



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Secondary Care Inspection**

**Name of Establishment:** Slieve Roe House

**RQIA Number:** 1557

**Date of Inspection:** 3 March 2015

**Inspector's Name:** Alice McTavish

**Inspection ID:** IN021212

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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**1.0 General information**

<b>Name of Service:</b>	Slieve Roe House
<b>Address:</b>	Manse Road Kilkeel Newry BT34 4BN
<b>Telephone number:</b>	028 41 763760
<b>E mail address:</b>	hylida.patterson@southerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Anne Mairead McAlinden
<b>Registered Manager:</b>	Hylida Patterson
<b>Person in charge of the home at the time of inspection:</b>	Michelle Wilson
<b>Categories of care:</b>	RC-I, RC-DE
<b>Number of registered places:</b>	17
<b>Number of residents accommodated on Day of Inspection:</b>	10
<b>Scale of charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	Primary Announced Inspection 7 May 2015
<b>Date and time of inspection:</b>	Secondary Unannounced Inspection 3 March 2015 10.10am – 2.10pm
<b>Name of Inspector:</b>	Alice McTavish

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the inspection**

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and visiting professionals
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## **5.0 Inspection focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

### **Standard 9 – Health and Social Care**

**The health and social care needs of residents are fully addressed.**

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of service

Slieve Roe House residential care home is situated in the town of Kilkeel in Co. Down and is close to all local amenities. The residential home is owned and operated by the Southern Health and Social Care Trust. The current registered manager is Hylda Patterson.

Slieve Roe House is a single storey building. Accommodation for residents is provided in single rooms with a number of communal sanitary facilities available throughout the home. There are four communal lounges, one of which is used as an activities room, and a spacious dining area. The home also provides for catering and laundry services and there is a hairdressing room. There is a pleasant enclosed courtyard area towards the rear of the building and car parking to the front.

The home is registered to provide care for a maximum of 17 persons under the following categories of care:

### Residential care

I	Old age not falling into any other category
DE	Dementia

## 7.0 Summary of inspection

This secondary unannounced care inspection of Slieve Roe House was undertaken by Alice McTavish on 3 March 2015 between the hours of 10.10am and 2.10pm. Michelle Wilson, person in charge, was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirement made as a result of the previous inspection was also examined. There was evidence that the home has addressed all areas as required. The detail of the actions taken by Southern Health and Social Care Trust can be viewed in the section following this summary.

The focus of this unannounced inspection was on Standard 9 – Health and Social Care. The health and social care needs of residents are fully addressed. Slieve Roe House was compliant in this standard. There were processes in place to ensure the effective management of the standard inspected.

During the inspection the inspector met with residents, staff and visiting professionals, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, staff and visiting professionals are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

Staffing levels were also examined. Further details can be found in section 10.0 of the main body of the report.

One recommendation was made as a result of the secondary unannounced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, the visiting professionals, the person in charge and staff for their assistance and co-operation throughout the inspection process.

**8.0 Follow-up on the requirement issued as a result of the previous inspection on 7 May 2014**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	27 (4) (a)	<p>The registered person shall –</p> <p>(a) Have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Reference to this is made in respect of the home's fire safety risk assessment as dated 22 April 2014. The home's aligned estates inspector must be notified in writing of the action plan to be taken with timescales with regard to the recommendations made in this assessment.</p>	<p>Discussion with the registered manager following the inspection and examination of the returned Quality Improvement Plan indicated that the home's aligned estates inspector was notified in writing of the action plan to be taken with regard to the recommendations made in the fire risk safety assessment. An Estates inspection was also undertaken on 17 September 2014.</p>	Compliant



## 9.0 Inspection Findings

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> The care records of four residents were reviewed. In all cases the name and contact details of each resident's General Practitioner were present, however, the details of the optometrist and dentist were not noted.  Discussion with the person in charge confirmed that, should a resident require to be registered with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.  A recommendation was made that all care records contain details of the residents' optometrist and dentist, as appropriate.	Substantially compliant
<b>Criterion Assessed:</b> 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Discussions with staff members in relation to specific residents' needs indicated that staff were knowledgeable of the residents' care needs and the action to be taken in the event of a health care emergency. Staff members confirmed that they are provided with mandatory training and that they regularly avail of refresher training in first aid.	Compliant

The staff confirmed that they receive updates during staff handovers of any changes in a resident's condition and that the care plan is updated to reflect details of resultant changes in care provided to residents.	
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<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> The four care records examined contained evidence that comprehensive care assessment had been undertaken which informed care plans and risk assessments. All areas of care were considered in detail, including the management of continence care. There was free access by staff to laundered bed linen, towels and continence products.  There was evidence of liaison with primary health and social care services. All contacts were clearly recorded in each resident's records. Records were maintained of planned appointments.  Staff members on duty were able to describe the referral systems should a resident require the services of health care professionals.	Compliant
<b>Criterion Assessed:</b> 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> A review of the care records and discussion with the person in charge and staff members confirmed that residents' representatives are provided with information verbally and that this is recorded in the resident's care records. Resident representatives are also kept informed of any follow up care during annual care reviews.	Compliant

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<b>Criterion Assessed:</b> 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> An examination of four care records confirmed there are sufficient arrangements in place to monitor the frequency of residents' health screening and appointments and that referrals are made to the appropriate services.	Compliant
<b>Criterion Assessed:</b> 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> The person in charge manager confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance from staff.	Compliant

## **10.0 Additional Areas Examined**

### **10.1 Resident's consultation**

The inspector met with six residents individually and with others in groups. Residents were observed relaxing in the communal lounge and dining room areas. In accordance with their capabilities, all residents indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "They are very good here. I'm very happy."
- "Slieve Roe is second to none. The attention given to me by the staff is excellent. It is exceptionally clean and is kept warm. I am happy with my room and my bed is comfortable. The food is good. I am very happy here."
- "I'm very happy here, I really and truly am. I couldn't ask for better."
- "I'm very happy here. The staff look after me very well. It couldn't be better."
- "I find this place hard to beat. The staff are very kind and dedicated. They are attentive and always available, even at night, if I need any help."
- "I love it here. I'm very happy. They look after me and feed me so well that I have put weight back on after being ill. I'm very pleased about that."

### **10.2 Relatives/representative consultation**

No relatives visited during this inspection.

### **10.3 Staff consultation**

The inspector spoke with two staff members, a care assistant and a senior care assistant. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

Comments received included:

- "I have worked here for a long time and I just love it. I find my job so rewarding. I love to meet new residents and their families. The care given to the residents is excellent; they are provided with all that they need and deserve as elderly people. I treat the residents as I would expect my own parents to be treated. The staff get on well, we have a very supportive manager and it is a happy staff team."
- "There is a lovely atmosphere in Slieve Roe. I love working here and am enjoying the challenge of my new role. There is a good team spirit and the new manager is very supportive. I think the standard of care is very good; I enjoy it that the residents and their relatives give us good feedback on the services provided. That makes it very worthwhile and rewarding to work with the residents."

## 10.4 Visiting professionals' consultation

Two professionals visited the home during the inspection.

Comments received included:

- “The staff are familiar with and knowledgeable about each resident and their needs. There is good communication with community nursing staff. The staff tell us about the residents and they use the communication book to let us know of any concerns or issues. There is always staff available to meet the residents' needs. The residents appear to enjoy being in Slieve Roe House; it is like a home from home. The residents are able to keep some of their belongings and this helps them feel comfortable. The staff are very kind to the residents. The place is always clean and fresh. I have never had anything to be concerned about.”
- “The staff are very welcoming and very involved in the care provided to the residents. Feedback from residents is all very positive; they seem to love the staff. From a therapy perspective, I have found that occasionally staff do not follow our exact recommendations, but when raised with the manager, it is immediately addressed. Out of all the facilities that I visit, Slieve Roe House is the most welcoming. There is a pleasant ambience and I feel that the residents are very well looked after.”

## 10.5 Environment

The inspector viewed the home accompanied by Michelle Wilson and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

## 10.6 Staffing levels

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

- 1 senior care assistant (person in charge)
- 2 care assistants
- 1 domestic
- 1 cook
- 1 kitchen assistant
- 1 administrative
- 1 maintenance

The person in charge confirmed that the evening staff comprises one senior care assistant and two care assistants. Overnight duty comprises one senior care assistant on sleeping duty and two care assistants on waking duty. The staffing levels were within RQIA guidance.

## **11.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with person in charge Michelle Wilson and later with manager Hylda Patterson by telephone as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. 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.

Enquiries relating to this report should be addressed to:

**Alice McTavish**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Slieve Roe House

3 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with person in charge Michelle Wilson and with Hylda Patterson by telephone either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. 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.



**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	9.1	<p>The home has details of each resident's General Practitioner (GP), optometrist and dentist.</p> <ul style="list-style-type: none"> <li>All care records should be updated to contain details of the residents' optometrist and dentist, as appropriate.</li> </ul> <p><b>Ref section 9, standard 9.1 of the report</b></p>	One	The registered manager has ensured that all care records now include the updated details of all residents GP, Optometrist and Dentist as required 04/03/2015.	24 April 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Hylda Patterson
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Mrs Angela McVeigh Director Older People and Primary Care

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Alice McTavish	20 March 2015
Further information requested from provider			