

Inspection Report

Name of Service: Slieve Roe House
Provider: Southern Health and Social Care Trust
Date of Inspection: 20 October 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:	Southern Health and Social Care Trust (SHSCT)
Responsible Individual:	Mr Steve Spoerry
Registered Manager:	Mrs Andrea Greene
Service Profile – 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 20 October 2025, from 10:30 am to 4 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led.

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.

As a result of this inspection, areas for improvement were identified. Full details 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 residents, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 told us they were happy with the care and services provided. Comments made included “staff are friendly and come to me quickly when I need them” and “I am very happy here, I enjoy the activities like bingo and exercise”.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support. Questionnaires returned from staff included comments such as “I am very proud to be a part of Slieve Roe House team” and “working in Slieve Roe is very rewarding and enjoyable. There is a great sense of teamwork”.

Families spoken with told us that they were happy with the care provided with comments such as “the staff are brilliant, I have a good relationship with them and there is really good communication”.

Questionnaires returned from residents indicated that they were happy with the care, the comments included; “Knowing someone is always there makes me feel safe” and “staff are very helpful, always know I can use my call bell for help”.

Questionnaires returned from relatives indicated that they were happy with the care, the comments included; “the care provided to my ... has been amazing. Andrea the manager and all of her staff have been so caring and helpful” and “the love, support, care and kindness my ... has received is next level”

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at recruitment, a review of records evidenced that pre-employment checks had been completed prior to the staff member commencing in post. However, the induction record had not been completed in full. This was identified as an area for improvement.

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. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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; and were 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.

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 also offered residents choice in how and where they spent their day or how they wanted to engage socially with others.

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. The daily menu was displayed showing residents what was available at each mealtime. A choice of meal was offered and the food was attractively presented and smelled appetising. Residents were seen to be enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure residents were comfortable and had a pleasant experience. Staff demonstrated their knowledge of residents' individual needs, likes and dislikes regarding food and drinks.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff. The importance of engaging with patients was well understood by the manager and staff. Throughout the day, staff were seen to engage residents in conversation about things that were of interest or importance to the patients.

Residents advised that activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home.

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

3.3.3 Management of Care Records

Residents' needs were assessed 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 health professionals.

Residents care records were held confidentially.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents', where possible, were involved in planning their own care and the details of care plans were shared with relatives' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

Many residents' bedrooms were personalised with items importance to the resident. Bedrooms and communal areas were suitably furnished and comfortable.

In a number of bedrooms, it was observed that prescribed topical creams were not stored securely. This was identified as an area for improvement.

Review of records and observations confirmed that 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 Andrea Greene has been the manager in the home since 1 December 2023 and was registered with the RQIA on 4 October 2024.

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

It was clear from the records examined that the management team had processes in place to monitor the quality of care and other services provided to residents.

Residents said that they had confidence that any complaint would be managed well. Residents said that they felt staff listened to them and would make an effort to sort out any concerns they might have.

Compliments received about the home were kept and shared with the staff team.

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	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Andrea Greene, 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 Minimum Standards (Dec 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</p> <p>To be completed by: 20 October 2025</p>	<p>The Registered Person shall ensure that induction records are completed in full for all newly appointed staff.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager has created a new induction record for all staff roles within the facility.</p> <p>The induction record for each staff role now references each duty within their job role.</p> <p>The new induction record will be completed for all newly appointed staff moving forward.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2025</p>	<p>The registered person shall ensure that prescribed topical creams are stored safely and securely.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager has ensured posters are in place in Service Users bedrooms reminding Service Users to store their prescribed topical creams securely.</p> <p>Staff have been allocated additional checks throughout the day to ensure the prescribed topical creams are stored safely and securely.</p>

	<p>All new Service Users on admission to the Home will be reminded to store all prescribed topical creams securely when not in use.</p> <p>The staff 'checklist on admission' has been updated to remind staff to discuss with Service Users on admission the need to store prescribed topical creams safely.</p>
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