

**Unannounced Care Inspection
of
Slieve Roe House**

3 December 2015

1. Summary of inspection

An unannounced care inspection took place on 3 December 2015 from 10.40 to 15.20. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. An area for improvement was identified within the standard inspected and is set out in the Quality Improvement Plan (QIP) appended to this report; this related to the need to review policies.

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

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the acting manager Mrs Hylda Patterson as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Southern Health and Social Care Trust / Paula Mary Clarke	Registered Manager: Mrs Hylda Patterson, acting manager
Person in charge of the home at the time of inspection: Mrs Hylda Patterson	Date manager registered: Acting manager
Categories of care: RC-DE, RC-I	Number of registered places: 17
Number of residents accommodated on day of inspection: 12	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to determine if the following standard had been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: the Quality Improvement Plan from the previous care inspection and notifications of accidents and incidents.

We met with six residents, three care staff, the acting manager, two visiting professionals and five resident's visitors/representatives.

We examined the following records during the inspection: care records of three residents, accident and incident records, complaints and compliment records, policies and procedures relating to the standard inspected, monthly monitoring visit reports, completed satisfaction surveys and minutes of residents' meetings.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 18 June 2015. The inspection resulted in no requirements and no recommendations.

5.2 Review of requirements and recommendations from the last care inspection

As above.

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

The acting manager confirmed that staff actively seek residents' and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that the choices and preferences of each resident were clearly detailed. Care plans we inspected were signed by the resident or their representative.

In our discussions with the acting manager and staff members they confirmed that residents' meetings were held on alternate months. We inspected the minutes of these meetings and could confirm that residents' views were actively sought and any actions which may be required were appropriately noted. We noted that staff had shared information with the residents about how complaints could be made and how any complaints would be managed. In our discussions with the acting manager and staff we confirmed that the management of complaints was covered during staff induction and in staff training. In our review of the complaints register we could confirm that any complaints received were reported and managed appropriately. The home had also received a number of written compliments. The acting manager advised us that the majority of compliments are given verbally and may not always be recorded.

The acting manager advised us that a residents' meeting had been held in the evening to allow for residents' representatives to be included. The first such meeting had been very successful and allowed information on the running of the home to be shared between residents, staff and family members. We inspected the minutes of this meeting and could confirm that it provided good opportunity for resident and family involvement in the quality of services and facilities provided by the home. The acting manager confirmed that it was her intention to hold such meetings twice annually. The efforts of the staff to ensure resident and representative involvement were to be commended.

Is care effective? (Quality of management)

We noted a range of methods and processes where residents' and their representatives' views were sought about the standard of care. Staff maintained a record of actions taken to improve the care experience.

In our discussions with the acting manager and with care staff we identified that annual satisfaction questionnaires were used to obtain residents' and representatives' views on the quality of care. The information obtained from the surveys was analysed and incorporated into practices within the home. We noted that separate dining experience satisfaction questionnaires were completed and we were advised that the views of residents were used to make improvements in this area. We noted also that a suggestion box was present in the home. We were advised that this provided an additional source of information which was used to enhance effective care within the home.

We inspected the minutes of annual care reviews and confirmed that the views of residents and representatives were sought and recorded. We inspected the monthly monitoring reports for January and February 2015; the reports from March 2015 onwards were provided to RQIA after the inspection. The reports confirmed that resident views on the services provided were sought and acted upon.

We noted that the home had policies relating to listening and responding to residents' views and to involvement of residents in the running of the home. We noted that these policies were not current. We made a recommendation that senior management within the Trust should be advised of the need to review both policies.

Is care compassionate? (Quality of care)

In our discussions with staff and with five residents we identified that residents were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the residents.

Areas for improvement

One area of improvement was made within the standard inspected. This related to the review of policy documents. This standard was met.

Number of requirements:	0	Number of recommendations:	1
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5.3 Additional areas examined

5.3.1 Residents' views

We met with six residents who indicated that they were happy with their life in the home, their relationship with staff and the provision of care. Residents were observed to be comfortable and content in their surroundings and in their interactions with staff.

Some comments included:

- "I could absolutely recommend Slieve Roe to anyone. The staff are so kind and they would do anything to keep us safe and sound – they are wonderful! I like the food and the place is kept lovely and clean and the girls (staff) are always cleaning. I have absolutely no complaints about anything here. I just love it!"
- "The staff are very kind to me. They come to me very quickly, even at night, to help me if I need it. They look out for me and treat me very well."
- "I am very happy here and I couldn't be in a better place!"
- "This place is second to none. I always enjoy coming here to give (my spouse) a break. I find the staff are most attentive and caring. They are sensitive to my particular needs and treat me with great kindness, even when I call them in the middle of the night to help me. They make me feel comfortable about asking for help with my personal care, even when I might feel embarrassed. Staff always respond very quickly to the call bell. I couldn't say anything bad about this place. I find it wonderful."
- "You couldn't beat here for its comfort and for the kindness of the staff. I have absolutely everything I need and want and it has been a good move for me to come here to live. I couldn't complain about a single thing."
- "It's like Heaven in here because everyone is so friendly and the food is lovely and it is all so convenient. I love coming here (for respite care). There is always plenty of staff around and they are all very good and helpful to me, they would do anything for you. It's just like being home!"

5.3.2 Staff views

We met with three staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- "I love working here. We staff treat the residents as we would treat any of our own family. We have an excellent manager who has an open door to staff at all times and who always listens to staff. She is supportive of staff to undertake further training and is always thinking of ways to improve life for the residents in Slieve Roe."

5.3.3 Residents' representatives/visitors' views

We met with five residents' representatives or visitors who expressed a high level of satisfaction with the care provided in the home.

Some comments included:

- “My (spouse), who has quite complex care needs, comes here for respite care and we find that the staff are wonderful. Staff know (my spouse’s) exact care needs and how these are to be met. My (spouse) is able to get a bath here which is not available at home, and that makes all the difference. The staff help (my spouse) to be as independent as possible and they are tuned in to (my spouse’s) preferences for how care is provided. When (my spouse) is here, I can rest knowing that (my spouse) is in safe hands; when (my spouse) is in hospital, something always seems to go wrong and I feel I have to stay at the hospital all the time to keep an eye on things. In Slieve Roe I don’t feel like that because I know that every little detail of the care is attended to and that the staff take the time to make sure that everything goes smoothly. My (spouse) especially loves the opportunity to be able to interact with other residents and to do activities that are not available at home. I am very happy with the respite care provided here.”
- “We are so pleased with the way our (relative) is being looked after here in Slieve Roe. We feel that (our relative) is in the right place to get rehabilitation and we are greatly impressed with how the staff are responding.”
- “I have been coming in and out of Slieve Roe for a number of years and I can honestly say that I feel there is a great sense of caring towards the residents. I think there is nowhere like it.”
- “I think the care here is wonderful.”

5.3.4 Visiting professionals’ views

We met with two visiting professionals who spoke positively about the care provided within the home and the professionalism of the staff.

Some comments included:

- “I believe the care here is excellent. The staff are warm and caring and they follow the recommendations made by the rehabilitation team closely. The staff go the extra mile to ensure the safety, comfort and independence of residents.”

5.3.5 Staffing

At the time of inspection the following staff members were on duty:

- 1 x manager
- 2 x care assistants
- 1 x cook
- 1 x catering assistant
- 1 x domestic

Two senior care assistants and three support workers were scheduled to be on duty later in the day. One senior care assistant and two care assistants were scheduled to be on overnight duty. The acting manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.3.6 Environment

The home was found to be clean and tidy. Décor and furnishings were of a high standard.

5.3.7. Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.3.7 Accidents/incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

5.3.8 Fire safety

We noted that the home had a fire safety risk assessment dated 6 November 2015. The acting manager confirmed that all recommendations arising had been or were in process of being actioned.

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with the acting manager Mrs Hylda Patterson as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager 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 person/manager 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 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.

6.3. Statutory requirements

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 (Northern Ireland) 2005.

6.4. Recommendations

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

6.5. Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@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 weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 21.5 Stated: First time To be completed by: 29 January 2016	The acting manager should ensure that senior management within the Trust are advised of the need to review policies relating to listening and responding to residents' views and to involvement of residents in the running of the home.		
	Response by Registered Person(s) detailing the actions taken: As acting Registered Manager I have forwarded your recommendations Re: Policy Updates required - Involvement of Residents in the Running of the Home and Listening and Responding to Residents Views. I will follow up to ensure completion by date requested.		
Registered Manager completing QIP	Hylda Patterson	Date completed	12/01/2016
Registered Person approving QIP	Mrs Angela McVeigh	Date approved	12/01/2015
RQIA Inspector assessing response	Alice McTavish	Date approved	13/01/2016

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address