

Unannounced Care Inspection Report 9 January 2018



Slieve Roe House

Type of Service: Residential Care Home
Address: Manse Road, Kilkeel, Newry, BT34 4BN
Tel No: 028 4176 3760
Inspector: Alice McTavish

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 17 beds that provides care for older people and for people living with dementia.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Mr Francis Rice	Registered Manager: Hylda Patterson, application pending
Person in charge at the time of inspection: Hylda Patterson	Date manager registered: 11 October 2017
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 17

4.0 Inspection summary

An unannounced care inspection took place on 9 January 2018 from 10:30 to 15.50.

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

The inspection assessed progress with any areas for improvement identified during and 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 staff induction, training, supervision and appraisal, the home's environment, audits and reviews, the culture and ethos of the home, governance arrangements, quality improvement and maintaining good working relationships.

Three areas requiring improvement were identified. These were in relation to fire drills, care records and resident records.

Residents and their representatives said that the care provided in Slieve Roe House was excellent and that staff treated them very well.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Hylda Patterson, 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 finance inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 October 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and notifiable events received since the previous care inspection. The QIP was to be completed and returned to the care inspector for approval. This was delayed due to a difficulty with the Trust's interaction with RQIA's web portal.

During the inspection the inspector met with thirteen residents, two care staff, one resident's representative and the manager.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Information was provided to the manager about how staff could complete and return electronic questionnaires. Nine questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Sample of competency and capability assessments
- Staff training schedule/records
- Care files of three residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls), hand hygiene, equipment (commodes)
- Equipment maintenance records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 02 October 2017

The most recent inspection of the home was an announced finance inspection. The completed QIP was to be returned to the finance inspector for approval.

6.2 Review of areas for improvement from the last care inspection dated 21 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.12 Stated: First time	The registered person shall ensure that an audit is undertaken of all freestanding furniture in the home and that appropriate action is taken to secure such furniture. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of the premises confirmed that freestanding furniture which may be at risk of toppling was now secured to the wall. A number of wardrobes had recently been supplied as part of a programme of improvements in the home. There were arrangements in place to have these secured to the walls.	

6.3 Inspection findings

6.4 Is care safe?

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

The manager confirmed that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

In discussion with staff they advised that mandatory training, supervision and appraisal of staff was regularly provided. The records for mandatory training were reviewed during the inspection. The manager advised that the schedule for annual staff appraisals and staff supervision was in the process of being devised for 2018.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

A review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

The manager advised that all pre-employment documents, including enhanced AccessNI disclosures, were viewed by the trust for all staff prior to the commencement of employment. Documentation reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. Staff were knowledgeable and

had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

In discussion with the manager it was established that no adult safeguarding issues had arisen since the last care inspection. The manager advised that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). The manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The manager confirmed there were risk management policy and procedures in place in relation to the safety of the home. Discussion with the manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to health (COSHH), fire safety etc. The manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

A review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to

residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 21 November 2017. No recommendations were made.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed in June, September and October 2017. Records were retained of staff who participated and any learning outcomes. It was noted, however, that there was no system in place to ensure that all staff had attended a fire drill at least once annually. Action was required to ensure compliance with the standards.

Fire safety records identified that fire alarm systems were tested weekly and that fire-fighting equipment and emergency lighting were checked monthly; all systems and equipment were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Nine completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents were as follows:

- "All care (is) very good."
- "The staff are excellent and very caring. Slieve Roe is a great place."

A comment received from a resident's representative was as follows:

- "Excellent care and (staff are) very aware of (my relative's) needs. Manager in contact by phone if required."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

One area for improvement was identified during the inspection. This related to annual staff attendance at fire drills.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Care records were stored safely and securely in line with data protection. A review of the care records of three residents confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. It was noted, however, that some care records, including consent forms, were not signed by the resident and/or their representative. Action was required to ensure compliance with the standards in relation to care records. It was also noted that some respite or recently admitted residents did not have a photograph in the care files. Action was required to ensure compliance with the standards in relation to resident records.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail the individual care needs, preferences and choices of residents and how these were met within the home.

The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls), staff hand hygiene, equipment and activities were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The manager and staff confirmed that management operated an open door policy in regard to communication within the home. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection. The manager also advised that a monthly newsletter was prepared and copies left for representatives and visitors to the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Nine completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified during the inspection. These related to care records and to resident records.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 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.

The manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents advised that they were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment and that consent was sought in relation to care and treatment. Staff confirmed their awareness of promoting residents' rights, independence and dignity. They were able to describe how residents' confidentiality was protected.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were treated with dignity and respect.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them, for example, there were residents and representative meetings held after normal working hours to facilitate

the attendance of family members. Residents were also encouraged and supported to actively participate in the annual reviews of their care.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available on the notice board in the home for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified. The findings of the annual consultation were also shared with residents and their representatives at the regular meetings.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of inspection residents participated in floor games and armchair exercises. There were also arrangements in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- “The staff are tip top, they are so obliging. This is a lovely place to live and the boss (manager) is great!”
- “I couldn’t complain about a single thing. I love the food. The staff know exactly what I like to eat and I have lots of choice.”
- “I am very happy here. I have a lovely big room. The staff look after me very well and they are always thinking of ways to keep me comfortable. I get the very best of care here.”
- “I have found the care to be very good here. The staff treat us all very well, they are very helpful. The food is very good too.”
- “I’m enjoying being here. It makes a big change from having to look after yourself.”
- “It’s great. I don’t and have to cook for myself or wash my own clothes. The food is good and the staff look after me well.”
- “I like it that I can come and go when it suits me. I liked going up the town to buy the papers or get a cup of tea in the café.”
- “You couldn’t get a better place!”

The representative of a resident who was recently deceased made the following comments:

- “The care given to my mother here was absolutely fantastic. Our family couldn’t have asked for a better place for her. She so enjoyed living here and she got the very best of attention. We will always be grateful to the staff for all the wonderful care they gave to her.”

Nine completed questionnaires were returned to RQIA from residents and residents’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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

The manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

The manager advised that no complaints had been received since the last care inspection. A review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. The manager advised that if complaints were more frequently received, an audit of complaints would be used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events 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 reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was also a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff, for example, the person centred discharge planning process. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, stoma care, dementia, continence management, oral hygiene.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the trust's line management structure.

The manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

A review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

A review of records and discussion with the manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager confirmed that staff could also access line management to raise concerns and that management would offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Nine completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining 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 Hylda Patterson, 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	
Area for improvement 1 Ref: Standard 29.6 Stated: First time To be completed by: 2 March 2018	The registered person shall ensure that a system is put in place for all staff to attend a fire drill at least once annually. Ref: 6.4
	Response by registered person detailing the actions taken: The registered provider has put a system in place for all staff to attend a fire drill yearly and has recorded this clearly in the fire file..
Area for improvement 2 Ref: Standard 6.3 Stated: First time To be completed by: 2 April 2018	The registered person shall ensure the following that care records, including consent forms, are signed by the resident and/or their representative. Ref: 6.5
	Response by registered person detailing the actions taken: The registered person has ensured all consent forms are signed by the resident and/ or their representative.
Area for improvement 3 Ref: Standard 8.6 Stated: First time To be completed by: 2 March 2018	The registered person shall ensure that resident records contain a recent photograph of the resident. Ref: 6.5
	Response by registered person detailing the actions taken: The registered person has ensured the residents records contain a recent photograph of them.

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)