

**Unannounced Care Inspection
of
Slieve Roe House**

18 June 2015

1. Summary of inspection

An unannounced care inspection took place on 18 June 2015 from 10.15 to 13.40. On the day of the inspection we found the home to be delivering safe, effective and compassionate care.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/ Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/ Enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service details

Registered Organisation/ Registered Person: Southern Health and Social Care Trust / Paula Mary Clarke	Registered Manager: Hylda Patterson
Person in charge of the home at the time of inspection: Marlene Hadden, Senior Care Assistant	Date manager registered: 6 January 2015
Categories of care: RC-DE, RC-I	Number of registered places: 17
Number of Residents Accommodated on Day of Inspection: 14	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/ Process

Prior to inspection we analysed the following records: returned Quality Improvement Plan, notifications of accidents and incidents.

We met with five residents, four members of care staff, one resident's representative and one visiting professional.

We inspected four care records, complaints and compliment records, policies and procedures relating to dying and death and to continence management, the accidents and incidents register and the fire safety risk assessment.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 3 March 2015. The completed QIP was returned and was approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 9.	The home has details of each resident's General Practitioner (GP), optometrist and dentist. <ul style="list-style-type: none"> All care records should be updated to contain details of the residents' optometrist and dentist, as appropriate. 	Met
	Action taken as confirmed during the inspection: Examination of residents' care records confirmed that details of the residents' optometrist and dentist were contained within the care records.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

We inspected residents' care records and could confirm that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident.

We noted that care plans contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Care plans also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records.

Is care effective? (Quality of management)

The home had a policy and procedures in place relating to dying and death of a resident. We noted that staff training in death and bereavement was planned for 19 and 25 June 2015.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members we interviewed indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident. This was to be commended.

The senior care assistant described how residents had been cared for in the home at the end of life; whilst the medical needs of the resident were met by the GP and the district nursing team, the care needs of the resident were fully met by the staff. The family was able to be with the resident at the end of life. The staff accommodated the family and made them comfortable within the home. The news of a resident's death was given to fellow residents in a sensitive manner. Residents were offered the option to attend the funeral.

The person in charge confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The person in charge confirmed with us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

Areas for improvement

There were no areas of improvement identified from the standard inspected. Overall, this standard was assessed to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We inspected four residents' care records which confirmed that person centred assessments and care plans were in place relating to continence. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and in discussion with staff we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves and aprons were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home had written policy and procedures relating to continence management and promotion which reflected current best practice guidance. We noted that specialist training in stoma management and care had been provided to staff on 31 March 2015. The person in charge confirmed that further training in continence promotion and care was in the process of being arranged.

We inspected the care records of three residents who had identified complex continence management needs. We noted that these needs were comprehensively documented and that infection control measures had been fully considered. We noted also that there was ongoing liaison with the community stoma nurse specialist. The quality of the person centred care plans in relation to all aspects of care and support was to be commended.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Residents related that staff members provide assistance with continence care in a sensitive and caring manner. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

Areas for improvement

There were no areas of improvement identified from the theme inspected. Overall, this theme was assessed to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	0
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5.5 Additional areas examined

5.5.1 Residents' views

We met with five residents in the home on the day of inspection. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "It's lovely here. The staff look after me very well. The girls (staff) would do anything for you, they are so helpful and kind."
- "I'm doing well here. I like it."
- "I couldn't fault it here. The girls are great, they couldn't do enough to help you, night or day."
- "I love living here. The care is wonderful and the staff are so kind and helpful to me. I couldn't imagine living anywhere else. The staff do a great job."
- "This is a great wee spot. I love coming here (for respite care) for there's always great chat and company and the staff are second to none."

5.5.2 Relatives' / visitors' views

We met with one relative who indicated satisfaction with the home environment. They commented positively on the quality of care provided to residents.

Some comments included:

- "The care provided to both of (my relatives) here has been excellent. The staff treat the residents like they are family and they go the extra mile for everyone. All of the staff from the cook or cleaner to the manager talk to the residents, making them feel comfortable and valued and stimulated. My (relatives) have had a really good experience of residential care. This place is second to none."

5.5.3 Visiting professional's views

We met with one visiting professional who expressed a high regard for the care provided to residents.

Some comments included:

- “This is a great spot. When we come in to work with the residents we find that the staff are very knowledgeable about that person, their needs, their health and their progress. There is always plenty of staff around and they take very good care of the residents. If I need to be in a care home in future, then this is where I would choose. The staff are lovely, very approachable; nothing is too much trouble for them.”

5.5.4 Staff views / staff questionnaires

We spoke with four staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated that they felt well supported by training and are given the necessary resources to fulfil their duties. The information provided in the ten completed staff questionnaires confirmed a high level of satisfaction with these areas.

Some comments included:

- “Slieve Roe is a tremendous place to work – there is a really close staff team who take pride in providing excellent care to the residents. There is such a warm and supportive atmosphere here. The residents are looked after extremely well.”
- “Slieve Roe House is indeed a home to all who have had the privilege to experience it. It is a home I myself would encourage my own friends and family to use if required. All aspects of care are met to the utmost with each individual, according to their needs.”
- “Slieve Roe House is a residential which provides a high standard of quality care to all residents. The manger is second to none and senior staff and carers so an excellent job. All training is up to date; I absolutely love my work and give it one hundred percent at all times.”

5.5.5 Staffing

At the time of inspection the following staff members were on duty:

1 senior care assistant
 2 care assistants
 2 kitchen staff
 2 domestic staff
 1 administrative staff
 1 maintenance staff

One senior care assistant and two care assistants were scheduled to be on duty later in the day. One senior care assistant and one care assistant were scheduled to be on overnight waking duty. The person in charge advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.5.6 Environment

The home was found to be clean and tidy. Décor and furnishings were of a good standard.

5.5.7 Care practices

In our discreet observations of care practices we were satisfied that residents were being treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.5.8 Accidents / incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

5.5.9 Complaints / compliments

Complaints had been recorded had been managed appropriately. Records were retained of investigations, outcomes and of lessons learned. The home had received several compliments.

5.5.10 Fire safety

The home had a current fire safety risk assessment dated 23 September 2014. The person in charge advised us that all recommendations arising from this had been addressed. We inspected the staff training records which confirmed that staff members had received fire training twice yearly. We noted no obvious fire risks on the day of inspection.

Areas for Improvement

There were no areas of improvement identified with these additional areas examined.

Number of requirements	0	Number of recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Mrs Hylda Patterson	Date completed	3/07/15
Registered Person	Mrs Angela McVeigh Director OPPC	Date approved	21/07/2015
RQIA Inspector assessing response	Alice McTavish	Date approved	22 July 2015

Please provide any additional comments or observations you may wish to make below:

The staff and myself are all very pleased with this report. We all work hard and I am pleased that our inspector recognised this. Thank you Alice.
Regards, Hylda patterson Registered Manager

Great Report which recognises the commitment and care of the registered manager and her Team. Tierna Armstrong Head of Service

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.