

Unannounced Care Inspection Report

21 September 2018



Slieve Roe House

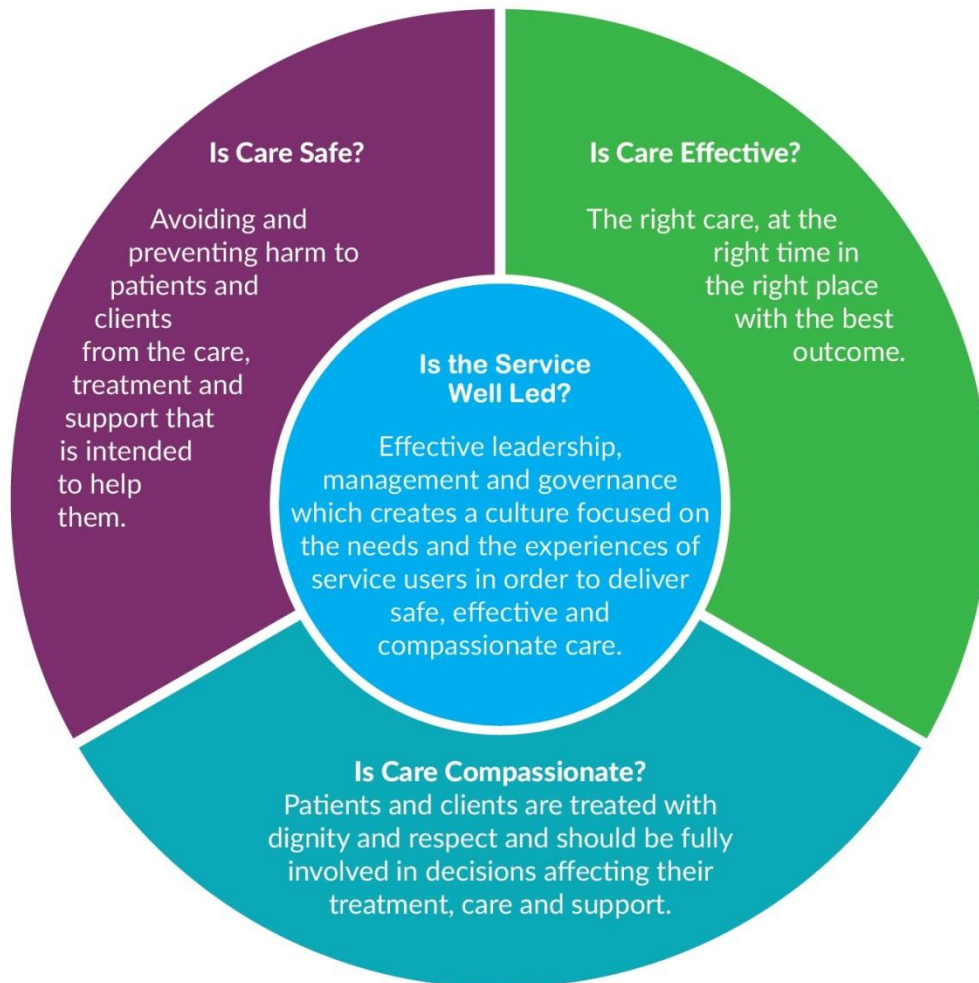
Type of Service: Residential Care Home
Address: Manse Road, Kilkeel, Newry, BT34 8BN
Tel No: 028 4176 3760
Inspectors: Alice McTavish and Loretto Fegan

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 17 beds that provides care for older people and for people living with dementia.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Shane Devlin	Registered Manager: Hylda Patterson
Person in charge at the time of inspection: Hylda Patterson	Date manager registered: Hylda Patterson - application received - "registration pending".
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia	Number of registered places: 17

4.0 Inspection summary

An unannounced care inspection took place on 21 September 2018 from 10.00 to 18.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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 staff induction, training, supervision and appraisal, risk management, the home's environment, care records and communication between residents, staff and other interested parties. Further evidence of good practice was found in relation to listening to and valuing residents, to governance arrangements and maintaining good working relationships.

Residents and their representatives said that the quality of care in Slieve Roe House was of a very high standard and that they were well treated by staff.

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

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspectors met with the manager, eight residents, three care staff, two visiting professionals and three residents' representatives.

A total of ten questionnaires was provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Ten questionnaires were returned by residents and one member of staff within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose
- Minutes of staff meetings
- Complaints and compliments records
- Equipment maintenance records
- Accident, incident, notifiable event records
- Minutes of recent residents' and representatives' meetings
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 most recent inspection dated 9 January 2018

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

6.2 Review of areas for improvement from the last care inspection dated 9 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 29.6 Stated: First time	The registered person shall ensure that a system is put in place for all staff to attend a fire drill at least once annually.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of documentation confirmed that a system was put in place for all staff to attend a fire drill at least once annually.	
Area for improvement 2 Ref: Standard 6.3 Stated: First time	The registered person shall ensure that care records, including consent forms, are signed by the resident and/or their representative.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of documentation confirmed that care records, including consent forms, are signed by the resident and/or their representative.	

Area for improvement 3 Ref: Standard 8.6 Stated: First time	The registered person shall ensure that resident records contain a recent photograph of the resident.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of resident records confirmed that they contained a recent photograph of the resident.	

6.3 Inspection findings

6.4 Is care safe?

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

The manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Some trust bank staff were used in the home and no agency staff was used. The manager advised that the use of bank staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of the returned staff questionnaire confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. The manager advised 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. The manager received written confirmation that all pre-employment documentation, including Access NI enhanced disclosures, was received by the trust and was satisfactory before staff commenced duties in the home.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This 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.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. 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.

The manager advised that no adult safeguarding issues had arisen since the last care inspection; all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation and written records would be retained.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was reviewed during a previous care inspection. The policy and procedure was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). The manager advised there were no restrictive practices within the home and on the day of the inspection none were observed.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager advised that IPC compliance audits were regularly undertaken by the trust and action plans were developed to address any deficits noted. The 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 and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. It was noted that a toilet frame was slightly damaged and that a shower chair showed signs of wear and tear. The manager later advised that arrangements were in place to have both items replaced.

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. No malodours were detected in the home.

The manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

The home had a Legionella risk assessment which was last completed in February 2016. The timing of the risk assessment was discussed with the manager and information was later submitted to RQIA advising that arrangements were in place for any outstanding risk assessments to be completed. This was later discussed with the RQIA estates inspector who agreed to make further enquiries with the Trust regarding this.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. The manager advised that all safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated 21 November 2017 and no recommendations had been made.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents spoken with during the inspection made the following comments:

- "This is a fantastic place! The staff are so good to us all. They are kind and caring and I can have a good chat with them and with the other residents. I only have to use my call button and they come to me quickly. Nothing is too much trouble for them."
- "I'm getting on great here. I had a fall a few weeks ago so I've been taking it easy since then. I didn't hurt myself and I was able to use my call bell. The staff came to me immediately. They are always so helpful."
- "The staff are excellent and they are always about, even at night. I know where my call bell is and if I need help, the staff come to me immediately. The place is kept lovely and clean and the food is great, plenty of it and they give us all the things that we like. My room is comfortable and I get a great night's sleep."

- “The staff are on hand to help me at night when I might need them to keep me safe from falling and they are around during the day – but they only help me with the things I need help with. They try to keep me as independent as possible. And they are always cleaning!”

Residents’ representatives spoken with during the inspection made the following comments:

- “I am very happy with all aspects of the care here. There is very good communication by staff and they let me know when anything happens or if (my relative) is unwell. There is no problem if we want to take (our relative) out for a while. The home is always clean, the staff are fantastic and we are encouraged to take part in the activities when we are here, so we sometimes end up having a sing-song.”
- “I am very happy with the care in Slieve Roe. The environment is very welcoming, it is a real home from home. I feel my (relative’s) positive state of mind is helped by the homeliness here.”
- “I’m told by (my relative) that the food is good and I can see that the staff attitude is very good. I know my (relative) enjoys the company of the other residents and enjoys taking part in the activities.”

Visiting professionals spoken with during the inspection made the following comments:

- “I find that the staff are well tuned in to the care needs of the residents and they work hard to keep people as independent as possible. If we have any recommendations for care, the staff follow these closely. The staff also let us know of any changes in residents’ care needs or if they have any concerns about a resident so we can respond quickly. I am in and out of the home regularly and I see how the staff interact with the residents. I have absolutely no concerns about the care in Slieve Roe House and I feel the care is absolutely excellent.”
- “The care in Slieve Roe is of a high standard and I often have people looking to come back here after they have been here and they have gone back home. The manager and staff keep me well informed about how my clients are getting on and if there are any changes. They are good at communicating with the residents.”

Ten completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied. One questionnaire was returned by a member of staff. The respondent described their level of satisfaction with this aspect of care as satisfied.

Comments received from residents were as follows:

- “The care is one hundred per cent.”
- “Very happy.”
- “The care is great.”
- “It’s the best place in the world.”
- “I am happy when I am flower arranging and doing crafts. I am very content in Slieve Roe House.”
- “I am very content and happy living in Slieve Roe House.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, risk management and the home's environment.

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 effective?

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

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

Records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of the care records of three residents 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. Care needs assessment and risk assessments (e.g. nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Discussion with care staff established that they were familiar with the guidance and recommendations provided by dieticians and SALT and that the guidance was followed.

The manager advised 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' meetings, staff meetings and staff shift

handovers. Minutes of staff meetings and resident and their representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports and a monthly newsletter were on display for residents, their representatives and any other interested parties to read.

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 manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Residents spoken with during the inspection made the following comments:

- “I get everything I need when I need it. I know the girls (staff) look in on me a few times during the night and I don’t mind that. I feel reassured that the staff are always around to help me if I need anything.”
- “I couldn’t ask for better! The staff are terrific and nothing fazes them.”

Ten completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied. One questionnaire was returned by a member of staff. The respondent described their level of satisfaction with this aspect of care as satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other interested parties.

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 care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

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

The manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected.

It was noted that some residents were provided with plastic aprons at meal times. The use of fabric clothes protectors was discussed with the manager as this may ensure a more dignified method of keeping residents' clothing clean. The manager agreed to do so and later advised that enquiries had been made regarding this.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, where appropriate.

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; menus and the activity programme, for example, were written in a large print format.

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 listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them, for example, residents were encouraged and supported to actively participate in the annual reviews of their care.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

Discussion with staff, residents and 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.

Residents spoken with during the inspection made the following comments:

- “My family come in to visit me and they are always made welcome and made a cup of tea. I have enough to do during the day if I want to. Sometimes I don’t want to join in with the activities, but that’s fine; the staff always let me know what’s happening and they let me choose.”
- “This is a brilliant place. The staff are out of this world and they couldn’t do enough for me. They are so obliging. I am very happy here.”
- “The staff are lovely – they chat away to me and make me feel safe. There’s plenty for me to do if I want to and it’s great to have company.”
- “When I was unwell I needed help in the bathroom. I felt embarrassed having to ask for help, but the staff were so kind and they made me feel comfortable asking for and getting help. The little things they did to keep my dignity was very much appreciated. I was impressed by how they did their jobs.”

Ten completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied. One questionnaire was returned by a member of staff. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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 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

6.7 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

The manager outlined the management arrangements and governance systems in place within the home and advised that the 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. The manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. A review of the minutes of the resident meetings established that the manager had also encouraged residents and their representatives to raise any complaints or issues with her. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

The manager advised that no complaints had been made since the last care inspection. A review of arrangements to manage complaints established that records 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 with staff. The manager advised that should complaints be regularly received, an audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision.

The home retained compliments received, for example, thank you letters and cards and there were systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, the use of hearing aids.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The manager advised that the registered provider was kept informed regarding the day to day running of the home through the line management structure of the trust and that communication was maintained with senior management through emails, telephone calls and visits to the home.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Residents spoken with during the inspection made the following comments:

- “I have no complaints whatsoever, but if I wanted to complain, I would go to the manager or any of the staff.”
- “Everything runs like clockwork. I know I can go to Hylda (manager) if I need anything.”

Ten completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied. One questionnaire was returned by a member of staff. The respondent described their level of satisfaction with this aspect of care as satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and to 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

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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