

Inspection Report

7 June 2022



Slieve Na Mon

Type of service: Nursing
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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

<p>Registered Organization: East Eden Limited</p> <p>Responsible Individual: Dr. Una McDonald</p>	<p>Registered Manager: Ms Joan McLaughlin</p> <p>Date registered: 14 November 2012</p>
<p>Person in charge at the time of inspection: Ms. Joan McLaughlin</p>	<p>Number of registered places: 60</p> <p>A maximum of 39 patients in category NH-DE and 20 patients in category NH-MP/MP(E), I identified patient in category NH(LD). The home is also approved to provide care on a day basis for a maximum of 8 persons.</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 56</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 60 patients. The home is divided in seven units over one floor all of which are interlinked with one another over the same building. Each unit has its own shared communal sitting and dining areas and all have access to the well-appointed grounds.</p>	

2.0 Inspection summary

This unannounced inspection was conducted on 7 June 2022, from 9.40am to 3.10pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

Staff promoted the dignity and well-being of patients with kind, caring interactions. It was also evident that staff were knowledgeable and well trained to deliver safe and effective care.

One area of improvement was identified at this inspection. This was in relation the recommendations made as a result of the last fire safety risk assessment.

Feedback from patients was all positive in respect of their life in the home and their relationship with staff. Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Slieve Na Mon was safe, effective, 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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

During this inspection 30 patients were met with. All confirmed that they were happy with their life in the home, their relationship with staff, the provision of meals and the general atmosphere. Two patients made the following comments; "The staff are all very good. I like it here." and "I like this home."

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale and managerial support.

A visiting relative said they were very happy with the home and the provision of care.

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 (medicines management) inspection on 16 December 2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 29 Stated: First time	The registered person shall ensure that records of the administration of thickening agents including the recommended consistency level are maintained.	Met
	Action taken as confirmed during the inspection: Records of this administration were documented clearly in the patient's records.	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall ensure that safe systems are in place for the management of insulin.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Care duties and tasks were seen to be organised and unhurried.

The staff duty rota accurately reflected 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.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory and additional training needs were met by all staff on a regular and up-to-date basis. One staff member described their role in facilitating training for staff, including newly appointed staff, and how she was trained to facilitate such training.

Staff spoke positively about the provision of training and said that they felt training needs were being met and also identified at supervision and appraisal.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place. Review of a sample of two staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide patients with a choice on how they wished to spend their day. For example with the provision of meals and dietary needs and social care needs.

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

5.2.2 Care Delivery and Record Keeping

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were seen to engage with patients' consent with statements such as "Would you like to..." and "Can I help you with..." when delivering personal care. Staff were also observed to give explanations to patients in a kind considerate manner, when

assisting with care. One patient said “The staff couldn’t be better. They always come to you when you need help, which I think is very important.”

Examination of records and discussion with staff and the manager confirmed that the risk of falling and falls were appropriately managed. There was evidence of appropriate onward referral as a result of the post falls review and with their GP.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients.

The dinner time meal was presented nicely and was appetising and nutritional. There was a good provision of choice. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Two patients made the following statements; “It’s a lovely home, Great food and good choice.” and “The food is great here.”

There was evidence that patients’ weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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 continued to meet the patients’ needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patient’s next of kin, if this was appropriate.

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

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.

Each patient had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control (IPC)

The home was and tidy with evidence of a programme of upkeep of décor and furnishings. Many of the patients’ bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained with good accessibility for patients to avail of.

Cleaning chemicals were maintained safely and securely.

The home's most recent fire safety risk assessment was dated 9 September 2021. An area of improvement was made for a time bound action plan to be submitted to the home's aligned estates inspector detailing how the three recommendations from this assessment will be addressed. Fire safety training, fire safety drills and safety checks in the environment were being maintained on an up-to-date basis.

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

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided.

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.

5.2.4 Quality of Life for Patients

Patients were seen to be comfortable, content and at ease in their environment and interactions with staff. One patient said; "I have been here 15 years and like it very much. The staff are all lovely."

There was a nice atmosphere and ambience with patients enjoying the company of one another and staff, relaxing and watching television.

Patients were seen to be engaged in a variety of social activities with staff such as games and going for walks.

One compliment from a relative contained the following statement "It's difficult to put into words how grateful I am for everything you have done. All of the activities, photos, videos and contact you enabled, will be memories I will never forget."

The genre of music and television channels was in keeping with residents' age group and tastes.

5.2.5 Management and Governance Arrangements

Ms Joan McLaughlin has been is the registered manager of the home since 14 November 2012. Staff spoke positively about the manager, saying that they was readily available for support and that they would have no hesitation with reporting any concerns or worries if such were to happen. Also available during this inspection were the organization's human resources manager and quality assurance manager. Both these were undertaking governance audits at the time of this inspection and were included in the feedback of the inspection at its conclusion.

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.

A review of the record of accidents and incidents found these to be appropriately recorded and reported to all relevant stakeholders. The manager carries out a monthly audit of all accidents and incidents to establish if there are any patterns of trends and need for corresponding actions.

The home is visited each month by a representative of the responsible individual. A report is then published of these visits for relevant parties to examine. A review of the last two monthly monitoring visit reports found these to be well maintained with corresponding action plans put in place to address any issues identified.

Discussions with the manager together with review of the record of complaints confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

6.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The one area of improvement and details of the Quality Improvement Plan was discussed with Ms Joan McLaughlin, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(4)(a) Stated: First time To be completed by: 7 July 2022	The registered person shall submit a time bound action plan to the home's aligned estates inspection detailing how the recommendations from the fire safety risk assessment dated, 9 September 2021, will be addressed. Ref: 5.2.3 Response by registered person detailing the actions taken: Action Plan requested was submitted to RQIA Estates Inspector 05 July 2022.

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



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