

# Announced Premises Inspection Report 28 July 2016



## Slieve Roe House

**Type of service:** Residential Care Home  
**Address:** Manse Road, Kilkeel, BT34 4BN  
**Tel No:** 028 4176 3760  
**Inspector:** Kieran Monaghan

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Slieve Roe House Residential Care Home took place on 28 July 2016 from 10:30 to 13:00 hrs.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered persons. Reference should be made to section 4.3.

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. However one issue was identified for attention by the registered persons. Reference should be made to section 4.5.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. However one issue was identified for attention by the registered persons. Reference should be made to section 4.6.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs. Hylda Patterson, Acting Manager and Mr. Jonathan Haire, Estate Compliance, Southern Health and Social Care Trust, 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.

## 1.2 Actions/enforcement taken following the most recent care inspection on 26 July 2016

The report for the last care inspection IN025888 on 26 July 2016 will be issued in due course by RQIA.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Southern Health and Social Care Trust / Mr. Francis Rice	<b>Registered manager:</b> Mrs. Hylda Patterson, Acting Manager
<b>Person in charge of the home at the time of inspection:</b> Mrs. Hylda Patterson, Acting Manager	<b>Date manager registered:</b> Acting Manager
<b>Categories of care:</b> RC-DE, RC-I	<b>Number of registered places:</b> 17

## 3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The previous premises inspection report
- The statutory notifications over the past 12 months
- The duty call log.

During this premises inspection discussions took place with the following people:

- Mrs. Hylda Patterson, Acting Manager
- Mr. Jonathan Haire, Estate Compliance, Southern Health and Social Care Trust.

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The fire risk assessment report and the legionella risk assessment report.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent care inspection on 26/07/2016

The most recent inspection of this home was an unannounced care inspection IN025888 on 26 July 2016. The report for this inspection will be issued by RQIA in due course.

### 4.2 Review of requirements and recommendations from the last premises inspection on 17/09/2014

Last specialist inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)  <b>Stated:</b> First time	Completion of the works to provide fully aligned roof space fire separation between the residential care home section of the premises and the day care centre section of the premises should be confirmed to RQIA.	Met
	<b>Action taken as confirmed during the inspection:</b> A brief review of the roof space in this area during this premises inspection indicated that a solid fire partition complete with access door had been constructed between the day care setting and the residential care home.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27(4)(a)  <b>Stated:</b> First time	In line with routine good fire safety practice the fire risk assessment for the premises should reviewed, updated and actioned as required. The report for this review of the fire risk assessment should include an overall evaluation of the fire risk in the premises. A copy of the report for this review of the fire risk assessment should be forwarded to RQIA.	Met
	<b>Action taken as confirmed during the inspection:</b> The most recent review of the fire risk assessment was carried out by the Trust's Fire Safety Officer on 29 October 2015. This identified four issues for attention and these issues had been addressed.	

Last specialist inspection statutory requirements		Validation of compliance
<b>Requirement 3</b>  <b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv)  <b>Stated:</b> First time	The self-closing devices on the door to the kitchen on the first floor of the separate staff facilities and on the door to the office in Donard Day Care Centre should be reinstated. The doors to the cupboards should be checked and adjusted as required. These doors should either be kept locked or made self-closing. In addition a 'Fire Exit Keep Clear' sign should be fitted to the outside of the final exit door which opens from the end of the corridor in Donard Day Care Centre into the small open yard area.	Met
	<b>Action taken as confirmed during the inspection:</b> The door to the kitchen on the first floor of the separate staff facilities was closed. The cupboard doors were also closed. A 'Fire Exit Keep Clear' sign had been fitted to the outside of the final exit door which opens from the end of the corridor in Donard Day Care Centre into the small open yard area.	
<b>Requirement 4</b>  <b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)  <b>Stated:</b> First time	The programme for completing the work to install the free swing self-closing devices to the bedroom doors should be confirmed to RQIA.	Met
	<b>Action taken as confirmed during the inspection:</b> It is good to report that this issue had been addressed and the bedroom doors are now fitted with self-closing devices that are activated by the fire alarm.	

Last specialist inspection statutory requirements		Validation of compliance
<b>Requirement 5</b>  <b>Ref:</b> Regulation 27(4)(b)  <b>Stated:</b> First time	The Trust should carry out a review of the procedures in place for contractors carrying out works in the home. As part of this review the need to include a 'Permit to Work' system for any works which would impact on the fire safety protection measures in the premises should be considered. In addition the areas affected by the works should be inspected on a regular basis and before the contractors leave the home at the end of each day's work. This review should also include a check to ensure that the Trust have arrangements in place to identify the devices that are included within each quarterly inspection and service of the fire detection and alarm installation. The outcome of this review should be confirmed to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The completed Quality Improvement Plan for the last premises inspection confirmed that these issues had been addressed. At the time of this premises inspection the fire alarm inspection and servicing was ongoing. Mr. Haire confirmed that on completion of this work all of the devices included in this inspection and service will be confirmed in the support documentation provided by the engineers.	

#### 4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

### Areas for improvement

1. The most recent legionella risk assessment was completed on 03 December 2015. A monthly legionella monitoring visit is also carried out by a specialist company. The most recent visit was carried out on 13 June 2016 with a satisfactory outcome. The showers were disinfected on 17 May 2016 and there is a procedure in place for flushing outlets that are not in frequent use. In addition to these control measures a new copper-silver ionisation system for the ongoing disinfection of the water systems in the premises was installed recently. It would be prudent to monitor the effectiveness of this system by ongoing water analysis and testing. The installation of the non-return valve for the mains water connection to the cold water heating supply tank should be installed and a risk assessment should be carried out in relation to any remaining flexible water supply hoses in the water systems. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
2. If the doors to the doctor's room and the laundry need to be kept open, appropriate hold open devices linked to the fire detection and alarm system should be installed. In the interim these doors should be kept closed. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
3. The wall surfaces in the laundry were not in a good condition. Remedial works and redecoration should be carried out in the laundry. In addition the staff lockers should be replaced (rusting). Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
4. The most recent fire drill was carried out on 10 June 2016. Fire training was provided on 27 October 2015 and again on 20 April 2016. Arrangements had also been made for any staff who did not attend the April 2016 fire safety training to attend a further session.
5. It is understood that the hoists in the home are not in frequent use. The report for the thorough examination of the hoists that was carried out on 05 January 2016 indicated that the number of lifting operations for each hoist should be ascertained to establish if the actuators need to be changed. It was agreed that the information in relation to the estimated number of lifting operations should be confirmed to the engineers who carry out the thorough examinations so that an informed decision in relation to the actuator replacement issue can be made.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	3
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#### 4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

##### Areas for improvement

1. There was rust on the wheels of the shower chair. The cleaning trolley and a number of the commode chairs also needed to be replaced. A request for this equipment to be renewed had been made by the manager of the home. Confirmation in relation to the replacement of this equipment should be confirmed to RIQA. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	1
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#### 4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

Two issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

##### Areas for improvement

1. The carpets in some of the bedrooms are worn and faded. Some of these carpets are also heavily patterned. This type of carpet would not be appropriate for a dementia friendly environment or for people with visual impairment. It is also challenging to keep these carpets in a hygienic and odour free condition. The carpets in the bedrooms should be reviewed and replaced as required. The carpet in the staff room should also be included in the replacement works. Reference should be made to recommendation 5 in the attached Quality Improvement Plan.



## Areas for improvement continued

- It is good to report that the grounds to the premises are well kept and offer a very attractive external amenity for the residents. The tree in the internal courtyard and one of the trees to the Manse Road side of the premises have grown very large. This significantly reduces the amount of natural light in the rooms in close proximity to these trees. Consideration should be given to pruning back these trees or removal if this is appropriate.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	1
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### 4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person. Reference should however be made to item 1 below in the areas for improvement.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.  
This supports a well led service.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

## Areas for improvement

- A request for new equipment for the home and for the new carpets has been made by the manager. To date however this equipment has not been provided and the new carpets have not been fitted. It is understood that the issue in relation to the carpets has also be raised by some of the relatives. The arrangements for dealing with this type of request for the home should be reviewed and improved as required. Reference should be made to recommendation 6 in the attached Quality Improvement Plan.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	1
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs. Hylda Patterson, Acting Manager and Mr. Jonathan Haire, Estate Compliance, Southern Health and Social Care Trust, as part of the inspection process. The timescales commence from the date of inspection.

The registered persons should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered persons to ensure that all requirements and recommendations contained 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 in respect of this residential care home. 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered persons meet the legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered persons may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Persons

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered responsible person should confirm that these actions have been completed and return completed QIP to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) and assessed by the inspector.

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 registered persons from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered persons with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> As per advice from Legionella Risk Assessor</p>	<p>The installation of the non-return valve for the mains water connection to the cold water heating supply tank should be installed and a risk assessment should be carried out in relation to any remaining flexible water supply hoses in the water systems.</p> <p><b>Response by registered provider detailing the actions taken:</b> The registered provider can confirm that the Trust Estates Department have undertaken the stated plumbing alterations and risk assessment recommendations in August/ September 2016.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing</p>	<p>If the doors to the doctor's room and the laundry need to be kept open, appropriate hold open devices linked to the fire detection and alarm system should be installed. In the interim these doors should be kept closed.</p> <p><b>Response by registered provider detailing the actions taken:</b> The registered manager has put in place a protocol to ensure compliance with this recommendation until the required hold open devices are fitted. All residential care staff have been informed and advised of the fire safety requirement.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 October 2016</p>	<p>Remedial works and redecoration should be carried out in the laundry. In addition the staff lockers should be replaced (rusting).</p> <p><b>Response by registered provider detailing the actions taken:</b> The registered provider has ensured that the appropriate minor works requests will be processed and actioned to meet this recommendation. A review of staff lockers will be undertaken and replacement lockers will be sourced..</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 27 &amp; 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The date for the replacement of the equipment requested by the manager should be confirmed to RQIA.</p> <p><b>Response by registered provider detailing the actions taken:</b> The registered manager discussed the replacement of the equipment in September 2016 RQIA will be informed when the equipment will be replaced when a suitable supplier has been sourced and a purchase order agreed. The aim is to action before the 30<sup>th</sup> September 2016.</p>

## Quality Improvement Plan

### Recommendations

<b>Recommendation 5</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time  <b>To be completed by:</b> 21 October 2016	<p>The carpets in the bedrooms should be reviewed and replaced as required. The carpet in the staff room should also be included in the replacement works.</p> <p><b>Response by registered provider detailing the actions taken:</b>  The registered provider has plans in place to replace carpets in some bedrooms and the staff room. This work commenced on Wednesday 7<sup>th</sup> September 2016 and will complete before 30<sup>th</sup> September 2016.</p>
<b>Recommendation 6</b>  <b>Ref:</b> Standard 20  <b>Stated:</b> First time  <b>To be completed by:</b> 21 October 2016	<p>The arrangements for dealing with requests by the manager for new equipment for the home should be reviewed and improved as required.</p> <p><b>Response by registered provider detailing the actions taken:</b>  The registered manager has discussed processing the requirements for new equipment with her manager and can confirm that this process is facilitated through the BSO eprocurement every request for equipment is scrutinised to ensure value for money alongside best use of Trust resources. The current system incorporates control and tracking measures to ensure a safe and effective delivery of purchases. Issues and concerns are escalated through the manager as they arise.</p>

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\**



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