

# Inspection Report

## 16 September 2021



## Slieve Roe House

Type of service: Residential  
Address: Manse Road, Kilkeel, Newry, BT34 4BN  
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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Southern Health and Social Care Trust (SHSCT)  <b>Registered Person/s OR Responsible Individual</b> Mr Shane Devlin	<b>Registered Manager:</b> Mrs Hylda Patterson  <b>Date registered:</b> 15 December 2020
<b>Person in charge at the time of inspection:</b> Andrea Greene	<b>Number of registered places:</b> 20  RC-DE for 5 existing residents. RQIA to be notified of any requests for further admissions of residents with DE.
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 14
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Home which provides social care for up to 20 persons, including five people with dementia.  The home is on ground floor level and is adjoining a day centre which is also operated by the Southern Health and Social Care Trust but under a different manager. Residents have access to communal lounges, dining room, and an enclosed courtyard.	

## 2.0 Inspection summary

An unannounced inspection took place on 16 September 2021, from 10.20 am to 2.30 pm, by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was found to be clean, warm, well-lit and free from malodour. There was a welcoming and homely atmosphere.

Staffing arrangements were found to be safe, effective, and adjusted if or when required. Staff were seen to be warm and engaging towards residents and to be professional towards each other.

Staff were seen to conduct their duties in an efficient manner, demonstrate a good understanding of their roles and responsibilities, and were knowledgeable about residents' needs, preferences and routines.

Residents looked well cared for in that they were comfortable, well dressed with finishing touches such as hair set, jewellery or perfumes on, and attention had been paid to personal care. Residents were seen to participate in group activities or occupy themselves with individual interests such as playing musical instruments, reading newspapers, watching television or chatting in small social groups.

Residents told us that they were happy with the care and services provided in Slieve Roe House and described staff as “excellent” and “wonderful”.

Visiting arrangements were in place and residents and relatives were seen to enjoy time together.

There were systems in place to ensure good communication between teams, shifts, staff and management, such as team meetings and department diaries.

Feedback from residents, staff and relatives largely indicated that they were very satisfied with the care and service in Slieve Roe House and that the home was well led. One staff member indicated that they were dissatisfied with the management of the home but did not provide any further information.

The inspection resulted in no areas for improvement being identified and RQIA were assured that the care and services in Slieve Roe House were safe, effective, delivered with compassion, and that the home is well managed.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

#### **4.0 What people told us about the service**

Seven residents, four staff and one relative were spoken with during the inspection. Completed questionnaires were received from two residents and one relative, and survey feedback was received from ten staff.

Residents told us that they were very happy living in Slieve Roe House and described staff as “wonderful” and “excellent”. Residents said that they felt secure with staff with comments like “I feel the staff know everything”, and “I’m comforted cause I know if I have a fall help is on hand”.

Residents said that they were happy with the level of cleanliness in the home saying that staff “clean my room every day”. Residents said that the food was “tasty” and that “we get good choice”, with one resident saying that staff were knowledgeable about foods they didn’t like and that staff always remembered this.

Residents told us that they enjoyed being able to spend their time as they wished and could join in with organised activities if they wished but could also spend time in private or relax in front of the television or read if they preferred.

One resident said “I knew Slieve Roe House was a good place before I came...amazing place”.

Relatives said that they were very satisfied with the care and services provided in the home. Relatives said that they were happy with the visiting arrangements and that there was good communication from the home in relation to any changes in the needs of their loved ones. Relatives described feeling comforted that their loved ones were “not alone”, with one commenting “everything is first class, great care and attention...my relative is happy and really likes Slieve Roe House and the staff”.

Staff described good teamwork, said that they were happy with the staffing levels and confirmed that staffing arrangements are adjusted in response to the dependency levels of residents and/or the needs of the service.

Staff said that they were supported in their roles through training, resources, supplies and good communication with management. Staff said that while some face to face training had been impacted because of the pandemic, eLearning sessions were ongoing.

Ten staff responded on the online staff survey. All staff in the home indicated that they were either satisfied or very satisfied that the home delivered safe, effective and compassionate care. All but one staff indicated that they were satisfied or very satisfied that the home was well led. The staff member did not account for the reason of dissatisfaction. Feedback was shared with the manager.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Slieve Roe House was undertaken on 15 March 2021 by a care inspector; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment records were reviewed and showed that robust systems were in place to ensure staff were recruited correctly to protect residents as far as possible.

Staff were provided with an induction programme relevant to their role and to prepare them for working with residents.

There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that there was good compliance with relevant eLearning and theory courses. Analysis of training records and discussions with staff and the manager confirmed that the ongoing COVID-19 pandemic had impacted on some practical training courses. The manager had maintained a record of any communications with the Southern Health and Social Care Trust (SHSCT) relating to practical training requests.

There was evidence of attempts to supplement theory learning with interactive Zoom sessions or YouTube training videos. The manager gave assurances that they would continue to request practical training from SHSCT and to escalate concerns if/when staff became overdue with training. Practical training will be reviewed at the next inspection.

Review of governance records provided assurances that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC) and these registrations were monitored by the manager on a monthly basis. The manager was registered with the Nursing and Midwifery Council (NMC) and this registration status is also monitored monthly.

The duty rota accurately reflected the staff working in the home over a 24 hour period. The manager's hours and capacity worked were stated on the duty rota and the person in charge in the absence of the manager was identified on a notice board in the reception area.

Any staff assuming charge of the home in the absence of the manager had a person in charge competency completed and these were reviewed annually along with other relevant competency and capability assessments such as medicines management.

Staff confirmed that the number of staff on duty was subject to regular review to ensure the needs of residents were met.

Observation during the inspection indicated that there was sufficient staff on duty to meet residents' needs. Staff were seen to attend to residents in a timely manner and to regularly check on those residents who chose to spend time in their own bedrooms.

Residents said that they were happy with the staffing arrangements and that staff were readily available to them when they needed. Residents said that they felt comforted knowing that staff were on hand day or night if they needed assistance or in the event of an incident such as falling. Residents spoke positively about staff interactions, describing staff as "wonderful" and "excellent". One resident said "I never knew a place like this existed...they are great".

Residents told us that staff were knowledgeable about their needs and preferences saying "the staff know everything".

Relatives said that they were happy with the staffing arrangements and that they observed good care delivery and that there was regular communication from staff and the manager to ensure relatives were kept informed. One relative said "Everything is first class, great care and attention...my relative is happy and really likes Slieve Roe House and the staff".

Staff described working in Slieve Roe House as a "great working environment" and told us "I'm proud to be a member of staff". Staff talked about positive teamwork saying every member of the team "work very hard to make sure every shift runs smoothly" and "fantastic team".

Staff said that resident wellbeing was their "main priority" and demonstrated a good understanding of their roles and responsibilities in relation to reporting any concerns relating to resident care or the running of the home.

## **5.2.2 Care Delivery and Record Keeping**

Staff met at the beginning of each shift to discuss any changes in the needs of residents. This handover meeting was observed and staff were knowledgeable about residents' needs, routines, and wishes. A diary was maintained to ensure important daily activities such as appointments or reviews were not missed.

Staff were seen to provide a prompt response to residents and were respectful and warm during interactions, for example staff communicated clearly to residents and sought to obtain consent for interventions.

Residents' needs were assessed at the time of admission to the home and a plan of care was drawn up to direct staff on how to best meet the residents' needs.

At times some residents may require the use of equipment that can be considered restrictive, for example alarm mats or key pad doors. It was established that any use of restrictive practice was risk assessed, involved best interest discussions with other healthcare professionals, next of kin and/or the resident. Any restrictive practice in place was subject to regular review.

Some residents who are assessed as not having capacity to maintain their own safety or welfare may require measures that would be considered a deprivation of liberty, such as being restricted from leaving the home unsupervised. A review of records showed that Deprivation of Liberty Safeguards (DoLS) were in place and that all required assessments and care plans were maintained.

Residents who are less able to mobilise may require assistance from staff to transfer from one place to another. Care records accurately reflected these needs and directed staff on how to best assist. Staff were seen to assist or supervise residents with mobility in a dignified manner.

Where a resident was at risk of falling, measures to reduce this risk were put in place, for example the use of mobility aids, resident areas were maintained free from clutter and potential hazards, residents were encouraged to use the call bell system for assistance or wear appropriate footwear, and staff were seen to support residents with limited mobility. Residents assessed as being at risk of falling had a care plan in place.

Review of records confirmed that risk of falls and actual falls were managed well. There was evidence of appropriate onward referral such as to physio, occupational health (OT), or the Trust falls prevention team. In the event of a fall occurring all relevant parties such as next of kin, Trust key worker, and where required RQIA were informed.

A falls analysis was undertaken by the manager on a regular basis which looked for trends or patterns and also determined if any other measures could be put in place to further reduce this risk.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals and this can include simple encouragement through to full assistance from staff.

Lunch time serving was observed and found to be a pleasant and unhurried experience for residents. There was a relaxed and social atmosphere with low level background music playing. The menu was on display and residents were offered a choice of two main meals. Drinks and condiments were available and residents were offered clothing protectors or aprons in a discreet and respectful manner. The food looked and smelled appetising.

Residents told us that they enjoyed the food and described it as “very nice” and “good choice”. One resident described how the staff knew the types of food that they didn’t like and said it was lovely how staff remembered this.

Residents’ weights were monitored at least monthly or more often if recommended by dietetics. Records showed appropriate onward referral to GP, dietetics, or speech and language therapy (SALT) when required. And recommendations made by other healthcare professionals were recorded in the care plans.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits or communications from other healthcare professionals was documented.

Relative and patient questionnaire responses indicated that they were very satisfied that the care and services provided in Slieve Roe House were safe, effective and delivered with compassion.

One resident said “I knew Slieve Roe was a good place before I came...it’s an amazing place”.

Staff spoke with pride about the care provided and told us that residents’ wellbeing and satisfaction was of paramount importance to them.



Comments included “It’s a place that is held in high esteem by the local community, due to the care and attention each resident receives”, “each resident is provided with the best quality of care, they are treated with respect and dignity and have input in every aspect of care they require”, “I enjoy coming to work every day and feel good to be making others happy by having all their needs being met”.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home’s environment included a sample of bedrooms, communal lounges, the dining room, communal bathrooms, and storage spaces. The home was clean, warm, well-lit and free from malodour.

Corridors were clean and free from clutter or inappropriate storage. Fire doors were seen to be free from obstruction. The most recent fire risk assessment was undertaken on 15 October 2020 and records evidenced that action had been taken to address any recommendations made.

Residents’ bedrooms were clean, tidy and personalised with items of importance to each resident, such as family photos, musical instruments, reading materials, and art work.

Communal lounges were found to be clean, well-furnished and decorated. There were homely touches such as cushions, newspapers, art and craft supplies, and games.

Communal bathrooms were clean and accessible. The recently renovated courtyard was paved, had a range of seating and table areas, with raised beds filled with flowers, plants and vegetables which were looked after by staff and residents as a joint activity.

Measures were in place to manage the risk of COVID-19. There was signage at the entrance of the home reflecting the current guidance and everyone entering the building had their temperature checked and a health declaration completed on arrival. Details of visitors were maintained for track and trace purposes.

Hand hygiene facilities were available and Personal Protective Equipment (PPE) such as masks were provided to all visitors before proceeding further into the home. Visiting arrangements were in place and in keeping with the current guidance with residents availing of indoor visits and the option of take trips out of the home. Relatives had been made aware of the Department of Health (DoH) care partner initiative and a number of relatives had taken this role on.

Staff were seen to practice hand hygiene at key moments and to use PPE correctly. Governance records showed that Infection Prevention and Control (IPC) audits were conducted regularly and these audits monitored staffs’ practice and compliance with the guidance.

Domestic staff maintained records of cleaning schedules and told us that they had sufficient staffing and resources to meet IPC standards. Domestic staff also demonstrated a good understanding of their role in managing the risks associated with COVID-19 and talked about some changes in duties such as increased frequency of cleaning regularly touched points such as handrails, door handles and switches.



Relatives did not express any concerns relating to the environment or the management of the service during the pandemic. Relatives expressed that they understood the restrictions and measures that remained in place, and indicated that visiting arrangements were working well.

Residents told us that they felt the home was “kept very clean” and that they were happy with the environment.

Staff said that they knew how to raise any concerns relating to the environment and were familiar with the reporting system for maintenance and repairs.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents and observations throughout the inspection confirmed that residents chose how and where they spent their day. Some residents were seen to spend time in their own bedrooms and told us that this was their preference and were aware of the choice to attend more social activities. Some residents were seen to spend the majority of time in communal areas and partake in organised group activities or social chats with fellow residents and staff.

Staff were assigned each day to take a lead on organised activities. During the inspection some group and one to one sessions were seen to take place including, group armchair exercise, playing musical instruments, and one to one social chats.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes the residents wished to wear, or what channels to have on the television.

Some residents were also seen to occupy their own time through choice, by reading the newspapers, looking through family photo albums or playing music in their bedrooms.

As stated in section 5.2.3 visiting arrangements were in place and reflective of the DoH visiting pathway. Residents told us that they were able to see family on a more regular basis. Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disturbed due to the pandemic.

Records showed that residents were encouraged to comment on their experiences living in Slieve Roe House and the running of the home through resident meetings. Records were maintained of who attended, the agenda discussed and any recommendations, suggestions or actions that came out of the meeting.

Residents spoke in positive terms about their experiences in the home, saying they were “more than happy”.

Relatives said they felt assured in relation to the quality of care provided, with one relative saying “we go home knowing our relative is looked after and is not alone”.

Staff conveyed that residents’ welfare was at the heart of their roles, “Slieve Roe is a fantastic place...I feel the care we give is to a high standard and we are able to do this because we all work together as a team”.

### 5.2.5 Management and Governance Arrangements

Staff were aware of who was in charge of the home at any given time and the name of the person in charge was displayed on a notice board for relatives and residents. Discussion with staff also evidenced that they understood their roles and responsibilities in reporting concerns or worries about resident care, staff practice or the environment.

There had been no changes in the management arrangements of the home since the last inspection. Mrs Hylda Patterson was appointed registered manager on 15 December 2020 and had been employed as manager for several years prior to this date.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

It was established that good systems and processes were in place to manage the safeguarding and protection of residents.

Residents and relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address any issues appropriately. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Resident and relative questionnaires indicated that they were very satisfied that the home was well managed.

Staff commented positively about the management of the home, describing the manager as approachable, caring and supportive. Comments included "Hylda is a very kind, caring and supportive manager, nothing is too much for her and I am grateful for everything she does for both the staff and residents", "great place to work...well managed".

One staff response indicated that they were dissatisfied with the management of the home but were satisfied with all other domains. The staff member did not elaborate on their reasons for dissatisfaction and did not provide contact details so that their opinion or concerns could be explored further with RQIA.

## **6.0 Conclusion**

Residents looked well cared for in that they were well dressed, clean, attention had been paid to personal care, and they looked relaxed and comfortable in their surroundings.

Residents told us that they were happy with the care and services within Slieve Roe House.

Relatives spoke positively about their experiences with the home and said that they were very satisfied with the care and services.

Staff were seen to provide a prompt and warm response to residents' needs. Staff were knowledgeable about individual residents' care plans and communicated in a professional manner with other healthcare personnel and each other.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager.

## **7.0 Quality Improvement Plan/Areas for Improvement**

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



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