



Unannounced Care Inspection Report 3 October 2019



Slieve Roe House

Type of Service: Residential Care Home
Address: Manse Road, Kilkeel 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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 17 residents.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Shane Devlin	Registered Manager and date registered: Hylda Patterson, application received, registration pending
Person in charge at the time of inspection: Hylda Patterson	Number of registered places: 17
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 15

4.0 Inspection summary

An unannounced inspection took place on 3 October 2019 from 10.10 to 16.40 hours.

The inspection 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 staffing, staff induction, training, supervision and appraisal, adult safeguarding, care records, the culture and ethos of the home, the dignity and privacy afforded to residents, governance arrangements and maintaining good working relationships.

One area requiring improvement was identified. This was in relation to the home's environment.

Residents described living in the home as being a good experience. Residents were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and with staff.

Comments received from residents, people who visit them, a visiting professional and staff during and after the inspection are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

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 inspection dated 27 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 27 February 2019. No further actions were required to be taken following the most recent inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection report, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Ten questionnaires were returned from residents who indicated a high level of satisfaction with the care and services provided in Slieve Roe House. Residents commented:

- "Care in Slieve Roe House is second to none! Very well managed and staff are fantastic. Very well equipped to meet all care needs, client treated as individuals."
- "I am happy living in Slieve Roe House."

No questionnaires were returned by staff.

During the inspection a sample of records was examined which included:

- staff duty rotas from 27 September to 24 October 2019
- staff training schedule
- staff induction records
- three residents' records of care
- complaint records

- compliment records
- governance audits/records
- accident/incident records from June to October 2019
- reports of visits by the registered provider from June to September 2019
- RQIA registration certificate

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 last care inspection dated 27 February 2019

There were no areas for improvements made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

The people who live in this home said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included during the night. The manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff, laundry, kitchen, domestic and administrative staff on duty during the day and care staff in the evenings and overnight.

Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties. We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with a range of activities.

The manager described how the Trust made sure that staff were properly recruited and that all pre-employment checks had been made. The manager received written confirmation that all staff were properly vetted and suitable to work with the residents in the home.

Staff induction, supervision, appraisal and competency

We spoke with staff who told us that they had a good induction to working in the home and that they got regular supervision. We saw that the manager had a system in place for planning supervisions and annual appraisals with staff. Senior staff had supervision quarterly. This exceeded the Standards and is good practice.

All senior care staff had an assessment of their competency and capability to ensure that they could take charge of the home when the manager was not on duty. These assessments were reviewed annually to ensure that they were always current. This represented good practice.

Staff training and registration with professional body

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training.

Staff told us that they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Registration with NISCC is necessary to ensure that social care staff are safe practitioners and adhere to standards of conduct and practice. We looked at the records kept by the manager of staff registrations and saw that they were checked regularly.

Safeguarding residents from harm

The manager was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Environment

We walked around the home and saw that it was in good decorative state and it was kept clean and warm. We looked in the bedrooms of some residents, with their permission. Bedrooms were personalised and there were no malodours. Residents told us that they liked their rooms and felt they had their own space and privacy.

There were communal lounges for the use of residents along with space for activities and meetings. All fire exits were free from obstruction. Furniture in communal areas and in most bedrooms was in good repair, although the wardrobes in some rooms were outdated and not in keeping with the décor of the home.

We noted that that the work, recommended by the Trust Infection Control Team, in the home's laundry had not yet commenced. We also noted that the surface of the courtyard area needed repair and that garden furniture would be needed to make this a safe, usable and pleasant area

for residents. Action was required to ensure compliance with the Regulations in regard to the home's environment.

Infection prevention and control (IPC)

The manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection and we saw that staff equipped appropriately.

Areas of good practice

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

Areas for improvement

One area was identified for improvement. This was in relation to the home's environment.

	Regulations	Standards
Total numb of areas for improvement	1	0

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe in a high level of detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Management of risks relating to residents

The manager described a robust assessment and admissions process before residents could be admitted to Slieve Roe House. When risks were identified and assessed, a plan was put in place to meet the care needs of the resident and to reduce any risks. The manager described how there were good working relationships between professionals and how this ensured that residents received the best care.

The manager told us about falls management in the home and we were assured that the procedure and practice was good. Information about the most up to date best practice guidance was shared with the senior care staff by the manager; few falls occurred in the home and staff actively looked for actions to reduce the likelihood of further falls. The manager and staff were aware of how they could get professional advice from medical or trust staff, if needed.

The manager told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was

available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year. We also saw evidence that the care records were audited regularly to make sure that they were accurate and up to date.

The dining experience

We could see that the dining room was spacious, clean and bright. There was a menu on display setting out the choice of two hot dishes on the lunch and dinner menus. We saw that the catering kitchen was well equipped and kept very clean.

We spoke with staff who told us that cooked chilled meals were supplied to the home and the residents liked these. Sauces, gravies and garnishes were made in the kitchen along with baked items such as breads, scones and tray bakes. Staff were able to describe in detail the dietary needs and preferences of residents, including one resident who had needed additional support with food and fluids. Care staff had completed training in the preparation and use of textured foods and thickeners for fluids as recommended by a Speech and Language Therapist.

Staff advised that the kitchen could be accessed by them when the catering staff were not on duty so that residents who want drinks or snacks in the evenings or during the night can have these.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed, whether they liked to be checked during the night, how they like to be helped with care and how they chose what to wear. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with any residents who have a sensory disability and with those who may sometimes be confused and in need of additional reassurance or support.

Activities

Staff told us about the wide range of activities available and how staff worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. A programme of available activities was displayed and there were resources available. Residents said that they enjoyed the activities on offer.

Resident involvement

We looked at the minutes of residents' and relatives' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. The manager told us that these meetings took place regularly. In addition, staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was also a satisfaction survey completed annually by residents. We looked at the summary report for the last survey completed in 2019 and this indicated that residents were very satisfied with the care, services and facilities in the home.

Residents spoken with made the following comments:

- "This is a first class place, really excellent. Hylda and her staff are very kind and attentive and we want for absolutely nothing. We are all very well taken care of."
- "Everything is great here. I have absolutely no complaints. If I wanted to tell someone about anything I wanted changed, I'd go to the front office, but I'm happy with everything. I like my room, it is lovely and warm; I can get a good night's sleep in my bed and I have plenty of room to keep my clothes and my photographs and my ornaments. I have visitors

and they are always made welcome – they get a cup of tea and the staff call them if they need to. I like the food, you get plenty and it's tasty.”

- “It's great here. The staff are lovely and they take good care of me. I'm able to go out for walks by myself and I walk around the building every day. It's lovely to sit here and watch the birds feeding. The staff got us the bird table and the make sure the feeders are kept full.”
- “I feel safe here for there's always people around if I need anything.”
- “I come here for a few weeks. It's better than being at home...the food is good.”
- “The care is very good here.”
- “I still go out walking every day, down to get the papers. I've put on weight, for the food is good. All is good.”

A resident's relative spoken with made the following comments:

- “This place is absolutely great. The staff are so kind, they took the time to find out what works best with (my relative), what she likes to eat and to do, and they make sure this is what happens. The first time (my relative) came here I was very anxious but the staff gave me lots of reassurance and the manager contacted me the next morning and told me that all had gone well. That made me feel so much better. I couldn't fault this place. The staff go above and beyond to make (my relative) comfortable and happy and there's always plenty of staff around so that (my relative) gets out for walks. The staff take her up to town to watch weddings at the church or just to stretch her legs. I know she's safe and happy when she comes here.”

A visiting professional made the following comments:

- “This care home is second to none. The staff are excellent, very caring. They let me know if there are any concerns about the residents, they keep the care records up to date and I find that the care is very person-centred with the residents kept at the centre of the care. There's always plenty of staff around and the management is very good.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their relatives 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

6.6 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.

Staff in the home said that they got good support from their manager who was supportive and approachable. The manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

The manager described how she spent some time working on the floor to make sure that the care delivered to the residents by the staff was good; this also allowed her to get to know the residents well.

The manager also spent time completing managerial tasks to make sure she was satisfied that the home ran well. She completed audits of areas such as dining and food, kitchen and food hygiene, care records and environmental audits and looked for any ways in which these areas could be improved. The manager made sure, too, that all of the systems were in place to ensure the safety of the home, for example, that all fire checks were completed.

Complaints and Compliments

The manager's role was also to deal with any complaints raised by residents or their family members. We looked at the record of complaints since the last inspection and could see that they were managed appropriately. Residents told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed.

The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning. A small selection of compliments received is as follows:

- "We would like to thank you all so much for the wonderful care you have given (our relative) over the past year. It has allowed (us) to have a much needed break, and was all the more enjoyable knowing the care (my relative) was receiving was second to none!"
- "We are all very grateful for the love, care and kindness shown to (our relative) during all her visits to Slieve Roe House."
- "Thank you for almost three years of wonderful care for (our relative). It was a great comfort to know that she was loved and cared for to such a high standard. We also thank you for all the support that you provided to (our) family circle during her stay. Your hospitality was always appreciated."
- "I can never repay you or thank you all for the love, care and attention given to (my relative) during his stay with you and indeed during his short illness. (He) thought of you all as family...you will always be remembered..."
- "...I have settled back in again and I am writing to say how much I enjoyed my month of respite in Slieve Roe House. Sitting outside in the sunshine, enjoying the scent and colours of the flowers, getting the benefit of the sea air...life couldn't get better than that! I appreciate the care given by all the staff...and the friendship and welcome of both residents

and staff. I know that my visitors were very impressed by the way they were treated on arrival and when leaving...”

Accidents and incidents

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

Additional training

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in delirium awareness, record keeping and in equality, good relations and human rights.

Communication

The manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. She also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

Visits by the registered provider

The home was visited by a representative of the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits between June and September 2019 and found that these were comprehensive. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Areas of good practice

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.

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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2020</p>	<p>The registered person shall ensure that plans are put in place for the following:</p> <ul style="list-style-type: none"> • replacement of the wardrobes in some rooms • completion of work in the laundry, as recommended by the Trust Infection Control Team • resurfacing of the courtyard area and provision of garden furniture <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Minor Works request have been submitted to replace wardrobes in 5 bedrooms</p> <p>Minor Works request have been submitted to resurface courtyard area</p> <p>Garden Furniture request has also been submitted for approval</p> <p>Laundry Minor Works - has commenced and is ongoing.</p>

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



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