



# Inspection Report

**Name of Service: Slieve Roe House**

**Provider: Southern Health and Social Care Trust (SHSCT)**

**Date of Inspection: 15 January 2025**

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

## 1.0 Service information

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| <b>Organisation/Registered Provider:</b>  | Southern Health and Social Care Trust (SHSCT) |
| <b>Responsible Individual:</b>  | Mr Colm McCafferty                            |
| <b>Registered Manager:</b>  | Mrs Andrea Greene                             |
| <b>Service Profile:</b>   |   |
| This home is a registered residential care home which provides health and social care for up to 20 residents. The home provides care for residents in old age. There are a range of communal areas throughout the home and residents have access to an enclosed garden. |   |

## 2.0 Inspection summary

An unannounced inspection took place on 15 January 2025 from 10.45 am to 2.45 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 30 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained 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. Refer to Section 3.2 for more details.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

## 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 spoken with said that they were happy with the care and services provided in Slieve Roe House. Residents told us that they felt reassured that staff were available to assist with their daily needs. One resident said "I haven't even needed to use my buzzer because the staff are always around." Residents described staff attitude as "nice" and "helpful."

Residents said that they were happy with the level of cleanliness in the home and said that the food was "really good." Residents confirmed that they get choices throughout the day, from where they spend their time to what they have to eat. One resident said "we get to pick our meals from a list."

Residents said that visiting arrangements were working well and confirmed that staff helped them keep in touch with family and friends through visits or phone calls.

Residents told us that they felt comfortable in raising any concerns or issues, with one resident saying, "I would talk to any of them (staff)."

Following the inspection RQIA received ten completed questionnaires from residents. All ten respondents indicated that they were very satisfied with the care and services in the home. Comments included, "couldn't get better", "staff are helpful in making me feel safe", "first class care", "one hundred percent very good care...everyone is treated the same", "everything is perfect", and "care is provided with a smile...staff are very attentive."

No relative responses were received following the inspection.

Staff told us that they were happy working in the home and that the service was well led.

### 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. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

#### 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. Throughout the day observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that 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 also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

Residents confirmed that they were offered choices throughout the day, from where they spent their time, what activities they took part in, and what they wanted to eat and drink. Some residents told us about how they were involved in decision making about their care.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, additional staff supervision or assistance during mobility, or the use of mobility aids as recommended by physiotherapy.

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.

Observation of the lunch time meal, review of records and discussion with residents confirmed that there were robust systems in place to manage residents' nutrition and mealtime experience.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

The importance of engaging with residents was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

Residents' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts or hand massage, hairdressing, one to one reading or listening to plays on the radio. All care staff helped facilitate activity sessions and took their lead from what residents wanted to do that day.

### **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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

### **3.3.4 Quality and Management of Residents' Environment Control**

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

There were homely touches throughout the home, such as sideboards with ornaments and displays, flowers, and reading materials like books and magazines.

Measures were in place to minimise the risks associated with infections; staff were trained in relation to best practice in infection prevention and control (IPC), and regular IPC and hand hygiene audits were completed.

Fire safety measures were in place. For example, staff were trained in what to do in the event of a fire. Fire exits were free from obstruction and fire extinguishing equipment was accessible.

The most recent fire risk assessment had been completed on 14 January 2025 and the manager was awaiting the report.

### **3.3.5 Quality of Management Systems**

There has been no change in the management of the home since the last inspection. Mrs Andrea Greene has been the manager in this home since 1 December 2023 and was registered with RQIA on 4 October 2024.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

## **4.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Andrea Greene, Manager, as part of the inspection process and can be found in the main body of the report.



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