The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Slieveleague**

Provider: **Tierney Homes Ltd**

Date of Inspection: **15 April 2026**

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 Individual:	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 who are over 65 years old. Care is provided over two floors and residents have access to communal and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 15 April 2026 from 10.00am to 3.15pm, 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 8 July 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was found to be clean and well maintained. Bedrooms were meaningfully personalised with items important to each resident.

Residents reported that there was a good standard of care provided in the home and there was enough staff on duty. Residents also praised the meal provision.

Staff reported that there was good teamwork in the home and all staff understood their roles and responsibilities. Staff were found to be knowledgeable in relation to the needs and preferences of the residents.

As a result of this inspection one area for improvement which was not met, will be subsumed into a regulation. All of the other areas for improvement were assessed as having been addressed by the provider. Three areas for improvement will be reviewed at the next inspection. 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 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. 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

Discussion with residents evidenced that they were satisfied with the care provided to them in Slieveleague. Comments made included: "This is a wonderful place, the staff are so good and so kind. The food is good home cooked food. I am so lucky to be in here." "This is a good place here; the staff come down and check on me regularly. The food is good and I am well looked after." "We are all well cared for; it is home from home."

Residents advised that they can choose where and how to spend their day and praised the range of activities available in the home.

Staff spoken with confirmed that there was good teamwork and staff morale was good. Staff reported that the care provided was of a good standard and the residents can get anything they wanted. Staff advised that they were well supported in their roles by all of the management team.

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 systems in place to manage staffing.

Review of recruitment records identified that there were gaps in employment which were not explored further. This area for improvement was not met and will be subsumed into a regulation.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. It was noted that staff responded to requests for assistance promptly in a caring and compassionate manner.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Review of the supervision planner confirmed that staff received supervision every six months and an annual appraisal.

Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

3.3.2 Quality of Life and Care Delivery

Residents looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the residents at all times.

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Residents confirmed that staff responded quickly to calls for assistance.

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.

Discussion with the responsible individual provided assurances how the risk of falling and falls were managed within the home. The responsible individual confirmed the home was utilising the Post-falls guidelines for care homes which would be seen as best practice guidance.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. 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 serving of the lunchtime meal confirmed that enough staff were present to support and assist residents with their meal and that the food served appeared appetising and nutritious. The atmosphere was calm and organised. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

Staff wore aprons when serving or assisting with meals and were found to be very knowledgeable in regards to residents' meal preferences and dislikes. Residents praised the meal provision in the home.

The importance of engaging with residents was well understood by the manager and staff. There was a range of activities provided for residents staff. An activity schedule was on display in the communal area offering a range of individual and group activities such as bingo, board games, arts and crafts or baking, music activities, hairdressing or seated exercise. Residents were well informed of the activities planned for the month and of their opportunity to be involved and looked forward to attending the planned events.

During the inspection a number of the residents attended the hairdresser. For other residents in the home they were engaged in discussions between themselves and staff. There was a relaxed atmosphere in the communal area and all residents commented positively about the hairdresser.

Residents also had opportunities to watch television or engage in their own preferred activities such as puzzles or using their electronic device. Residents commented that there was always something to do.

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

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.

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

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

Corridors were found to be clear and unobstructed and fire doors were fully closing. The fire safety risk assessment was completed on 28 January 2026. There were no recommendations made as a result of this assessment.

Systems and processes were in place to manage infection prevention and control which included 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 the home.

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

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to the residents' next of kin, their aligned named worker and RQIA.

Review of the record of complaints and discussions with the manager confirmed that expressions of dissatisfaction were taken seriously and would be managed appropriately. Complaints records were noted to be improved in detail and all communications were retained. Feedback was provided to the complainant and the level of satisfaction was recorded.

There was a range of audits and quality assurance in place. These audits included; falls, hand hygiene, infection prevention and control, environment and resident weights.

The home was visited each month by the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail, with action plans in place for any issues identified. These reports are available for review by residents, their representatives, the Trust and RQIA.

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	2*	2*

* the total number of areas for improvement includes 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 Maria Tierney, Responsible Individual, 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 12 (1) (b) **Stated:** First time **To be completed by:** 30 September 2024	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. The outcome of the review should be forwarded to RQIA once available. The arrangements agreed from the review should be recorded in both the residents' written agreements and care plans. Ref: 2.0
	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.
Area for improvement 2 **Ref:** Regulation 19 (2) Schedule 4 **Stated:** First time **To be completed by:** As from the date of this inspection (16 April 2026)	The registered person shall ensure that all gaps in employment are fully explored before making an offer of employment. Ref: 3.3.1
	Response by registered person detailing the actions taken: Gaps of employment will be fully explored before making an offer of employment. This is included in the pre- employment checklist.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 15.12 **Stated:** First time **To be completed by:** 15 August 2024	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. Ref: 2.0
	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.

Area for improvement 2 **Ref:** Standard 20.14 **Stated:** First time **To be completed by:** 31 August 2024	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. Ref: 2.0
	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.

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

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