



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Service and ID:** Slieve Na Mon (1212)  
**Date of Inspection:** 2 February 2015  
**Inspector's Name:** Heather Moore  
**Inspection ID:** 17253

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544

**1.0 General Information**

<b>Name of Home:</b>	Slieve Na Mon
<b>Address:</b>	Tircur Road Omagh BT79 7TY
<b>Telephone Number:</b>	028 8225 1132
<b>E mail Address:</b>	manager@slievenamon.co.uk
<b>Registered Organisation/ Registered Provider:</b>	East Eden Ltd Dr Brendan McDonald
<b>Registered Manager:</b>	Ms Joan McLaughlin
<b>Person in Charge of the home at the time of Inspection:</b>	Ms Joan McLaughlin
<b>Categories of Care:</b>	NH-I NH-DE NH-MP NH-MP(E) RC-MP (E) RC-DE NH-LD: NH-LD(E)
<b>Number of Registered Places:</b>	60
<b>Number of Patients /Residents Accommodated on Day of Inspection:</b>	50 Patients 3 Residents
<b>Scale of Charges (per week):</b>	£581.00 - £624.00 Nursing £ 461.00 Residential
<b>Date and type of previous inspection:</b>	24 April 2014 Primary Announced
<b>Date and time of inspection:</b>	2 February 2015: 8.35 am - 12.45 pm
<b>Name of Inspector:</b>	Heather Moore

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **3.0 Purpose of the Inspection**

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process.

## **4.0 Methods / Process**

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Discussion with staff
- Discussion with patients /residents individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Observation during a tour of the premises
- Evaluation and feedback.

## 5.0 Inspection Focus

During the course of the inspection, the inspector spoke with:

Patients/Residents	<b>10</b>
Staff	<b>Eight</b>
Relatives	<b>0</b>
Visiting Professionals	<b>0</b>

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

### **STANDARD 19 - CONTINENCE MANAGEMENT**

**Patients receive individual continence management and support.**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of Service

Slieve Na Mon provides care for up to 56 patients and four residents in the following categories of care:

### Nursing Care

- NH-DE – a maximum of 36 patients
- NH-MP MP (E) – 19 patients in mental disorder excluding learning disability or dementia under 65 years and over
- NH-I – old age not falling within any other category (One identified patient)
- Day Care – 8 service users

### Residential Care

- RC - RC (DE) – for three residents
- RC- MP (E) - for one resident

The home is divided into seven units, which share a main kitchen, laundry and staff accommodation/ offices. Each unit has its own sitting room, kitchenette, and toilet/ washing facilities. All bedrooms are single.

The home is owned and operated by Dr McDonald East Eden Properties Ltd.

The registered manager is Ms Joan McLaughlin

## 7.0 Summary

This summary provides an overview of the services examined during an unannounced care inspection to Slieve Na Mon which was undertaken by Heather Moore on 2 February 2015 from 8.35 am to 12.45 pm.

The inspection was facilitated by Mrs Joan McLaughlin Registered Manager who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to the registered manager at the conclusion of the inspection.

During the course of the inspection, patients and residents were consulted, a selection of records examined and a general inspection of the nursing home environment carried out as part of the inspection process.

As a result of the previous inspection conducted on 24 April 2014 six requirements and six recommendations were issued. These were reviewed during this inspection and found to be complied with. Details can be viewed in the section immediately following this summary.

Discussion with the registered manager, a number of staff, patients and residents and review of four patients care records revealed that continence care was well managed in the home.

Staff were trained in continence care on induction, currently there were no male patients with catheters in place however a number of registered nurses were trained in male catheterisation.

A continence link nurse was appointed in the home to manage continence.

Inspection of the home policies and procedures confirmed that policies were in place on the management of continence; however there were no NICE guidelines on urinary or Faecal incontinence. A recommendation is made in this regard.

Examination of four care records confirmed a good standard of documentation. Comprehensive reviews of both the assessment of need and the care plans were maintained on a regular basis and as required in all of the care records reviewed.

A regular review of the management of patients and residents who were incontinent was not undertaken. A recommendation is made that a monthly audit is undertaken and the findings are acted upon to enhance continence management.

The patients/residents were generally well presented and those that were able to communicate commented positively on the care provided. Refer to section 11.5 for further details about patients and residents.

A tour of the home was undertaken and a number of patients' and residents' bedrooms, communal areas, dining areas and bathroom and toilet facilities viewed. The home was well presented, however the handrails and skirting boards in Unit 1 are in need of refurbishment. The registered manager informed the inspector that this would be undertaken.

Based on the evidence reviewed, presented and observed the level of compliance with this standard was assessed as substantially compliant.

One requirement and two recommendations are made. This requirement and the recommendations are detailed in the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, and residents, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

## 8.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	16(2)	The registered person shall ensure that patients' care records are reviewed and updated in accordance with their assessed /changing needs.	Inspection of four patients care records confirmed that patients' care records were reviewed and updated in accordance with their assessed /changing needs.	Compliant
2	13 (a)	The registered person shall ensure that the nursing home is conducted so-as – to promote and make proper provision for the nursing, health and welfare of patients.	Discussion with the manager confirmed that the home's procedure had been reviewed and patients who sustain a head injury as a result of a fall have their observations recorded.	Compliant
3	30 (1) (d)	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of –any event in the nursing home which adversely affects the wellbeing or safety of any patient.	Review of the records of untoward incidents confirmed that incidents were being forwarded to RQIA appropriately.	Compliant



4	20 (1) (c) (i)	<p>Staff as appropriate should be trained in the following areas:</p> <p>Care of patients with mental health needs,</p> <p>Parkinson's disease awareness,</p> <p>The provision of activities to patients with dementia related conditions and mental health needs.</p>	<p>Inspection of staff training records confirmed that staff were trained in the following areas:</p> <p>Care of patients with mental health needs on 24 August 2014,</p> <p>Parkinson's disease awareness 28 July 2014,</p> <p>The provision of activities to patients with dementia related conditions and mental health needs on 14 November 2014.</p>	Compliant
5	13 (b)	<p>The registered person shall ensure that the nursing home is conducted so as- to make proper provision for the nursing and where appropriate, treatment and <u>supervision</u> of patients.</p>	<p>On the day of inspection, inspection of the staff duty rosters and observation of the home environment confirmed that the sitting rooms were supervised by a member of staff.</p>	Compliant
6	14 (2) (c)	<p>The registered person shall make arrangements for unnecessary risks to the health or safety of patients is identified and so far as possible eliminated.</p>	<p>On the day of inspection the inspector observed that patients' personal toiletries were stored safely.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	5.3	It is recommended that infection control assessments be undertaken for patients on admission to the home.	Inspection of four patients care records confirmed that infection control assessments were undertaken for patients on admission to the home.	Compliant
2	5.3	It is recommended that the roles and responsibilities of key workers be outlined in the patient's guide.	Inspection of the patient's guide confirmed that the roles and responsibilities were outlined in the patient's guide.	Compliant
3	6.2	It is recommended that all entries in care records be dated, timed and signed with the signature accompanied by the name and designation of the signatory.	Inspection of four patient's care records confirmed that all entries in care records were dated, timed and signed with the signature accompanied by the name and designation of the signatory.	Compliant
4	13.5	It is recommended that additional hours be provided for the provision of activities to patients.	Discussion with the registered manager and examination of the staff duty roster confirmed that 24 additional hours had been provided for the provision of activities to patients.	Compliant
5	12.5	It is recommended that main courses and desserts are not served at the same time to patients.	Observation of the lunch meal confirmed that main courses and desserts were not served at the same time to patients.	Complaint
6.	30.4	It is recommended that the template used to undertake competency and capability assessments for registered nurses be individually signed by the registered manager and registered nurse.	Inspection of a sample of registered nurses competency and capability assessments confirmed that these assessments were signed appropriately by the registered manager and registered nurse.	Compliant

**8.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care.

However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required: this may include an inspection of the home.

Since the previous inspection there were eight complaints recorded in the complaints record. Inspection of the complaints confirmed that these were investigated and resolved under local resolution.

There were no investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) ISSUES.

## 9.0 Inspection Findings

<b>STANDARD 19 - CONTINENCE MANAGEMENT</b> <b>Patients receive individual continence management and support.</b>	
<b>Criterion Assessed:</b> 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>Review of four patients'/residents' care records revealed that bladder and bowel continence assessments were undertaken for these patients and residents. The bladder and bowel assessments and the care plans on continence care were reviewed and updated on a monthly or more often basis as deemed appropriate monthly.</p> <p>The promotion of continence, skin care, fluid requirements and patients' and the resident's dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients and residents were referred to their GPs as appropriate. Review of care records revealed that there was written evidence held of patient/resident and their relatives' involvement in developing and agreeing care plans.</p> <p>Discussion with staff and observation during the inspection revealed that there were adequate stocks of continence products available in the home.</p>	Compliant
<b>Criterion Assessed:</b> 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>The following policies and procedures were in place;</p> <ul style="list-style-type: none"> <li>• continence management / incontinence management</li> <li>• stoma care</li> <li>• catheter care.</li> </ul> <p>The following guideline documents were not in place.</p>	Substantially compliant

<ul style="list-style-type: none"> <li>Nice Guidelines on Faecal incontinence</li> <li>Nice Guidelines on urinary incontinence for women.</li> </ul> <p>A recommendation is made that these guideline documents are available and accessible to staff for reference and used as required.</p>	
<p><b>Criterion Assessed:</b> 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b> Not applicable.</p>	Not applicable
<p><b>Criterion Assessed:</b> 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b> Discussion with the registered manager and review of training records confirmed that staff were trained and assessed as competent in continence care and a number of registered nurses had been trained in male catheterisation. Staff were knowledgeable about the important aspects of continence care including privacy, skin care and reporting any concerns.</p> <p>A continence link nurse was working in the home and was involved in the review of continence management.</p> <p>The registered manager informed the inspector that currently monthly reviews of patients and residents who were incontinent were not undertaken in the home. A recommendation is made that monthly audits are undertaken.</p>	Substantially compliant

<p><b>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</b></p>	<p><b>Substantially compliant</b></p>
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## **10.0 Additional Areas Examined**

### **10.1 Care Practices**

During the inspection the staff were noted to treat the patients and residents with dignity and respect. Good relationships were evident between patients, residents and staff.

Patients and residents were well presented with their clothing suitable for the season.

Staff were observed to respond to patients' and residents' requests promptly.

### **10.2 Patients' and Residents' comments**

During the inspection 10 patients and residents were spoken to individually and others in groups. These patients and residents expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients and residents were unable to express their views verbally. These patients and residents indicated by positive gestures that they were happy living in the home.

Examples of patients' and residents' comments were as follows:

- "I am happy."
- "It's alright."
- "Everyone is very kind."
- "The food is good."

### **10.3 Staffing**

On the day of inspection the number of registered nurses and care staff rostered on duty were in line with legislation for the number of patients and residents currently in the home.

The inspector spoke to a number of staff during the inspection. No issues or concerns were brought to the attention of the inspector.

### **10.4 Environment**

A tour of the home was undertaken and a number of patients' and residents' bedrooms, communal areas, dining areas, and bathroom and toilet facilities viewed. The home was well presented however the handrails and skirting boards in Unit 1 were in need of refurbishment. The registered manager informed the inspector that this would be undertaken.

## **11.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Joan McLaughlin as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Heather Moore**  
**The Regulation and Quality Improvement Authority**  
**Hilltop**  
**Tyrone & Fermanagh Hospital**  
**Omagh**  
**BT79 0NS**



## Quality Improvement Plan

### Unannounced Secondary Inspection

Slieve Na Mon

2 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Joan McLaughlin registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.



**Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005



No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
		No requirements were made as a result of this inspection.			

**Recommendations**

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.2	<p>The following best practice guidelines should be readily available to staff for reference and use when required:</p> <ul style="list-style-type: none"> <li>• NICE guidelines on the management of urinary incontinence in women</li> <li>• NICE guidelines on the management of faecal incontinence.</li> </ul> <p>Ref: 19.2</p>	One	These articles have been obtained and are available in the units for staff information and guidance.	One Month
2	19.4	<p>Monthly audits of patients who are incontinent should be undertaken and the findings acted upon to enhance continence management in the home.</p> <p>Ref: 19.4</p>	One	Continence audit obtained and audits to commence. We presently already complete monthly audits on all patients on continence care needs and utilise the result of these audits to make appropriate changes to continence care	One Month

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>Name of Registered Manager Completing Qip</b>	JOHAN NIC LAUGHLEN 
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	BRENDAN NIC DONOVAN 

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes.	S. WAL	24/3/15.
Further information requested from provider			