

# Unannounced Care Inspection Report

## 1 December 2016



## Slieve Roe House

Type of service: Residential care home  
Address: Manse Road, Kilkeel, Newry, BT34 4BN  
Tel No: 028 4176 3760  
Inspector: Alice McTavish

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Slieve Roe House Residential Home took place on 1 December 2016 from 10.10 to 15.45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

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

No requirements or recommendations were made in relation to this domain.

### **Is care effective?**

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

No requirements or recommendations were made in relation to this domain.

### **Is care compassionate?**

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.

No requirements or recommendations were made in relation to this domain.

### **Is the service well led?**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

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

## 1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Miriam Nugent, person in charge and with Mrs Hylda Patterson, acting manager by telephone on 6 December 2016, as part of the inspection process and can be found in the main body of the report.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 26 July 2016.

## 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> Miriam Nugent, senior care assistant, until 14.00; Hazel Owens, senior care assistant after 14.00	<b>Date manager registered:</b> Acting manager since 6 January 2015
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia	<b>Number of registered places:</b> 17

## 3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with six residents, one resident's representative, three care staff and the catering assistant.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records

- Care records of three residents
- Minutes of recent staff meetings
- Complaints and compliments records
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' and representatives' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of 18 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Ten questionnaires were returned within the requested timescale.

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent inspection dated 28 July 2016

The most recent inspection of the home was an unannounced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next estates inspection.

##### 4.2 Review of requirements and recommendations from the last care inspection dated 26 July 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 25.1 <b>Stated:</b> First time <b>To be completed by:</b> 30 November 2016	<p>The registered provider should ensure that daily staffing arrangements for afternoons are reviewed to allow the assessed care, social and recreational needs of the residents to be met, also to allow the acting manager to fulfil her managerial duties.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge confirmed that staffing arrangements for afternoons were reviewed to allow the assessed care, social and recreational needs of the residents to be met, also to allow the acting manager to fulfil her managerial duties. Inspection of the staff duty roster confirmed that more staff were on duty in the afternoons.</p>	Met

<b>Recommendation 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2016	<p>The registered provider should ensure that bedrooms are redecorated and that flooring is replaced, where necessary.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge and inspection of the premises confirmed that bedrooms were redecorated and that flooring was replaced, where necessary; the work remained in progress.</p>	<b>Met</b>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 21.5  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2016	<p>The registered provider should ensure that plans are put in place to systematically review policies and procedures every three years or more frequently as changes occur.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge confirmed that plans were put in place to systematically review policies and procedures every three years or more frequently as changes occur.</p>	

#### 4.3 Is care safe?

The person in charge confirmed the staffing levels for the home and that these 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.

Completed induction records were reviewed in detail at the last care inspection. Discussion with a newly appointed senior care assistant at this inspection evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The staff member advised that the induction programme was comprehensive and structured; the acting manager had taken time to go through the programme with the staff member.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The person in charge 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 in detail during the last care inspection and were found to be satisfactory.

The recruitment and selection policy and procedure was inspected at the last care inspection and confirmed that it complied with current legislation and best practice. Discussion with the person in charge confirmed that staff continued to be recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The person in charge confirmed that Enhanced AccessNI disclosures were viewed by the acting manager for all staff prior to the commencement of employment. Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure was examined at the last care inspection and was found to be consistent with the current regional guidance. It included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion had been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) 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.

Discussion with the registered manager by telephone on the day of inspection confirmed that no adult safeguarding issues had been raised since July 2016; 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.

A review of the policy and procedure on restrictive practice/behaviours which challenge at the last care inspection 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 policy and procedure remained unchanged. The registered manager had confirmed that no restrictive practices were undertaken within the home. On the day of the inspection none were observed. A review of the home's Statement of Purpose and Residents Guide at the last care inspection identified that restrictions were adequately described.

The person in charge confirmed there were risk management policy and procedures in place. Discussion with the registered 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. COSHH, fire safety etc.

Review of the infection prevention and control (IPC) policy and procedure at the last care inspection 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 registered manager reported in a telephone call 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. A number of bedrooms were in the process of having new flooring laid and being repainted. 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. It was noted, however, that several areas of the home were in need of repair. There were signs of damage to the lower wall of a corridor to the rear of the home, also some patches on the same wall where paint appeared to be damaged, possibly as a result of dampness. On the same wall and beside a fire exit door, there was a crack which ran parallel to the door. In two toilets, small areas of water damage were noted, along with areas where plasterwork had been repaired but not painted. This was later discussed with the registered manager who advised that plans were in place to address these issues.

The home had an up to date fire risk assessment in place dated 27 October 2016. The registered manager confirmed that all recommendations were in the process of being appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed at least annually and the last drill was on 30 November 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

During this inspection the home's arrangements in respect of meals and mealtimes were examined. Inspection of the kitchen found that it was spacious, clean, well equipped and well maintained and that foodstuffs were properly stored. Kitchen staff had training in food hygiene and dementia awareness. Care staff had training in first aid and in oral hygiene. A poster was displayed on how to deal with choking.

Inspection of care records identified that records were kept of meals eaten by individual residents if concerns were present and that a suitable risk monitoring tool was used, where appropriate. Weights were monitored and there was liaison with residents' GPs, dieticians and/or Speech and Language Therapists (SALT) etc.

Discussion with care staff and with the catering assistant confirmed that dietician / SALT recommendations for therapeutic diets were present and were followed. The cook was able to accurately describe the nutritional needs of individual residents who had difficulties with swallowing or who were diabetic. Discussion with care staff identified that all residents were independent with feeding but that individual assistance would be provided to residents, if necessary.

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

Comments received from residents were as follows:

- “Slieve Roe is an excellent facility.”
- “Could do with more members of staff. They are all great but are very busy.”
- “I feel very safe when I am in the home, very content.”
- “I feel safe and secure and at home in Slieve Roe. The carers are excellent.”

Comments received from residents’ representatives were as follows:

- “The care is very satisfactory and safe. My (relative) is very happy whenever she stays in Slieve Roe.”
- “Totally safe. Carers are first class.”

A comment received from a staff member was as follows:

- “We have just recruited additional band 5 (senior care assistant) staff and new band 3 staff (care assistants). This will now take the pressures off a very busy unit in the afternoon period.”

### Areas for improvement

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

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

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

A review of the care records of three residents confirmed that these were 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. manual handling, 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. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice and staff were able to describe residents’ individual preferences for care.

An individual agreement setting out the terms of residency was in place and there was evidence that the process of having these updated and appropriately signed had commenced. Records were stored safely and securely in line with data protection.

The arrangements to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals was examined during the last care inspection and was not examined on this occasion.



The person in charge 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 person in charge and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and a resident's representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident and/or their representative meetings were reviewed during the inspection. It was noted that such meetings were arranged for evenings to allow residents' representatives to attend.

A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. It was established at the last care inspection that arrangements were in place, in line with the legislation, to support and advocate for residents. With regard to the effectiveness of meals and mealtimes, inspection of care plans identified that the personal food choices and preferences of residents were noted, also that risk assessments were present, where applicable.

In respect of the dining experience, it was noted that the menu was displayed in suitable format and meal times were regular. Choices were available at each mealtime and suitable alternatives provided. Snacks and drinks were regularly made available and additional snacks were provided on request. Inspection of care plans identified that the personal food choices and preferences of residents were noted and that risk assessments were completed, where appropriate.

Observation of the lunch service identified that the dining room provided an attractive environment in which to eat. Tables were laid with good quality crockery, cutlery and glassware. The meal portion sizes were appropriate for residents and meals were attractively presented. Additional servings of food and gravy were both offered and provided. Discussion with the catering assistant identified that the kitchen operated at the same level over all seven days, also that main meals were supplied to the kitchen frozen but that soups and desserts were made in the home. The catering assistant advised that residents were approached after each meal for comments regarding the quality of the food provided; the feedback from this informal consultation was usually very positive.

The person in charge advised that most residents had a preference for taking breakfast in the dining room but that residents could choose to take meals in their own rooms. Residents advised the inspector that they were very satisfied with the quality, quantity and presentation of the food in the home.

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

Comments received from residents' representatives were as follows:

- "(My relative) lives in Slieve Roe House and the staff do an excellent job."
- "Care effective at all times."
- "Every aspect of (my relative's) care is attended to. She has choice in everything."

A comment received from a staff member was as follows:

- “Care staff work well within the complex care plans. Service users’ needs are paramount and all staff work at service users’ self-determined pace, ensuring dignity and respect. Person centred care is implemented for each individual.”

### Areas for improvement

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

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

The person in charge 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, residents and/or their representatives 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. This was further evidenced by the review of care records; detailed care plans were in place setting out how pain could be avoided and managed for residents with specific medical conditions.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. The home prepared a quarterly newsletter containing articles, activities and photographs which was provided to residents and their representatives.

Discussion with residents, a representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity; staff were able to describe how residents’ confidentiality was protected.

The person in charge and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and a representative confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, a resident’s representative and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

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. Residents’ meetings were held regularly and residents and their representatives had the opportunity to discuss their satisfaction with the care and facilities during annual care reviews. Residents who came to Slieve Roe House for respite care or for temporary placement after discharge from hospital were asked to complete a short evaluation of their stay. The responses were reviewed and were found to be overwhelmingly positive, paying tribute to the attention of staff and the quality of care provided within the home.

Residents were also 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 for residents and other interested parties to read.

Discussion with staff, residents and a representative, 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 and staff were engaged in sing songs with a staff member accompanying on the piano. Arrangements were in place for residents to maintain links with their friends, families and wider community; there was a full programme of events and activities planned for December, with church, school and community groups providing visits to the home and outings arranged for residents.

In respect of the dining experience, individual food choices and preferences were established and recorded upon admission to the home. Residents were consulted with on a regular basis regarding the menu; menus and menu planning also formed part of the regular residents meetings.

Discussion with the cook, staff and residents confirmed that menus were provided for special occasions, Easter, Christmas, Halloween etc. The cook was kept informed of the birthdays of residents and cake was baked and presented to the resident with candles. Discussion with a resident's representative confirmed that hospitality was extended to families and visitors.

Residents spoken with during the inspection made the following comments:

- "It's good here. The staff are good to me and they keep the place nice and cosy. I have a lovely comfortable bed and I sleep very well. The girls (staff) come to me very quickly if I need anything. I'm very happy here."
- "They look after me well."
- "This is a good place and I like it. The food is lovely."
- "The girls are very kind and are good to us all. I couldn't fault the place."
- "There's good care here, lovely staff, comfortable surroundings. I've only come here lately for some respite, but I like it."

A resident's representative spoken with during the inspection made the following comment:

- "The care here is really good. My (relative) has all that she needs and the staff are great with her and know her very well. I have no complaints. In the past I've come to the manager about a couple of small issues and they were dealt with immediately and very professionally. My (relative) is very happy here and always tells us about how much she enjoys the food."

Staff spoken with made the following comment:

- "I've worked in other homes and in other trust areas and I can honestly say that this an absolutely excellent staff team. They are very welcoming to new staff, they are supportive of each other and they are fully committed to giving the very best of care to the residents."

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

Comments received from residents' representatives were as follows:

- "(My relative) is a member of the J.W. community. Staff ensure he has the Watch Tower magazine and monthly pastoral visits; his wishes around receiving blood are upheld."
- "The care is compassionate at all times."
- "(My relative) is always treated with respect and enjoys all the religious services and visitors. She has a say in what happens through the meetings and can talk to staff at any time."
- "Couldn't be better!"

A comment received from a staff member was as follows:

- "Mourne is historically a close community. Aspects of this are seen throughout the home as community members visit, e.g. churches, parishes etc. All service users' needs are met in a timely manner and the care is a model of excellence and a framework of good practice."

### Areas for improvement

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

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

The acting manager confirmed 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, information leaflets and posters and during residents meetings. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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. An audit of complaints was 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.

The person in charge confirmed that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the acting manager confirmed that information in regard to current best practice guidelines was made available to staff, for example, adult safeguarding. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, conflict resolution, stoma care, 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. Discussion with the registered provider/s identified that they had understanding of their role and responsibilities under the legislation. The acting manager confirmed that her line manager was kept informed regarding the day to day running of the home through regular telephone and email contact and during monthly supervision.

The acting 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. Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the acting manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The acting 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 acting manager confirmed that staff could also access line management to raise concerns they will 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.

The acting manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

With regard to meals and mealtimes, there was a take away menu policy in place. The person in charge and catering assistant confirmed that the menu was revised twice annually and that a three weekly menu rotation was in place. Satisfaction surveys were undertaken in regard to the menu and the quality of the food in the home. There was a good system of communication between care staff and catering staff to share information regarding special diets, feedback from residents, trialling menu suggestions, etc.

Ten completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Comments received from residents were as follows:

- "The manager is very approachable and friendly. The senior staff are happy to answer any questions and are skilled in their job roles."
- "Very well managed and family kept very well informed about welfare, etc."
- "I am very happy with all aspects of the service from support workers to the manager. It will be a sad day if they close Slieve Roe House."

Comments received from residents' representatives were as follows:

- "Always very obliging and friendly. Hylda (manager) keeps us up to date with everything and the staff likewise when Hylda is not there."
- "Managers are well known and speak directly to all residents and give them time. It is the best managed home we know, the most homely. The staff love to work hard but are always willing, kindly and helpful. Nothing is a bother to them. No complaints."

A comment received from a staff member was as follows:

- "Staff have a good understanding of their roles, the importance of care planning and evaluation, all policies and procedures are relevant and supervision is implemented in a timely manner. We also strive to improve quality."

### Areas for improvement

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

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 provider from their responsibility for maintaining compliance with the regulations and standards.



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