

Inspection Report

1 July 2021



Slieve Na Mon

Type of service: Nursing Home (NH)
Address: Tircur Road, Omagh, BT79 7TY
Telephone number: 028 8225 1132

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: East Eden Ltd Responsible Individual: Dr. Una McDonald	Registered Manager: Mrs. Joan McLaughlin Date registered: 23 October 2020
Person in charge at the time of inspection: Mrs. Joan McLaughlin	Number of registered places: 60
Categories of care: Nursing Home (NH) DE – Dementia MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years LD – Learning disability.	Number of patients accommodated in the residential care home on the day of this inspection: 56
Brief description of the accommodation/how the service operates: This home is a registered Nursing Care Home which provides nursing care for up to 60 patients. The home is divided into seven inter-linking units over one floor. Each unit has its own dining room, communal lounges and access to a well-appointed garden.	

2.0 Inspection summary

This unannounced inspection was conducted on 1 July 2021 from 9.50am to 4pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

We found that there was effective and compassionate care delivered in Slieve Na Mon and the home was well led by the management team.

It was evident that staff promoted the dignity and well-being of patients. Staff provided care in a compassionate and person centred manner.

One area requiring improvement was identified in respect of an aspect of staff training.

Patients said that living in the home was a good experience. One comment made included the following statement; “The staff couldn’t do enough for you. Good food, good comfort and good atmosphere.”

RQIA were assured that the delivery of care and service provided in Slieve Na Mon was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients’ experience.

3.0 How we inspect

RQIA’s inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients, one visiting relative and staff were asked for their opinion on the quality of the care and their experience of living and working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and ‘Tell Us’ cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home.

At the end of the inspection the manager was provided with details of the findings.

4.0 What people told us about the service

During the inspection we spoke with 26 patients, one visiting relative and 10 staff. No questionnaires were returned and we received no feedback from the staff online survey. Patients spoke in positive terms about the care they received and on their interactions with staff. Patients confirmed that staff treated them with respect and that they would have no issues in raising any concerns with staff. One patient made the following comment; “There’s not a thing wrong with here. I am very happy and the staff are marvellous”.

Staff acknowledged the challenges of working throughout the COVID–19 pandemic. Staff stated that Slieve Na Mon provided good care to patients.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 15 September 2020		
Action required to ensure compliance with The Nursing Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2) (t) Stated: First time	The registered person shall risk assessed all free standing wardrobes in accordance with current safety guidelines with subsequent appropriate action.	Met
	Action taken as confirmed during the inspection: Free standing wardrobes had been risk assessed with subsequent appropriate action put in place.	
Action required to ensure compliance with the Care Standards for Nursing Homes – April 2015		Validation of compliance
Area for Improvement 1 Ref: Standard 21 (1) Stated: First time	The registered person shall establish an up-to-date record of patients' care reviews and make contact with aligned named worker(s) for those reviews which are overdue.	Met
	Action taken as confirmed during the inspection: An up-to-date record of patients' care reviews has been put in place.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a robust system in place to ensure staff were recruited correctly to protect patients. Discussions with the manager confirmed she had a good knowledge and understanding of the legislation and standards pertaining to the safe recruitment and selection of staff.

There were systems in place to ensure staff were trained and supported to do their job. Staff received regular mandatory and additional training in a range of topics. One area of improvement was identified for staff to receive training in Level 2 Deprivation of Liberty (DoLs).

Staff said there was good team work and that the provision of care was very good.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Any person in charge of the home in the manager's absence had undertaken a competency and capability assessment for this role.

One patient said "The staff are terribly good".

There were safe systems in place to ensure staff were recruited and trained properly.

5.2.2 Care Delivery and Record Keeping

Patients' 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 patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they accurately reflected the patients' needs and the care being provided. Where possible, patients were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

In summary, daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Staff were observed to be prompt in recognising patients' needs and any early signs of request for assistance. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. Staff interactions with patients were observed to be polite, friendly, warm and supportive. Staff were seen to seek patients' consent when delivering personal care with statements such as: "Would you like to..." or "Can I help you with..." A staff member made the following statement; "The care is very good here. I really like this home".

A visiting relative was keen to express praise and gratitude for the care provided for and the kindness and support received from staff, also stating that they had good confidence with the home.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes to the needs of the patients. In addition, care records were accurately maintained and reflected the needs of the patients. Staff on duty had good knowledge of individual patient's needs, their daily routines, wishes and preferences.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the environment was clean and tidy with a good standard of décor and furnishings being maintained.

Patients' bedrooms were personalised with items important to the patient. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

The grounds of the home were nicely maintained.

The home's most recent fire safety risk assessment was dated 28 August 2020 had no recommendations.

Fire safety drills were maintained on an up-to-date basis as were fire safety checks in the environment.

Feedback from staff and observation of the environment confirmed that there were systems and processes in place for the management of risks associated with COVID-19 and other infectious diseases.

Inspection of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided.

There was a plentiful supply of PPE. Hand sanitising gels were at the entrance of the home and other accessible areas throughout. Signage was also displayed relaying information on IPC and COVID-19.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health and IPC guidance.

Systems were in place with regard to IPC management and visiting arrangements were in keeping with current regional guidance.

5.2.4 Quality of Life for Patients

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. During the dining experience, it was observed that staff worked hard to ensure patients were enjoying their meals and the overall dining experience.

There was a choice of meals offered; the food was attractively presented and smelled appetising, and portions were generous. There was also a variety of drinks available.

This resulted in the lunchtime meal being a pleasant and unhurried experience for the residents.

Two patients made the following statements; “Everything’s fine here. There won’t be any problems either because the staff are very good.” and “Great food and good choice of food and plenty to eat”.

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or participate in the planned programme of activities. Patients were observed to be comfortable and at ease in their environment and in interactions with staff. Activities were facilitated mostly on a one to one basis or in small groups. Patients commented positively on the activity provision in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls to their loved ones. Visiting and Care Partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern with the manager.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Inspection of staff training records confirmed that all staff had completed adult safeguarding training.

A system of quality assurance audits was in place in the home to help the manager monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, actions plans were in place with associated timeframes for completion.

Inspection of the home’s record of complaints confirmed that these were well managed and used as a learning opportunity to improve practice and/or the quality of services provided by the home.

An inspection of accident and incident records found that these were robustly managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that Slieve Na Mon is providing safe, effective care in a caring and compassionate manner; and that the service is well led by the manager. One area of improvement was identified in relation to staff training in regards to DoLs. Details can be found in the Quality Improvement Plan included.

Patients were seen to be well cared for and were comfortable and at ease in their environment and interactions with staff.

7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with **The Care Standards for Nursing Homes – April 2015**.

	Regulations	Standards
Total number of Areas for Improvement	0	0

The one area of improvement and details of the Quality Improvement Plan was discussed with Mrs Joan McLaughlin, 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 Care Standards for Nursing Homes – April 2015	
Area for improvement 1 Ref: Standard 39 Stated: First time To be completed by: 1 August 2021	The registered person shall ensure that all staff are in receipt of Deprivation of Liberty training – Level 2. Ref: 5.2.1 Response by registered person detailing the actions taken: All staff have this completed.

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



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