

Inspection Report

Name of Service: Slieveleague
Provider: Tierney Homes Ltd
Date of Inspection: 8 July 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Tierney Homes Ltd
Responsible Person:	Mrs Maria Virgilita Tierney
Registered Manager:	Mrs Patricia Grimes
Service Profile This home is a registered residential care home which provides health and social care for up to eight residents. Accommodation is provided over two floors and residents have access to dining areas and communal spaces.	

2.0 Inspection summary

An unannounced inspection took place on 8 July 2025, from 10.05 am to 5.15 pm, by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 12 August 2024, and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

In addition, RQIA had received information from the trust which raised concerns in regards to the home's management of complaints and general record keeping. This was reviewed as part of the inspection. These concerns were substantiated and details are contained within this report.

It was evident that staff promoted the well-being of residents and understood the needs of the residents in order to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a compassionate manner, improvements were required in relation to the management and governance oversight arrangements. Details were shared with the manager during the inspection and with the Responsible Individual (RI) on 16 July 2025, where the RI shared the actions they had taken and planned to take to address the inspection findings.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Four areas for improvement were stated for the second time and three areas were carried forward for review at the next inspection. Full details, including seven new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents commented positively on their experience of living in the home. Such comments included; "this is a great place here; the staff are so kind. You can get anything you want and there is plenty of food. They treat you kindly, you couldn't get a better place." "If you want anything just ask," and "The staff are so helpful; I feel very safe and well cared for, in here."

Residents told us that the staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents praised the activity provision in the home and shared some of the work that they had completed with the activity person.

Staff spoke positively in terms of the provision of care and advised that there was good care provided in this home. Staff told us that the manager was supportive and available for advice and guidance.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. While there was evidence that a system was in place to oversee recruitment; there was no records in place to confirm that any gaps in employment were explored. This area for improvement will be stated for the second time.

There was a system in place to ensure that care workers were appropriately registered with the Northern Ireland Social Care Council (NISCC). However, this had not been checked since May 2025 and was not up to date in regards to current registration of staff. Assurances were provided following the inspection that all staff were registered. This was identified as an area for improvement.

The records of staff training were reviewed. These records identified gaps in training and the training matrix was not maintained on an up to date basis nor was it reflective of the training completed. There was a lack of managerial oversight in relation to this. Assurances were provided following the inspection that staff training was maintained on an up to date basis. This was identified as an area for improvement.

While staff had received their annual appraisal, it was noted that there were staff who had not received supervision within the last six months. This was identified as an area for improvement.

Review of the staff duty rota identified that the grades of staff was not recorded. This area for improvement will be stated for the second time.

These inspection findings were shared with the manager during feedback and with the RI after the inspection. The findings were further discussed with the RI during the meeting with RQIA on 16 July 2025. Assurances were provided that these matters were addressed.

Discussion with staff confirmed that the staffing levels had been reduced in the evenings. The staff reported that there was enough staff on duty and that the management were always available.

Staff were readily available and responded promptly to call bells. Staff knew what they were required to do each day and understood the needs of the residents.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was calm and pleasant.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Observations of the staff and resident's interactions found staff to be reassuring and compassionate.

Staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were offered residents choice in how and where they spent their day or how they wanted to engage socially with others. Expressions of consent were observed during interactions with staff and residents.

The risk of falling was well managed and appropriate action was taken in the event of a fall.

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

The dining experience was an opportunity for residents to socialise and the atmosphere was relaxed and unhurried. The food was nicely presented and included a choice of meal. It was observed that residents were enjoying their meal. There was enough staff supervision in place throughout the serving of the meal. Discussion with residents confirmed that the food provision was good in the home.

The importance of engaging with residents was well understood by the manager and staff. Staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading or watching television or doing word searches. The residents showed paintings which they had undertaken and further evidence of activities completed, were on display.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially. Care records were reflective of the needs of the residents.

Review of general care records identified that they required to be improved in detail and more person centred. The daily evaluation notes were found to be repetitive in nature and did not provide meaningful detail as to how the residents spend their day. This was identified as an area for improvement.

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

A Fire Risk Assessment was completed by an accredited fire risk assessor on 22 May 2025 and no actions were identified by the fire risk assessor.

It was noted that there were a number of fire doors in the home which were not fully closing. Despite a system of weekly checks being completed on fire doors; this risk had not been identified as requiring action. This was brought to the immediate attention of the manager. This was discussed with the RI during the meeting with RQIA on 16 July 2025. Assurances were provided that these matters were addressed. This area for improvement will be stated for the second time.

Systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Patricia Grimes is the registered manager of this home.

Staff on duty commented positively about the management team and described them as supportive, approachable and able to provide guidance.

A system for reviewing the quality of care, other services and staff practices was in place. Review of records of audits such as weekly checks on fire doors and weight loss audits were not effective in driving improvements. While weight loss audits were completed; there was no corresponding actions recorded. This was identified as an area for improvement.

The record of complaints was reviewed. There were records maintained of the details of the complaint and investigation; however, there was no evidence of feedback being provided to the complainant or their level of satisfaction ascertained. This was identified as an area for improvement.

A review of a sample of accidents and incidents records evidenced that, whilst these were appropriately managed these were not always notified to RQIA as required. The notification identified by RQIA were submitted to RQIA retrospectively following the inspection. This was identified as an area for improvement.

The Responsible Individual is required to visit the home each month to consult with residents, their relatives and staff and to examine all areas of the running of the home and a written report should be completed. However, the most recent report available was dated 19 May 2025 and there was no report completed in June 2025. This area for improvement will be stated for the second time.

These concerns in relation to the lack of robust management and governance arrangements in order to drive improvements were shared with the manager during feedback and with the RI after the inspection. The findings were further discussed with the RI during the meeting with RQIA on 16 July 2025. Assurances were provided that these matters were now addressed.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	9*	5*

* the total number of areas for improvement includes four areas that have been stated for a second time and three areas which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Patricia Grimes, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: Second time To be completed by: As from the date of this inspection (9 July 2025)	The registered person shall ensure that all fire doors are fully closing. Ref: 3.3.4 Response by registered person detailing the actions taken: All fire doors are fully closing. New overhead door closure was placed.
Area for improvement 2 Ref: Regulation 29 Stated: Second time To be completed by: As from the date of this inspection (9 July 2025)	The registered person shall undertake a visit to the home in accordance with this regulation. This visit should be completed on a monthly basis and should be unannounced. Ref: 3.3.5 Response by registered person detailing the actions taken: Registered person visits the home on a monthly basis and will record this in the Reg 29.

<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2024</p>	<p>The registered person shall ensure that the Health and Social Care Trust is contacted to request a review of the arrangements for members of staff escorting residents to external appointments.</p> <p>The outcome of the review should be forwarded to RQIA once available.</p> <p>The arrangements agreed from the review should be recorded in both the residents' written agreements and care plans.</p> <p>Ref: 2.0</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2025</p>	<p>The registered person shall ensure that there are adequate systems of oversight in place in relation to staff registration with their professional body and staff training.</p> <p>Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken: Manager ensures that staff registration and trainings are up-to-date. Audit and Matrix is completed monthly.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 20 (2)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p>	<p>The registered person shall ensure that all staff have recorded formal supervision.</p> <p>Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken: Formal supervision is completed by all staff and is done with the Registered manager</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 19 (1) (a) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p>	<p>The registered person shall ensure care records are reviewed to improve the detail recorded and to ensure they are more person centred and meaningful.</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken: Care plans are person- centered.</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p>	<p>The registered person shall review there are adequate systems in place to monitor and oversee the screening of residents' weight.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: Residents are weighed monthly and is recorded. Where changes are identified, appropriate interventions and referrals are carried out and documented. Management audits are completed to ensure compliance.</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p>	<p>The registered person shall implement adequate systems to identify deficits, monitor compliance and to evidence managerial oversight of the care and services provided by the care home.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: Audit system has been implemented and compliance is monitored.</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: As from the date of this inspection (9 July 2025)</p>	<p>The registered person shall ensure that as required accidents, incidents or other events are reported to RQIA.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: Accidents, incidents, and notifiable events are reported to RQIA in line with regulatory requirements.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: Second time</p> <p>To be completed by: As from the date of this inspection (9 July 2025)</p>	<p>The registered person shall ensure that all gaps in employment are fully explored before making an offer of employment.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Gaps of employment are explored before employment.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 25.6</p> <p>Stated: Second time</p> <p>To be completed by: As from the date of this inspection (15 July 2025)</p>	<p>The registered person shall ensure that the grades of staff are recorded on the duty rota.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Grades of staff are recorded on the duty rota.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2024</p>	<p>The registered person shall ensure that residents' monies and valuables held in the safe place are reconciled (checked), at least quarterly, and recorded. The records should be signed by the person undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 2.0</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2024</p>	<p>The registered person shall ensure that a more robust system is implemented for the recording of transactions undertaken on behalf of residents. The system implemented should include a revised procedure for retaining receipts from the transactions in order to aid the audit process.</p> <p>Ref: 2.0</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be completed by: As from the date of this inspection (9 July 2025)</p>	<p>The registered person shall review the management of complaints to ensure that there is a response provided to the complainant and the outcome and level of satisfaction are recorded.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: Complaints policy and procedure is in place and has been reviewed. A complaint form is now in place to record all complaints received, ensuring response provided, the outcome and the level of satisfaction of complainant are recorded.</p>

Please ensure this document is completed in full and returned via the Web Portal



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews