



The Regulation and  
Quality Improvement  
Authority

### Primary Announced Care Inspection

**Name of Establishment:** Slieve Roe  
**Establishment ID No:** 1557  
**Date of Inspection:** 7 May 2014  
**Inspector's Name:** John McAuley  
**Inspection No:** 17568

The Regulation And Quality Improvement Authority  
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**General Information**

<b>Name of Home:</b>	Slieve Roe House
<b>Address:</b>	Manse Road Kilkeel County Down BT34 4BN
<b>Telephone Number:</b>	028 4176 3760
<b>E mail Address:</b>	Bronagh.rogers@southerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Mrs Mairead McAlinden Southern Health and Social Care Trust
<b>Registered Manager:</b>	Mrs Bronagh Rogers
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Bronagh Rogers
<b>Categories of Care:</b>	RC – I RC – DE – maximum of five residents RC – A – one resident
<b>Number of Registered Places:</b>	17
<b>Number of Residents Accommodated on Day of Inspection:</b>	12
<b>Scale of Charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	11 September 2013 Primary Unannounced Inspection
<b>Date and time of inspection:</b>	7 May 2014 10.15am – 3.10pm
<b>Name of Inspector:</b>	John McAuley

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators, and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

### Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	12
Staff	4
Relatives	3
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	10	None in time for inclusion comment in this report.

### INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and theme:

- STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
**Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.**
- STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
**The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.**

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## Profile of Service

Slieve Roe House, a Statutory Residential Home operated by The Southern Health and Social Care Trust was initially opened in January 1980. The facility is a single storey building located within walking distance of Killeel town. Spacious facilities include three lounges, a large dining room, main kitchen, resident kitchen, laundry room, washrooms, shower/bathrooms and a smoke room.

The home is currently registered to accommodate 17 residents in single bedrooms

There are well maintained gardens and grounds with parking to the front of the building. There is an enclosed courtyard garden contained between the home and the adjoining day centre.

The home has been rated '5' in the Food Hygiene Inspection 2012/13.

## Summary of Inspection

This inspection to Slieve Roe House was a primary announced inspection, carried out by John McAuley an inspector from RQIA on 7 May 2014 from 10.15am to 3.10pm. This summary reports on the position of the home at the time of this inspection.

On arrival to the home the inspector was met by the Registered Manager Mrs Bronagh Rogers, who was readily available for discussion and clarification throughout, including verbal feedback of inspection findings at the conclusion.

The previous inspection to the home was a primary unannounced inspection on 11 September 2013. Review of the quality improvement plan from that inspection found that the two requirements and five recommendations made have all been addressed satisfactorily.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, and three visiting relatives to discuss the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practices, issued ten staff questionnaires, examined a selection of records and carried out a general inspection of the care home environment.

## Standards Inspected:

### **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

### **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

## Inspection findings

### Responding to Residents' Behaviour – Standard 10

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to responding to residents' behaviour and restraint. Observations made, review of documentation and discussion with residents and staff confirmed that restraint is not used in the home. A review of four residents' care records outlined their usual conduct, behaviours, and means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they have a knowledge and understanding of individual residents conduct, behaviours and means of communication and confirmed that they have received training in behaviours which challenge.

Staff are aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records. The registered manager is aware of their responsibilities in relation to referral to the multi-disciplinary team as necessary. A review of the accident/incident records identified that they had been completed appropriately. Evidence was in place that residents and, as appropriate, their representatives have been included in any decisions regarding their care, interventions and review. The evidence gathered through the inspection process concluded that home is overall compliant with this standard.

### Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Observations made, review of documentation and discussion with residents and staff confirmed that a programme of activities and events based on the assessed needs and social interests of the residents is being provided. Residents and staff confirmed during discussion that residents benefited from and enjoyed the activities and events provided. The programme of activities was appropriately displayed and identified that activities are provided throughout the course of the week and are deemed to be age and culturally appropriate. The duration of activities is tailored to meet individual resident's needs and abilities, took into account residents' spiritual needs and facilitated inclusion in community based events.

Residents were given opportunities to put forward suggestions for inclusion in the programme of activities. The home has a designated member of staff who has also responsibility of co-ordinating the activity provisions and events, with the support of other staff. A selection of materials and resources were available for use during activity sessions. Appropriate systems are in place to ensure that staff contracted in to provide activities have the necessary knowledge and skills to deliver the activity and that they are informed of any change in residents' needs which would affect their participation in the planned activity. Comprehensive records in relation to activities are retained and included the nature and duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.

The evidence gathered through the inspection process concluded that the home is overall compliant with this standard.

## **Stakeholder consultation**

During the course of the inspection the inspector met with residents, three visiting relatives and four members of staff on duty. Ten questionnaires were distributed to staff at the time of inspection.

Discussions with residents indicated that that they were happy and content with their life in the home, the provision of care, and their relationship with staff.

Visiting relatives were duly complimentary in their views and opinions of the home.

A review of the questionnaire responses and discussion with staff indicated that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from these stakeholders are detailed in the additional areas examined part of this report.

## **Care Practices**

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. Care duties and tasks were carried out in an organised unhurried manner. Staff interactions with residents were observed to be pleasant, friendly, warm and supportive.

Residents were found to be comfortable, content and at ease in their environment and interactions with staff. A programme of planned activity was in place, for which those residents who choose to partake in were found to benefit from. An appetising, well-presented dinner meal was provided for in a nicely appointed dining room, which residents commented favourably on.

## **Environment**

The atmosphere in the home was friendly and welcoming. The inspector undertook a tour of the home and viewed a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout.

A number of additional areas were also examined these include the management of complaints, and fire safety. Information in relation to these areas can be found in the additional areas examined section of this report.

## **Conclusion**

The inspector can confirm that at the time of this inspection the delivery of care to residents was evidenced to be of a good standard. There were processes in place to ensure the effective management of the standards inspected.

The home's general environment was well maintained and residents were observed to be treated with dignity and respect.



One requirement has been made as a result of this inspection. This is relation to the home's most recent fire safety risk assessment which needs to have an action plan in place to address the recommendations made. The details of this can be found in the main body of this report and in the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, staff, and the registered manager for their assistance and co-operation throughout the inspection process.

## Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 20 (3)	<p><b><u>Competency and capability assessments</u></b></p> <p>Competency and Capability assessments on persons left in charge of the home during the manager's absence have commenced. Two selected competency records showed improvement is recommended in recording as full signatures of staff, dates and areas were not countersigned by the mentor.</p> <p>Ensure competency and capability assessments are conducted for remaining staff left in charge including night staff.</p> <p>It is further recommended that the named person in charge of the home during the manager's absence is indicated in the duty roster.</p>	<ul style="list-style-type: none"> <li>• A review of the competency and capability assessments found these to be appropriately signed and dated.</li> <li>• A review of the competency and capability assessments for that all night staff with this responsibility has been included in these assessments.</li> <li>• A review of the home's duty rota confirmed that the named person in charge in the absence of the registered manager is clearly identified.</li> </ul>	Compliant
2	Regulation	<p><b><u>First Aid Training</u></b></p> <p>Ensure annual First Aid is provided for all staff in keeping with RQIA Guidelines.</p>	A review of staff training records confirmed that all staff have now received training in first aid.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 11.4	<p><b><u>Care Management Pre Review Reports- recording</u></b></p> <p>1.Pages in the reports should be made secure with the page number recorded.</p> <p>2.Staff completing review reports should ensure that all sections are fully completed. Where sections are not applicable this should be recorded as such.</p> <p>3.The manager should ensure that dates/ signatures are recorded in full and dates where required. When a residents or their representative is unable or refuses to sign the review record this should be recorded as such</p> <p>It is recommended that the manager audits/ proof reads pre care management review records</p> <p>(No sections in the review forms should be left blank)</p>	<p>A review of a sample of two residents pre care review reports found;</p> <ul style="list-style-type: none"> <li>• Pages were securely stored</li> <li>• All sections of the reports were completed accordingly</li> <li>• Signatures, dates and evidence of resident consultation were in place</li> <li>• An audit of these reports was put in place by the registered manager.</li> </ul>	Compliant

2	Standard 19.6	<p><b><u>Recruitment / selection procedure</u></b></p> <p>It is recommended that the manager gives serious consideration to involve residents, or where appropriate their representatives in the recruitment process where possible.</p>	<p>A review of the record of residents' meetings, together with discussions with the registered manager, revealed that resident contribution to this process is obtained in gaining their views of what type of person they would like to see employed and how they felt this should be obtained at the interview stage.</p>	Compliant
3	Standard 17.1	<p><b><u>Complaints- recording</u></b></p> <p>The registered manager must ensure all complaints received are recorded in the trust templates and managed in accordance with the trust policy / procedure which are in keeping with RQIA recommendations.</p> <p>The development of a register of all complaints received is recommended to provide the manager with a tracking record.</p>	<p>A review of the home's record of complaints found that this record is managed appropriately. A register has not been devised as such but all complaints are indexed with a reference number.</p>	Compliant
5	Standard 29.2	<p><b><u>Fire Safety</u></b></p> <p>The registered manager advised the inspector that costing for the instillation of swing door fittings, recommended by the fire safety officer, had been obtained and instillation is expected in the near</p>	<p>The registered manager has notified the home's aligned estates inspector of this fire safety issue.</p>	Compliant

		future. The manager is required to notify RQIA Estates Inspector of the progress in this regard.		
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<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider's Self-Assessment</b>	
Every resident has a current assessment of need, risk assessment careplan and care review which provides staff with knowledge and understanding of each individuals behaviour and means of communication, on a day to day basis staff will observe and work with residents and any change in their normal behaviour or means of communication which gives cause for concern will be reported to senior staff and acted on as required	Compliant
<b>Inspection Findings:</b>	
The home has a policy and procedure on responding to residents' behaviours. Staff have also received training in this. This training also includes reference to the Human Rights Act and the implications of staff interventions in responding to residents' behaviours.  Discussions with three care staff on duty at time of this inspection revealed they had knowledge and understanding on how to respond to residents' behaviours and how their interventions had a positive outcome for residents. Staff also demonstrated a good knowledge and understanding of residents' assessed needs, which were also found to correspond with the sample of four residents' care records reviewed on this occasion.	Compliant

<b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
When a resident presents with any change in their normal behaviour which causes concern the residential care staff will act on this immediately escalating to a senior member of staff for advice or referral to a relevant professional or disciplinary team . Relatives and carers are kept informed where appropriate. A new care plan will be put in place or current care plan updated regarding any action taken	Compliant
<b>Inspection Findings:</b>	
A review of a sample of four residents' care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referral as appropriate to the aligned health care professional.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Where a residents behaviour requires a consistant approach or response from staff this is recorded in the residents careplan. The daily handover is used to ensure that information about any change is verbally communicated to udate staff coming on duty. Where the resident agrees staff will contact family to keep them informed, Where residents capacity to understand is limited a local arrangement has been made between residents relatives and the registered manager that a senior member of staff will contact them to keep them informed	Compliant
<b>Inspection Findings:</b>	
A review of one resident's care plan found that the interventions prescribed were detailed, informative and specific Evidence was in place of consultation and consent with the resident, through a signature.	Compliant



<b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
If a resident presents with a specific behaviour which requires a management programme this would be referred by the appropriate specialist either by the resident's GP or social worker, staff would monitor the arrangements put in place to ensure timely review of the arrangements put in place by the specialist involved	Compliant
<b>Inspection Findings:</b>	
There are no residents in the home who have a specific behaviour management programme. However one resident has a similar type care plan in place. This care plan was found to be detailed, informative and with specific prescribed interventions. The care plan had evidence of appropriate consultation in place, which included the resident, his / her GP, and his / her aligned health care professional.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	
<b>Provider's Self-Assessment</b>	
When a residents behaviour requires a specific management programe training and guidance is provided to ensure that staff are able to meet the needs of the resident and follow the behavioural support programe the registered manager monitors this through a range of supervision methods to ensure a consistent approach is applied and implemented by all relevant staff .All residential care Staff receive training proportionate to their role and responsibilities to ensure that they have the skills and knowledge to support residents behaviour this includes for example dementia training safe guarding challenging behaviour and person centered care planning	Substantially compliant
<b>Inspection Findings:</b>	
Discussions with staff on duty at the time of this inspection, confirmed that they felt they are the necessary skills, training, support and supervision in place to meet the assessed needs of residents accommodated.	Compliant

<p><b>Criterion Assessed:</b>                      10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>When an incident occurs outside the scope of a careplan the details will be recorded in the residents careplan and escalated to a senior member of staff and to the residents representative and to the relevant professional or services, it may also be required to be recorded as an incident, which will be followed up and investigated if required, reviewed and the required actions put in place. Where necessary this would also be followed up by a multi-disiplinary reviewof the residents careplan</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>A review of accident and incident records from January 2014 to date of inspection evidenced that notification was made as appropriate, to the resident’s representative, the trust and RQIA.</p> <p>A review of care plans confirmed that they were updated and reviewed with involvement from the trust and appropriate health care professionals.</p> <p>Discussions with registered manager evidenced that where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p>Compliant</p>

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
All senior residential care staff and residential staff are aware of the restraint policy and have received training on the management of challenging behaviour. To date in Slieve Roe House the use of restraint as a response to an individual residents behaviour has not been required or used. Staff are aware of the recording and documentation required with the use of restrictive strategies..	Compliant
<b>Inspection Findings:</b>	
The home has a policy and procedure on restraint.  Discussions with the registered manager confirmed that there are no aspects of restraint used in the home and were aware of the issues surrounding governance of same.	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider's Self-Assessment</b>	
Activities programme is discussed with residents at the residents meetings and an agreed programme is put in place, our statement of purpose and residents guide informs and advises residents that activities are provided and encouraged. Service users are encouraged to give their opinions and choice is always encouraged	Compliant
<b>Inspection Findings:</b>	
The home has and a policy and procedure on the provision of activities. A review of four residents' care records confirmed that individual social interests and activities were included in the needs assessment and the care plan.  Discussions with residents at the time of this inspection, revealed they were complimentary on such provision and that they felt comfortable about raising suggestions with staff.	Compliant

<p><b>Criterion Assessed:</b>                      13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>We encourage community initiatives and keep residents informed of any projects that may be of interest to them, community church services are facilitated weekly as part of the service users spiritual needs, we encourage healthy living by giving service users information such falls prevention healthy eating, and we provide a programme of exercise in keeping with the service users abilities. Consent is obtained from each service user for the purpose of social media formats which is adhered to in conjunction with the trusts communication policy</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of the programme of activities showed that social activities are organised daily basis.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents inclusion in in community based events. Discussions with care staff confirmed that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>Compliant</p>

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	
<b>Provider's Self-Assessment</b>	
A member of the senior staff team has an additional role as the designated activities co-ordinator. She facilitates individual and group meetings with all residents this ensures that residents choice and opinions are listened to and facilitated,. There is a person -centred ethos within the home and as a such individual preferences are respected. For those residents whose preference is to remain in their own rooms information will be provided regarding the activiy plan and they are invited daily to take part in planned activity. This prevents isolation, encourages inclusion and promotes health and well being., Where an individual resident has a preference or wishes to have one to one activity residnetial staff will ensure that this is facilitated, Each resident has an activity record in their care plan and this is maintained and updated as necessary	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities provided and discussion with one resident who generally stayed in his / her room, confirmed that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.  Residents were also invited to express their views on activities by means of quality assurance audit issued annually by the home, and by regular residents' meetings.	Compliant

<b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Each resident receives a list of planned events/activities for the upcoming month, this will also be displayed in each of the communal areas. The activities co-ordinator will discuss with each resident their choices and options for activities this will also be communicated verbally by care staff on duty each shift, during residents meeting all residents are encouraged to give their opinion on current activities and suggestions for changes	Compliant
<b>Inspection Findings:</b>	
<p>On the day of the inspection the programme of activities was on display in communal areas throughout the home and in residents' bedrooms.</p> <p>There was also a pictorial format planner in display in two of the lounges.</p> <p>Discussion with two residents at the time of this inspection confirmed that they were aware of what activities were planned, and in particular a planned trip to The Silent Valley.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant



<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
There is an established Friends of Slieve Roe Group whom most of the residents are involved and funding has been secured through this group which has enabled Slieve Roe to acquire equipment which enables all of our service users to participate in activities as individual sessions or as a group setting, this equipment also enable cognitive impaired service users we currently have a games room and a sensory room set up for service users, we currently have staff trained in Strength and Balance Capacitor Training, Sonas Meaningful activities for Dementia ,	Compliant
<b>Inspection Findings:</b>	
The home has a designated member of staff who has included in their duties, responsibility of co-ordinating the activity provision and events, with the support of other staff.  General observations made at the time of this inspection, found that there was a wealth of equipment, and aids to support the provision of activities. These included craft materials, games, musical items, and dvds appropriate to age group.	Compliant

<b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Activities are planned using a personalised plan incorporating likes and dislikes, tools such as this is me ,such as word games, capcitor, or one to one activies such as games or reminisence	Compliant
<b>Inspection Findings:</b> Discussion with care staff and residents evidenced that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.  Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in any activity, as observed during this inspection..	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	
<b>Provider's Self-Assessment</b>	
External provisions for activities includes Southern Regional Collage where a funded art class takes place each Monday morning ,Friends of Slieve Roe have funded a specialist dementia group known as the Right Key which is a singing programme, Southern Trust Artist in Residence has completed 3 programmes which facilitated a life story book documenting the history of older people in South Down area such as the flex mills a digital record of a fisherman and style matters memories matter. Other stake holders include students who are registred with charter N.I this includes the Duke of Edinborough award students and they will come in have discussion with service users on an agreed plan. All activities are supervised at all time	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that any person who is contracted in to provide activity, such as a visiting entertainer is supervised and assisted by staff during such provision.	Compliant

<b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff informs them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Staff will be present with service users at all times during activities and any changes will be discussed as necessary	Compliant
<b>Inspection Findings:</b>	
In discussion with the registered manager, the inspector was informed that such a person contacted in to bring activity to the home would be supervised and assisted by staff, so that the needs of residents were duly met at the same time.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
A Record is kept daily of the person leading the activity, each service user has a recording sheet in their care plan which will be filled in following the activity and whether they choos to attend	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities evidenced that records had been maintained of the nature of the activity, the name of the person leading the activity and the residents who had participated in the activity.	Compliant
<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activity programme is discussed at the residents meeting and where any changes take place in a service users general wellbeing the activity plan will be adapted to suit their ability, Service users have an opportunity to discuss the activities at the care review meeting	Compliant
<b>Inspection Findings:</b>	
Examination of the record of residents' meetings confirmed that activity provision and events is a standing item of agenda were such can be reviewed.	Compliant
Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request	

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## **ADDITIONAL AREAS EXAMINED**

### **Residents' Views.**

The inspector met with all the residents in the home at the time of this inspection. In accordance with their capabilities all confirmed / indicated that they were happy with their life in the home and their relationship with staff.

Some of the comments made included statements such as;

“I am very happy here, this is a great home”

“The staff are all marvellous”

“Everyone is very kind”

“This is a nice place to live, I feel safe and happy here”

“the meals are wonderful”

No concerns were expressed or indicated.

### **Relatives / Representative Views**

The inspector met with three visiting relatives at the time of this inspection. These relatives were keen to express their praise and gratitude for the provision of care, the kindness and support received from staff and the overall homely environment. Relatives also talked about how they had good reassurance with the home, and that they were kept well informed of any issues of concern or referrals to health care appointments.

No concerns were expressed.

### **Visiting Professionals' Views**

There were no visiting professionals at the time of this inspection.

### **Visits by the Registered Provider**

A review of a sample of the last three records of visits on behalf of the registered provider was examined on this occasion. These were found to be maintained in a detailed, informative manner with good evidence of appropriate governance arrangements in place.

### **Complaints**

A review of the home's record of complaints together with discussions with the registered manager confirmed evidence to indicate that expressions of dissatisfaction are taken seriously and managed appropriately.

### **Staff Questionnaires /Staff Views**

Ten staff questionnaires were issued for distribution at the time of this inspection.

The inspector also met with four members of staff of various grades, other than the registered manager, on duty at the time of this inspection. Staff spoke positively about their roles and

duties, the teamwork, managerial support and provision of training. Staff also informed the inspector that they felt a good standard of care was provided for and no concerns were expressed.

## **Environment**

At the time of this inspection the home was found to be clean and tidy with a good standard of décor and furnishings being maintained. Residents' facilities, including bedrooms were found to be comfortable and accessible to avail of.

## **Fire Safety**

A review of the home's most recent fire safety risk assessment as dated 22 April 2014 was undertaken. This assessment was found to have a number of recommendations. A requirement has been made for the home's aligned estates inspector to be notified in writing of an action plan, with timescales to address these recommendations made.

A review of staff training records confirmed that staff training in fire safety, including fire safety drills was maintained on an up to date basis. Fire safety training was also taking place in the home at the time of this inspection.

## **Care Practices**

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. Care duties and tasks were carried out in an organised unhurried manner. Staff interactions with residents were observed to be pleasant, friendly, warm and supportive.

Residents were found to be comfortable, content and at ease in their environment and interactions with staff. A programme of planned activity was in place, for which those residents who choose to partake in were found to benefit from. An appetising, well-presented dinner meal was provided for in a nicely appointed dining room, which residents commented favourably on.



## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with the Registered Manager Mrs Bronagh Rogers, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**John McAuley**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Announced Care Inspection

#### Slieve Roe House

7 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the **Registered Manager Mrs Bronagh Rogers** either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

<b>Statutory Requirements</b>					
<b>This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1.	27 (4) (a)	<p>The registered person shall –</p> <p>(a) Have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Reference to this is made in respect of the home’s fire safety risk assessment as dated 22 April 2014. The home’s aligned estates inspector must be notified in writing of the action plan to be taken with timescales with regard to the recommendations made in this assessment.</p>	One	<p>Fire Risk assessment dated 22<sup>nd</sup> April 2014 and issued 6<sup>th</sup> May 2014.</p> <p>RQIA Estates Inspector will be notified in writing of the action plan to be taken within the agreed timescales and prior to 15<sup>th</sup> August 2014</p>	15 August 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Mrs Bronagh Rogers
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Mrs Mairead McAlinden Chief Executive

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	John McAuley	21 August 2014
Further information requested from provider			