

Unannounced Care Inspection Report

26 July 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

1.0 Summary

An unannounced inspection of Slieve Roe House took place on 26 July 2016 from 10.15 to 16.35.

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?

Two recommendations were stated in regard to the delivery of safe care. These related to a review of the daily staffing arrangements for the afternoon period and to the flooring and décor within the home environment. There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, recruitment practice, adult safeguarding, infection prevention and control, risk management and the home's environment.

Is care effective?

No requirements or recommendations were stated in regard to the delivery of effective care. There were examples of good practice found throughout the inspection in relation to care records, audits and review of the effectiveness and quality of care and to communication between residents, staff and other key stakeholders.

Is care compassionate?

No requirements or recommendations were stated in regard to the delivery of compassionate care. 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 to taking into account the views of residents.

Is the service well led?

One recommendation was stated in regard to systematic review of policies and procedures. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Hylda Patterson, acting 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.

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 3 December 2015.

2.0 Service details

Registered organisation/registered person: Southern Health and Social Care Trust	Registered manager: Mrs Hylda Patterson, acting manager
Person in charge of the home at the time of inspection: Mrs Hylda Patterson	Date manager registered: Acting manager since 6 January 2015
Categories of care: I - Old age not falling within any other category DE – Dementia	Number of registered places: 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 four residents individually and with others in groups, the acting manager, one care assistant, two visiting professionals and two residents' visitors/representatives.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Four resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 3 December 2015

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 3 December 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.5 Stated: First time To be completed by: 29 January 2016	The acting manager should ensure that senior management within the Trust are advised of the need to review policies relating to listening and responding to residents' views and to involvement of residents in the running of the home.	Met
	Action taken as confirmed during the inspection: Discussion with the acting manager confirmed that senior management within the Trust were advised of the need to review policies relating to listening and responding to residents' views and to involvement of residents in the running of the home. Inspection of these policies established that both policy documents had been reviewed.	

4.3 Is care safe?

The acting manager 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.

On the day of inspection the following staff were on duty:

- 1 x acting manager
- 3 x care assistants
- 1 x domestic
- 1 x cook
- 1 x administrative officer

One senior care assistant and one care assistant were due to be on duty in the afternoon with one senior care assistant and two care assistants on duty in the evening. One senior care assistant and two care assistants were scheduled to be on overnight duty.

It was noted that between 14.00 and 17.00 daily two staff were on duty; the acting manager advised that on those days when she was one of the two staff on duty, she undertook both managerial and care duties during this shift. A recommendation was made that staffing arrangements for afternoons should be reviewed to allow the acting manager to commit to managerial duties only.

Review of completed induction records and discussion with the acting manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Discussion with staff 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 available for inspection.

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

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. 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.

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

Discussion with staff confirmed that they were aware of the 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 acting manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The acting manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection, none were observed.

The acting manager confirmed there were risk management policies and procedures in place. Discussion with the acting 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.

The acting manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced. Observation of equipment and inspection of maintenance records confirmed that this was so.

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

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

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

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff, including those with sensory impairments. Discussion with the acting manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

It was noted, however, that in the bedrooms of several residents, areas of wallpaper were torn and paintwork on the walls and ceilings was marked. A review of the home's complaints register established that several residents and their representatives had noted the carpets in bedrooms, despite being cleansed, remained stained and that malodours persisted. The complainants feared that infections may not be effectively controlled and they had requested that washable flooring would be fitted. A recommendation was made that bedrooms are redecorated and that flooring is replaced, where necessary.

The home had an up to date fire risk assessment in place dated 6 November 2015 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every six months. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems were checked weekly and that emergency lighting was checked fortnightly; these were in addition to checks and regular maintenance already carried out by trust personnel. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

Two areas for improvement were identified. These related to a review of the daily staffing arrangements for the afternoon period and to flooring and décor within the home environment.

Number of requirements:	0	Number of recommendations:	2
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4.4 Is care effective?

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

A review of four care records 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. The care records also reflected the multi-professional input into the health and social care needs of residents and were found to be updated regularly to reflect the changing needs of residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Care staff were able to describe the individual care needs, preferences and choices of residents. The acting manager confirmed that an individual agreement setting out the terms of residency was in place and appropriately signed and that records were stored safely and securely in line with data protection.

The acting manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The acting manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' and representatives' meetings, staff meetings and staff shift handovers. The acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives 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 their representative meetings were available for inspection.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The acting manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who required specialist supports (sign language, Alzheimer's Society etc).

Two visiting professionals who spoke with the inspector provided the following comments:

- “I find the care here to be very good. The staff are very knowledgeable about the medical and care needs of the residents who are always beautifully presented, and who tell us that they are well fed and appear to be very happy. There is good communication between the staff and the community nursing team.”
- “I feel the care here is excellent. The staff know the residents very well and when we make any recommendations for how the residents should get practice with tasks such as moving from sitting to standing or mobilising, the staff carry this out. We can then see a benefit to the residents. I find that when people come here, they often don’t want to go home again!”

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

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

There was a range of policies and procedures 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 confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The acting manager, residents and their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. Staff were also able to demonstrate how residents’ consent was sought and how confidentiality was protected. For example, staff would routinely knock on bedroom doors before entering and would ask if the resident was happy for staff to enter. Staff would be careful to conduct conversations of a private nature with residents in a discreetly and would ensure that all written records were maintained in a confidential manner.

Discussion with staff, residents and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

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.

There were systems in place to ensure that the views and opinions of residents and their representatives were sought and taken into account in all matters affecting them, for example, resident meetings were regularly arranged to take place in the evenings to allow representatives to be involved. A broad range of topics was discussed at these meetings including advice on how to prevent falls, how to make a complaint, updates on infection prevention and control measures in the home and suggestions about how to improve the service.

Residents are 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 displayed on the notice board in the home for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Residents who spoke with the inspector provided the following comments:

- “This is a great place. The staff treat me extra well and they help me with everything and I have everything that I need. They had a great party for me when I had my big birthday and I had a lovely time.”
- “The girls (staff) are good to me. I have absolutely no complaints.”
- “I am very happy here and they take good care of me.”
- “This is the most wonderful place and I couldn’t ask for more.”

The inspector met with two residents’ representatives who provided the following comments:

- “My (relative) has improved so much since coming here, both physically and mentally. We are very pleased with the care provided and we find the staff to be most accommodating and helpful. They let us know if there is anything wrong and if we feel there needs to be anything done, they attend to it very promptly. We have no complaints about any aspect of the care in Slieve Roe.”
- “Our family is very happy with the care here. We find the staff to be friendly, warm and welcoming and they are very good at picking up on any slight changes that might indicate that anything is going wrong and they contact the doctor immediately. We can see that our (relative) is very settled here and says that she is very happy and has made lots of friends. We don’t worry now about leaving her.”

A visiting professional described how compassionate care was provided in the home:

- “I was very impressed by a staff member who took a lot of time and care with one resident who was fearful of having blood taken. The staff member sat with the resident and explained the whole process and gave a great deal of reassurance. This allowed me to get the bloods successfully. I feel the home has a lovely atmosphere and the residents appear to be very happy here.”

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The acting manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The acting manager confirmed that the health and social care 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. It was noted, however, that policies and procedures were not systematically reviewed every three years or more frequently as changes occurred. A recommendation was made in this regard.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS 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. The home had received only a small number of complaints to date in 2016. The acting manager advised that, should there be an increase in complaints, a regular audit of complaints would be used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents and 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 learning from accidents and incidents was disseminated to all relevant parties with action plans developed to improve practice. The acting manager 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. Discussion with the acting manager established that the recent introduction of frozen main meals was in the process of being reviewed and that all residents were completing a catering survey. The acting manager confirmed that there was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

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, dementia care, dental hygiene, stoma care and continence management and promotion.

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 evidence of managerial staff being provided with additional training in governance and leadership. The acting manager advised that she had been supported by the trust within the last two years to complete the Institute of Leadership and Management (ILM) level 5 qualification.

There was a clear organisational structure and all staff were aware of their role, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with 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 home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed. Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider 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. Discussion with staff established that they were knowledgeable regarding the policy and procedure.

The acting manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns. The acting manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

Areas for improvement

One area for improvement was identified in relation to the systematic review of trust policies and procedures every three years.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Hylda Patterson, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 25.1 Stated: First time To be completed by: 30 November 2016	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.
	Response by registered provider detailing the actions taken: The registered provider has made recruitment arrangements. Interviews took place week beginning 29 th August 2016. A waiting list for residential care support staff has been established and BSO HR recruitment team are processing the outcomes to ensure vacant post are filled within next 4 weeks.
Recommendation 2 Ref: Standard 27.1 Stated: First time To be completed by: 30 November 2016	The registered provider should ensure that bedrooms are redecorated and that flooring is replaced, where necessary.
	Response by registered provider detailing the actions taken: The registered provider has forwarded a minor works form for approval to have these bedrooms redecorated and flooring replaced. The planned floor replacements have been arranged and this work commenced today Wednesday 7 th September 2016.
Recommendation 3 Ref: Standard 21.5 Stated: First time To be completed by: 30 November 2016	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.
	Response by registered provider detailing the actions taken: The registered provider has prioritised this requirement and has set in a plan to review policies and procedures over the next 2 months commencing on 14 th September 2016. .

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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