practice was found in relation to staff knowledge of the residents' care needs, the culture and ethos of the home and communication between the staff and the residents.

Three areas requiring improvement were identified. These related to the need for risk assessments to be completed for radiators/hot surfaces in bathrooms, care plans and the monthly monitoring visits by the registered provider.

Residents and one relative spoken with commented positively on the care provided in the home, on the provision of meals and stated that the staff were attentive and kind.

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
<b>Total number of areas for improvement</b>	1	2

Areas for improvement and 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 26 September 2018.

## 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, the returned QIP, notifiable events and any written and verbal communication received since the previous care inspection.

During the inspection the inspector met with eight residents, two staff, one relative and the registered manager. Five residents' and residents' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have We Missed You?' cards which were placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Three residents' care files
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 16 October 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 26 September 2018

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 23.4  <b>Stated:</b> First time	The registered person shall ensure staff up-date training in General Data Protection Regulations (GDPR).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of training records confirmed that staff training was completed electronically in regard to GDPR.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 6.7  <b>Stated:</b> First time	The registered person shall ensure that the risk assessment of the stair safety gate positioned at the top of stairs is discussed/agreed at the scheduled care management review. Measures to minimise any identified risk is to be included within the care plan.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of the home confirmed that the stair gate was removed following the last inspection.	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 35.1 <b>Stated:</b> First time	The registered person shall ensure that pedal operated disposal bins are positioned within the bathroom/toilet on the first and ground floors.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the home confirmed that pedal operated disposal bins were in place in all bathroom areas.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> First time	The registered person shall ensure that greater detail in regard to the current intervention/management of smoking within the care plan of one resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of this care record confirmed that the care plan contained greater detail in regard to the management of smoking.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 25.5 <b>Stated:</b> First time	The registered person shall ensure that the names of staff in attendance at staff meetings is recorded within minutes recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the record of staff meetings confirmed that the names of staff who attended the meeting were recorded.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 27.11 <b>Stated:</b> First time	The registered person shall ensure that RQIA are notified of any proposes events/changes to the environment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed that RQIA were notified of the proposed events/changes to the environment.	

## 6.3 Inspection findings

### 6.3.1 Staffing Arrangements

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary staff were used in the home. The registered manager stated that the use of temporary staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, relatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home. Observation of the delivery of care evidenced that residents' needs were met and that staff attended to residents' needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Residents advised that they were well looked after by the staff and felt safe and happy living in Slieveleague. Some comments received included:

- "The staff are so kind." (resident)
- "We are so well looked after in here." (resident)
- "There are sufficient staff on duty in the home." (staff)

### **6.3.2 Meals and Mealtimes**

We arrived in the home at 10.15 hours and were greeted by staff that were helpful and attentive. Residents were enjoying a morning cup of tea/coffee in the lounge or in their bedroom, as was their personal preference. Staff were observed assisting residents to enjoy their chosen activity and to eat and drink as required.

Observation of the lunch service confirmed that a varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The menu was displayed and offered a choice of meal each mealtime. Tables were laid with condiments, good quality crockery, cutlery and glassware. The meal portion sizes were appropriate for residents and meals were attractively presented. Additional servings of food and gravy were both offered and provided. Those residents who preferred to have lunch outside of the dining room were provided with this in an appropriate and timely manner.

The dining experience was noted to be calm and organised. Support and assistance was provided to residents where it was required in a discreet manner. The residents were able to communicate that they enjoyed their meal.

Discussion with care staff confirmed that dietician/SALT recommendations for therapeutic diets were present and were followed. The staff were able to accurately describe the nutritional needs of individual residents who had difficulties with swallowing.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. It was noted on one care record where guidance and recommendations provided by dieticians and SALT was not accurately reflected within the individual resident's care plans and associated risk assessments. This was identified as an area for improvement to ensure this is addressed.

Discussions with residents throughout this inspection confirmed that they were very satisfied with this area of care. Some of the comments made included statements such as;

- "We always get a choice of food, the food is great."
- "The food is lovely, we sometimes get too much."

### 6.3.3 Environment

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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

The home was fresh-smelling, clean and appropriately heated. It was noted that the radiators in the bathrooms on the ground floor were very hot to touch and this could cause potential burns or scalds to residents should they fall against it. This was discussed with the registered manager and identified as an area for improvement to ensure that this matter is addressed.

### 6.3.4 Fire Safety

The home had a fire risk assessment in place dated 14 August 2018 and no recommendations were made at this assessment. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the 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 monthly and were regularly maintained.

### 6.3.5 Care practices

Discreet observations of care practices evidenced residents being treated with dignity and respect. Care duties and tasks were organised and unhurried. Staff interactions with residents were polite, friendly, warm and supportive. Residents appeared comfortable, content and at ease in their environment and interactions with staff.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Some of the comments made by residents, relatives and staff were:

- “I really love it in here I am very happy.” (resident)
- “The care provided here is first class.” (resident)
- “This is a great place, its home from home.” (resident)
- “The care provided in here is fantastic, its home from home. The staff are really good at keeping the family informed. The family is always made feel very welcome any time they come to visit.” (relative)
- “This is a really good staff team. We all work well together and help each other out.” (staff)
- “I love coming to my work and the standard of care provided is top class.” (staff)

### 6.3.6 Governance Arrangements

The certificate of registration issued by RQIA was appropriately displayed in the entrance in the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.



Discussion with the residents confirmed they were knowledgeable in regard to the management arrangements in the home. Review of the duty roster identified the person in charge of the home in the absence of the registered manager.

A review of the accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The records of the visits undertaken by the registered provider as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were reviewed. A report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action. However, it was noted that these visits were announced. This was identified as an area for improvement to ensure that these visits are all unannounced.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Comments made by staff during the inspection included:

- “Patricia is a great manager and she is very approachable. She has always been able to assist me with anything I asked.” (staff)
- “Wesley and Patricia are both very supportive and have been very good to me. There is good support from management, all you have to do is ask.” (staff)

Three areas requiring improvement were identified during this inspection. These related to the need for risk assessments to be completed for radiators/hot surfaces in bathrooms, care plans and the monthly monitoring visits by the registered provider.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

## 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 15 February 2019	The registered person shall ensure that the monthly monitoring visits undertaken by the registered provider are all unannounced.  <b>Ref:</b> 6.3.6  <b>Response by registered person detailing the actions taken:</b> All monthly monitoring visits undertaken by the registered provider are now unannounced, instead of just some.
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 14 March 2019	The registered person shall ensure that guidance and recommendations provided by dieticians and SALT is reflected within the individual resident's care plans and associated risk assessments.  <b>Ref:</b> 6.3.2  <b>Response by registered person detailing the actions taken:</b> This relates to a new resident who had been transferred from the SHSCT and no report had been received from the dietician at the point of this inspection. Immediate action was taken to obtain this and the resident's care plan updated accordingly.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.8  <b>Stated:</b> First time  <b>To be completed by:</b> 14 March 2019	The registered person shall ensure that a risk assessment is completed for radiators/hot surfaces and that this is continually monitored and reviewed as necessary.  <b>Ref:</b> 6.3.3  <b>Response by registered person detailing the actions taken:</b> A risk assessment has been carried out in relation to the identified radiators and thermostatic valves are to be fitted to these radiators in order to provide more control of their temperature.

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



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