

Unannounced Care Inspection Report

15 March 2021



Slieve Roe House

Type of Service: Residential Care Home (RCH)

**Address: Manse Road, Kilkeel,
Newry, BT34 4BN**

Tel No: 028 4176 3760

Inspector: John McAuley

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 residential care home registered to provide residential care for up to 20 residents.

3.0 Service details

| | |
|---|---|
| Organisation/Registered Provider: Southern HSC Trust Responsible Individual(s): Shane Devlin | Registered Manager and date registered: Hylda Patterson – 15 December 2020 |
| Person in charge at the time of inspection: Hylda Patterson | Number of registered places: 20 RC-DE for 5 existing residents. RQIA to be notified of any requests for further admissions of residents with DE. |
| Categories of care: I – Old age not falling within any other category. DE – Dementia. | Number of residents accommodated in the residential home on the day of this inspection: 13 |

4.0 Inspection summary

An unannounced inspection took place on 15 March 2021 from 10.00 to 14.15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during this inspection:

- staffing
- safeguarding
- the home's environment
- Infection Prevention and Control (IPC)
- care delivery
- care Records
- fire safety
- governance and management.

Feedback from residents during this inspection was positive and complimentary about their experiences of life in the home.

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 | 0 | 0 |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Hylda Patterson, manager, as part of the inspection process and can be found in the main body of the report.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 11 residents and six staff. Questionnaires and “Tell Us cards” were also left in the home to obtain feedback from residents and residents’ representatives.

The following records were examined during the inspection:

- duty rotas
- competency and capability assessment
- professional registrations records
- IPC records and guidance
- Two residents’ care records
- fire safety records
- Regulation 29 monthly quality monitoring reports
- complaints and compliments records
- staff training records
- incident and accident records
- quality assurance records.

The one area of improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Hylda Patterson, manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 12 August 2020. There were no areas of improvement from this inspection.

| Areas for improvement from the last care inspection | | |
|--|--|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: First time | The registered person shall ensure that plans are put in place for the following: <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 | Met |
| | Action taken as confirmed during the inspection: As found during this inspection; <ul style="list-style-type: none"> • all wardrobes had been replaced • the laundry department has been completely renovated to meet IPC protocols • the courtyard area has been resurfaced with garden furniture installed. | |

6.2 Inspection findings

6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected details of all staff working in the home. The manager reported that any member of staff left in charge of the home in her absence has been assessed as competent and capable. A sample of one of these assessments found this to be appropriately in place.

Inspection of the professional registrations for staff confirmed that all staff have an up-to-date registration with the Northern Ireland Social Care Council (NISCC). The manager is registered with the Nursing & Midwifery Council (NMC). The manager audits these registrations on a monthly basis.

Staffing levels at the time of this inspection were found to be in keeping with the number and dependencies of residents accommodated and the size and layout of the home. Staff spoke in positive terms about their roles and duties, the provision of care, training and managerial support. Two staff members made comment with the following statements “It’s a pleasure and privilege to work here. You will not get a better manager than Hylde anywhere.” And “This is a marvellous home. The care is so good.”

6.2.2 Safeguarding

Staff declared good knowledge and understanding of the safeguarding policy and whistleblowing policy and stated that they would have no hesitation in reporting any concerns and felt management would act positively on such information.

Inspection of staff training records confirmed that staff safeguarding training was maintained in an up-to-date basis.

6.2.3 The home’s environment

All areas of the home were clean and tidy with a good standard of décor and furnishings maintained. Communal areas were nicely decorated, comfortable and suitably maintained. Bathrooms and toilets were clean and hygienic. Residents’ bedrooms were comfortably furnished and personalised.

The grounds of the home were maintained well and had good accessibility for residents to avail of.

6.2.4 Infection Prevention and Control (IPC)

There were good protocols in place to accommodate visiting, including visiting professionals, in line with current guidelines. There was also good documentation pertaining to information and the management of the COVID-19 pandemic. This was regularly updated and disseminated to staff.

Observations of care practices, discussions with staff and inspection of IPC audits confirmed that there were good IPC measures in place. Staff were knowledgeable in relation to best practice guidelines with hand-washing and use of Personal Protective Equipment (PPE).

There were a good supply of PPE and hand washing sanitising gel at the entrance of the home and throughout accessible areas of the home. Signage was available in the home to relay information on IPC and COVID-19.

Social distancing with residents was in place as per their wishes and choice. A recent residents’ meeting was held on the week previous and amongst other issues discussed, were the COVID-19 protocols and visiting arrangements, which was good in terms of resident engagement.

6.2.5 Care delivery

Residents were comfortable and content in their environment and interactions with staff. Staff interactions with residents were polite, friendly, warm and supportive.

Residents were keen to express their praise and gratitude for the provision of care, the kindness and support received from staff, the provision of meals and the provision of activities. Some of the comments made included statements such as;

- “I can’t praise it enough here. It is excellent.”
- “You couldn’t find anything wrong with here. Everything is just wonderful.”
- “I can’t praise the staff enough. They are all so kind.”
- “We had a wonderful day here yesterday, for Mother’s Day, including a turkey dinner.”
- “I am very happy here. The staff are all brilliant and I couldn’t wish for better.”

A sample of two complimentary records contained the following statements of praise;

- “Sincerest thanks to each and every one of a wonderful team in Slieve Roe House...We really appreciated the excellent care.”
- “Thank you for all your dedicated care and kindness.”

Care duties and tasks were organised and carried out in an unhurried person centred manner. Residents were engaged in individual programmes of activity, such as crosswords and walks in the grounds of the home with staff.

Staff sought consent with residents with personal care tasks in statements such as “Would you like to...” or “How about ...” Staff also were seen to knock bedroom doors and seek permission of entry.

The lunch time meal was well presented and looked appetising with good availability of choice. The dining room was suitably facilitated and tables appropriately set with a nice ambience in place for residents to enjoy their meal.

6.2.6 Care records

A sample of two residents’ care records was inspected. These records were maintained in detail. The records gave a holistic assessment of the resident from which the care plan and interventions were based on. These details were clear and had evidence of the resident and / or their representative being involved in this process, including input from aligned healthcare professionals.

Progress records were well written with detail, including care / treatment given in response to issues of assessed need and effects of same.

6.2.7 Fire safety

The home’s most recent fire safety risk assessment was dated 10 November 2020. Corresponding evidence was recorded to confirm that the eight recommendations from this assessment had been addressed.

Fire safety training and fire safety drills were found to be maintained on an up-to-date basis. Fire safety checks in the environment were also found to be maintained on an up-to-date basis.

6.2.8 Governance and management

The home has a defined management structure. The manager displayed good knowledge and understanding of her role in accordance with legislation, as well as a working knowledge of residents' needs and prescribed care interventions.

The last two months' Regulation 29 reports, as dated 6 January and 5 February 2021, were inspected. These reports were well written with evidence of good managerial oversight of the home.

Discussions with the manager and inspection of the records of complaints confirmed that such expressions of dissatisfaction are taken seriously and managed appropriately.

Staff training records were well maintained and contained evidence that staff mandatory training and additional training was being maintained on an up-to-date basis. There were systems being put in place to identify and address areas of training that needed updating with staff.

The accident and incident reports from 1 September 2020 to date of this inspection were inspected. These events were found to be managed appropriately and reported to the relevant stakeholders. Monthly audits of accidents and incidents to establish if there are any trends or patterns are carried out.

Quality assurance audits were available in relation to the professional registrations of staff, IPC and hand washing, care records and residents' satisfaction surveys.

Areas of good practice

Areas of good practice were found in relation to the nice atmosphere in the home, staff interactions with residents and feedback from residents and staff and the upkeep and décor of the environment.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.3 Conclusion

Residents were seen to be well cared for and were keen themselves to praise the home, the staff and the manager for same. The home was clean and tidy throughout with a good standard of décor and furnishings being maintained. Regulatory documentation was well organised and accessible.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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