



Unannounced Care Inspection Report 17 November 2019



Slieveleague

Type of Service: Residential Care Home
Address: 34 Cullion Road, Edenmore, Tempo BT94 3AR
Tel No: 028 8954 1327
Inspector: Laura O'Hanlon

www.rqia.org.uk

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to eight residents.

3.0 Service details

<p>Organisation/Registered Provider: Slieveleague</p> <p>Responsible Individual(s): John James Wesley Kerr</p>	<p>Registered Manager and date registered: Patricia Grimes – 7 December 2015</p>
<p>Person in charge at the time of inspection: Ruth Armstrong, care assistant</p>	<p>Number of registered places: 8</p> <p>The home is approved to provide care on a day basis only to 2 persons</p>
<p>Categories of care: 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</p>	<p>Total number of residents in the residential care home on the day of this inspection: 7</p>

4.0 Inspection summary

An unannounced inspection took place on 17 November 2019 from 10.30 to 13.40.

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.

Evidence of good practice was found in relation to the provision of training, care records, staff interactions between the staff and the residents, working relationships and teamwork in the home.

One area requiring improvement was identified in relation to staff meetings.

Residents described living in the home as being a good experience/in positive terms.

Comments received from residents, people who visit them and professionals and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

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 inspection dated 14 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 14 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections, registration information, and any other written or verbal information received, for example notification reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Five questionnaires were returned to RQIA from residents and relatives which indicated their satisfaction with the care provided in the home. Comments are included within the main body of the report.

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

- staff duty rotas
- staff training schedule and training records
- three residents' records of care

- complaint records
- compliment records
- records of staff meetings
- accident/incident records
- monthly monitoring reports
- RQIA registration certificate

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 last care inspection dated 14 February 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 (3) Stated: First time	The registered person shall ensure that the monthly monitoring visits undertaken by the registered provider are all unannounced.	Met
	Action taken as confirmed during the inspection: The records of these visits were reviewed which confirmed that these were all unannounced.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of care records confirmed that guidance from professionals for example dieticians was reflected within care plans and risk assessments.	

Area for improvement 2 Ref: Standard 27.8 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the manager confirmed that a risk assessment of radiators/hot surfaces was undertaken. An inspection of the environment confirmed that the radiators were maintained to an adequate temperature.	

6.2 Inspection findings

6.3 Is care safe?

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

When we arrived in the home we were welcomed by staff. The atmosphere in the home was warm and relaxed with staff assisting and talking with residents in a friendly and respectful manner. Throughout this inspection residents told us they felt safe in the home and that they were well cared for. Residents also advised that staff attended to their needs in caring and kind manner.

Staffing

We could see that throughout the day there was always sufficient staff to meet the needs of the residents and this was reflected in the duty rota. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota. No concerns were raised by staff or residents in relation to the staffing arrangements in the home.

We saw that competency and capability assessments were in place for staff in charge of the home in the manager's absence.

Discussion with the staff confirmed that they felt supported in their roles. Staff told us they felt supported in their role within the home and that they could approach the manager at any time.

Staff training

A programme of staff training was in place. This included mandatory training and additional training areas to meet residents' assessed needs for example dementia awareness. Staff spoke positively about the provision of training.

Environment

The home was clean and tidy with a good standard of décor and furnishing being maintained. Communal seating lounges were pleasantly furnished with comfortable seating. Residents' bedrooms were well equipped and personalised for each resident. Bathrooms and toilet facilities were clean and hygienic. Infection prevention aids and equipment were readily accessible.

Fire safety

Fire safety records confirmed that weekly checks were completed in relation to fire safety equipment. Records of fire drills confirmed these were completed on 4 September 2019 and 27 February 2019. We identified three staff who had not participated in a fire drill within the last year. This was discussed with the manager following the inspection who confirmed that these staff were no longer working in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the staffing arrangements in the home and the environment.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

Staff communication and teamwork

We could see that the residents were well cared for and that the staff responded well to help and support the residents. Staff communicated well and demonstrated good teamwork in meeting the resident's needs. There were systems in place to ensure effective communication across the staff team. Such systems included daily staff handovers and a communication diary, where concerns or information is passed on in relation to the care of residents. At the handovers staff also agree the delegated duties for the provision of care for each resident.

We reviewed the records of staff meetings in 2019. We noted that these took place in April and September 2019; however, the care standards state these meetings should take place at least quarterly. This was identified as an area for improvement.

Care records

We reviewed three care records. The records were written in a professional manner and used language which was respectful of residents. The records of assessments, care plans and risk assessments were completed and reviewed on a regular basis. Care plans were reflective of the needs of the residents and updated to reflect recommendations from the multi-disciplinary team and current guidance. For example, care plans referred to the updated dysphagia guidance. Review of the progress notes confirmed that there was a recorded effect of care and treatment provided in the home.

Effectiveness of care

General observations of care practices throughout this inspection found that care was delivered in person centred manner. For example, residents' comfort and social needs were facilitated by individual choice and wishes.

Residents were well groomed with clean fresh clothing. Glasses and walking aids appeared in good working order. Staff were able to tell us about the individual needs of residents and how these would be met in the home.

Staffing in the home is very stable which is to be commended. Interactions between the staff were friendly and supportive. One staff comment was:

- "I really enjoy working here; there is good teamwork and everyone works well together."

Lunch meals were observed and appeared appetising. Assistance and support was provided to residents where this was required. We could see that the portion sizes were good and there was a variety of drinks available. The residents said that they enjoyed the food in the home. Drinks and snacks were observed being served during the day. The staff were knowledgeable in regards to the dietary requirements of the residents.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to the need for quarterly staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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.

Observations throughout the inspection confirmed that all residents were treated with dignity and respect.

Compassionate care

Residents could be seen to be comfortable, relaxed and at ease in their interactions with staff and with their environment. Some preferred to enjoy the company of one another in a communal sitting room, others choose to relax or partake in pastimes of choice. A number of the residents were listening to their religious services.

Staff interactions were seen to be polite, friendly, warm and supportive. Choice was offered in the provision of residents' meals and snacks.

The genre of the television programmes and choice of music was appropriate to the age group and taste of residents.

The staff had knowledge of residents' personal background and interests that helped them meet their social well-being. Residents' bedrooms were personalised to a good effect in that it added to residents' comfort, make-up and individuality.

On the day of the inspection a number of the residents were listening to their church services while others were reading daily papers and watching television.

Comments made by residents during the inspection were:

- "I love it here."
- "I feel safe in here."
- "I am well looked after in here."
- "The staff are very kind."
- "The food is very good."
- "I am happy here."

Staff comments included:

- This is 'home from home.' The residents are so well cared for, any problems and the GP or district nurse is contacted. We have a really good staff team and we all help each other out."
- "The residents are well cared for. Everything in the home is going well. We are a good staff team."

Comments made on returned questionnaires included:

- "The atmosphere in Slieveleague is very friendly and homely. My relative feels she is at home." (relative)

- “The home is excellent. All staff are very friendly, helpful and caring and have done everything to make my relative very comfortable and happy.” (relative)
- “My relative is very happy in Slieveleague as it is home from home. The staff are so helpful and friendly.” (relative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents and the general observation of care practices and atmosphere in the home.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

There is a clear management structure within the home. All staff spoken with commented positively about the manager and described her as supportive and approachable. One staff comment was:

- “Patricia is a fantastic support and so is Wesley. If you want anything all you have to do is ask.”

Management and governance arrangements

The report of the visits undertaken by the provider’s representative dated 17 October 2019, 19 September 2019 and 22 August 2019 were reviewed. These reports confirmed good governance systems and robust action planning.

Management of accidents/incidents

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was inspected as part of the inspection process.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and maintenance of good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at least quarterly.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Our last staff meeting took place on Friday 3rd January 2020 and staff meetings are now scheduled to take place on a quarterly basis.</p>
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Please ensure this document is completed in full and returned via Web Portal



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