



# Unannounced Care Inspection Report 15 September 2020



## Slieve Na Mon

**Type of Service: Nursing Home (NH)**  
**Address: Tircur Road, Omagh, BT79 7TY**  
**Tel No: 028 8225 1132**  
**Inspector: John McAuley**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide care for up to 60 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> East Eden Ltd</p> <p><b>Responsible Individual(s):</b> Una McDonald</p>	<p><b>Registered Manager and date registered:</b> Joan McLaughlin – registration pending</p>
<p><b>Person in charge at the time of inspection:</b> Joan McLaughlin</p>	<p><b>Number of registered places:</b> 60</p> <p>A maximum of 38 patients in category NH-DE and 19 patients in category NH-MP/MP(E), 1 identified patient in category NH-LD. The home is also approved to provide care on a day basis for a maximum of 8 persons. There shall be a maximum of 2 named residents receiving residential care in category RC-DE and 1 named resident receiving residential care in category RC-MP(E)</p>
<p><b>Categories of care:</b> 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><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 57 plus 1 patient in hospital</p>

### 4.0 Inspection summary

This unannounced inspection took place on 15 September 2020 from 09.30 to 16.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection prevention and control (IPC)
- Care delivery
- Fire safety
- Governance and management

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Joan McLaughlin, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 25 patients, one patient's relative and 10 staff. "Tell us" cards were placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection: duty rota, staff recruitment records, IPC records and audits, patients' care records, Statement of Purpose, monthly monitoring records, accident and incident reports and quality assurance audits.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

#### 6.0 The inspection

##### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 4 March 2020.

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> Second time	The registered person shall ensure that nursing staff carry out clinical and neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of accident reports and a sample of care records confirmed that appropriate observations and actions had been put in place.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 38.3  <b>Stated:</b> Second time	The registered person shall ensure any gaps in an employment record are explored and explanations recorded. Before making an offer of employment applicants should have a pre-employment health assessment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of a sample of two recently appointed staff members' recruitment records confirmed both these areas had been put in place.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 21  <b>Stated:</b> Second time	The registered person shall ensure that patients at risk of developing pressure damage have a care plan in place to prescribe the care required. The care plan must include the frequency of repositioning and skin checks and be reviewed as required in keeping with the patient's needs.  Repositioning records should be accurately maintained to evidence care delivery.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of one care record pertaining to this need confirmed that there was accurate prescribed care with corresponding repositioning records.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure monthly care plan review and daily evaluation records are meaningful and patient centred.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspection of care records confirmed that this was put in place.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure individual activity assessments are completed for all patients. These should inform a person centred plan of care which is reviewed as required. Daily progress notes should reflect patient's activity provision. Activities provided in the home should be reviewed at least twice a year.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspection of activity records, assessments and discussions with activities co-ordinators confirmed that these areas have been put in place.</p>	<p><b>Met</b></p>

## 6.2 Inspection findings

### 6.2.1 Staffing levels

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The duty rota identified the person in charge in the absence of the manager. The manager confirmed that a competency and capability assessment was in place for any member of staff who has the responsibility of being in charge in her absence.

Staff spoke positively about their roles and duties, staffing, the provision of training, managerial support, teamwork and morale. Staff stated that they felt patients received a good standard of care and were treated with respect and dignity.

Observations of care practices found these to be organised and unhurried. This included ancillary staff such as housekeeping, catering and maintenance.

### 6.2.2 Safeguarding patients from harm

The manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations. Matters relating to this were discussed with the manager who also demonstrated good management and oversight of this.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

### **6.2.3 Environment**

The home was clean and tidy throughout. The décor and furnishings were well maintained. Patients' bedrooms were comfortable and tastefully furnished with many nicely personalised. Communal areas were comfortable and spacious with appropriate furnishings. Bathrooms and toilets were clean and hygienic.

A significant number of wardrobes were free standing and posed a risk if a patient were to pull on same in the event of a fall. The risk was also heightened by storage of items on top of the wardrobes. These wardrobes need to be risk assessed in accordance with current safety guidelines with subsequent appropriate action. This has been identified as an area of improvement.

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

### **6.2.4 Infection prevention and control**

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic.

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment. Staff were observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

### **6.2.5 Fire safety**

The home's most recent fire safety risk assessment was dated August 2020. There were no recommendations made from this assessment.

Fire safety checks on the environment were maintained on a regular and up-to-date basis. Fire safety training and fire safety drills were also up-to-date.

### **6.2.6 Care practices**

Staff interactions with patients were polite, friendly, warm and supportive. Patients were at ease in their environment and interactions with staff. Staff were attentive to patients' needs and any expression of assistance were promptly responded to by staff. Two patients in one unit of the home exhibited heightened distress but staff attended to both with kindness and care with effect. Staff explained tasks and duties and sought consent with statements such as "Would you like to..." Patients were well dressed with attention to personal care and hygiene.

Patients were cared for in one of the communal lounges or their individual bedrooms and staff were knowledgeable of the need for social distancing and isolation of patients, when appropriate.

Activities were in place for a number of patients, who were seen to have enjoyment and fulfilment from same. Other patients choose to partake in pastimes of choice such as watching television, reading or rest. Some patients due to issues of assessed need at the time of this inspection were unable to engage in such but staff were attentive and diligent to their needs accordingly.

Feedback from patients in accordance with their capabilities was positive in respect of the provision of care, their relationship with staff and the general atmosphere in the home. Some of the comments made included the following statements:

- “They’re very good to you here and so is the food.”
- “I couldn’t complain about a thing. They’re all very good.”
- “It’s very good here, as is all the staff, so too is the food.”
- “We are looked after very well.”
- “I simply love it here in every way. I feel very privileged to be here. The care is very good, beyond doubt.”
- “A lovely home. I feel very relaxed and at ease here.”

For those patients who could not articulate their views, they confirmed non-verbally that they felt fine and were cared for well.

### **6.2.7 Dining experience**

The dinner time meal was appetising and nicely presented with good provision of choice in place. Fluids and drinks were readily available and provided for. Patients were assisted in an unhurried, organised manner which was calm and conducive to the meal being enjoyed. Staff attended with patients in a kind, caring manner with patients’ individual needs being catered for.

Tables were nicely set with choice of condiments for those patients who wished to have their meals in the dining room(s).

### **6.2.8 Care records**

An inspection of four patients’ care records was undertaken. Care plans were detailed and up-to-date. Records were individualised to the needs of the person. They included referral information received from a range of Health and Social Care Trust (HSCT) professionals and in addition included risk assessments and care plans.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. Discussions with staff and patients, and observations made provided assurances that care is provided in an individualised manner.

A number of patients’ care records indicated that their care reviews with their aligned named worker(s) were overdue. Advice was given to establish an up-to-date record of patients’ care reviews and then make contact with aligned named worker(s) for those reviews which are overdue. This was identified as an area of improvement.



## 6.2.9 Governance

The home has a defined managerial structure as per the home's Statement of Purpose.

Throughout this inspection staff praised the support received from management and informed that they felt supportive and would have no hesitation in reporting concerns.

The two most recent monthly monitoring reports ( 29 July 2020 and 27 August 2020) by the responsible individual or person on their behalf, were inspected. These reports were recorded in good detail with good evidence of governance arrangements.

An inspection of accident and incident reports from April 2020 was undertaken. These events were found to be managed and in large reported appropriately. Two reports were not notified to RQIA which were an oversight with agreement to report retrospectively. The reports evidenced good managerial oversight in terms of how the reports were scrutinised by the manager, follow up care as needed and analysis of accidents and incidents.

A selection of audits was inspected in relation to: accidents and incidents, hand hygiene and IPC and pressure care. These were completed regularly and any areas for improvement were identified and addressed.

### Areas of good practice

Areas of good practice were found in relation to staff teamwork, feedback from patients, managerial oversight of accident and incidents and the pleasant atmosphere and ambience of the home.

### Areas for improvement

Two areas for improvement were identified during the inspection. These were in relation to risk assessing all free standing wardrobes and establishing an up-to-date list of outstanding patient reviews and contacting aligned named worker(s) for those reviews which are overdue.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

## 6.3 Conclusion

There was a nice atmosphere in the home, with patients seen to be at ease and comfortable in their environment and interactions with staff. Staff were kind and caring in their interactions with patients and undertook their roles and duties in an organised, unhurried manner. Regulatory documentation was well maintained in an organised accessible manner. Good assurances were received from the manager that the two areas of improvement identified at this inspection would be duly acted on.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joan McLaughlin, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27(2)(t)  <b>Stated:</b> First time  <b>To be completed by:</b> 15 October 2020	<p>The registered person shall risk assessed all free standing wardrobes in accordance with current safety guidelines with subsequent appropriate action.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Risk assessment completed and each wardrobe has now been safely secured to the wall in each bedroom.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 21(1)  <b>Stated:</b> First time  <b>To be completed by:</b> 15 October 2020	<p>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.</p> <p>Ref: 6.2.8</p> <p><b>Response by registered person detailing the actions taken:</b> All Social Workers with clients who have care reviews outstanding have been contacted and are presently in the process of updating same.</p>



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