

Inspection Report

15 September 2023



Slieve Na Mon

Type of service: Nursing Home
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

<p>Organisation/Registered Provider: East Eden Ltd</p> <p>Responsible Individual: Dr Una McDonald</p>	<p>Registered Manager: Mrs Joan McLaughlin</p> <p>Date registered: 23 October 2020</p>
<p>Person in charge at the time of inspection: Mrs Joan McLaughlin</p>	<p>Number of registered places: 60</p> <p>This number includes a maximum of 39 patients in category NH-MP/MP(E) and one identified patient in category NH-LD. The home is also approved to provide care on a day basis for a maximum of eight persons.</p>
<p>Categories of care: Nursing (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. Each unit has its own access to enclosed outdoor space.</p>	

2.0 Inspection summary

This unannounced inspection took place on 15 September 2023, from 9.30am to 3.15pm, the inspection was conducted 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.

Staff promoted the dignity and well-being of patients and care was delivered in a kind manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

One area requiring improvement was identified during this inspection in respect of wedging opening doors.

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. Addressing this one area of improvement will further enhance the safety in the home.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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 Mrs Joan McLaughlin at the conclusion of the inspection.

4.0 What people told us about the service

Patients confirmed that they were happy with their life in the home, their relationship with staff and the provision of meals. Two patients made the following comments; "It's excellent here. I have no problems." and "The staff are very kind and the food is very good. I like my room."

Staff spoke in positive terms about the provision of care, staffing levels and workload, the teamwork, training and the managerial support.

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 16 May 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall review the process for the management of medicines for new admissions and for patients returning from hospital to ensure safe systems are in place.	Carried forward to the next inspection
	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.	

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.

There were systems in place to ensure staff were trained and supported to do their job. Staff spoke positively on the provision of training. Mandatory training for staff was maintained on an up-to-date basis. Additional training related to specific care needs of the patients accommodated was also provided with arrangements in place for staff to attend.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the Manager was not on duty. Any nurse who has the responsibility of being in charge of the home, in the absence of the Manager had a competency and capability assessment in place. This assessment is reviewed on an annual basis. This is good practice.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. It was observed that staff responded to requests for assistance promptly in a caring and

compassionate manner. The Manager explained how the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Staffing levels were also reviewed at the monthly monitoring visits by a representative of the responsible individual. Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and described the Manager as being very supportive.

Systems were in place to confirm that nursing and care staff were registered with their aligned professional organisation, which was either the Nursing & Midwifery Council or the Northern Ireland Social Care Council (NISCC). Checks were maintained on a monthly basis of these registrations.

5.2.2 Care Delivery and Record Keeping

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 interactions with patients were observed to be polite, friendly, warm and supportive. The atmosphere was relaxed, pleasant and friendly. One patient said "The staff are very good."

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 who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

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

Examination of records and discussion with the Manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. It was observed in two of the units, that patients were enjoying their meal and their dining experience. One patient said "The food is very good." Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff were able to describe how they were made aware of patients' individual nutritional and support needs, including recommendations made by the Speech and Language Therapist (SALT).

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Daily progress records were kept of how each patient spent their day and the care and support provided by staff.

Care records were maintained safely and securely.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, 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.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout. Patients' bedrooms were comfortable, suitably furnished and nicely personalised. Communal areas were suitably decorated and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The grounds of the home were nicely maintained.

There were two doors wedged open in the laundry basement service area of the home. An area of improvement was made to cease the practice of wedging doors open.

The home's most recent fire safety risk assessment was dated 19 October 2022. There was evidence to confirm that the recommendations made from this assessment had been addressed.

Fire safety training, safety drills and checks in the environment were maintained on an up-to-date basis.

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 also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Patients

General observations of care practices confirmed that patients were able to choose how they spent their day.

Patients were engaged in activities such as; watching TV, resting or chatting to one another, or participating in planned activities with the activities co-ordinator.

A visiting clergyman was visiting the home for a group of patients who wished to partake in this service.

Records of activities and events were suitably maintained.

Patients were seen to be comfortable, content and settled in their surroundings and in their interactions with staff. Two patients made the following comments; "I am treated well here. I have no complaints." and "Everything is the best here. It couldn't be any better. It is a lovely place."

The genre of music and television played was in keeping with patients' age group and tastes.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Joan McLaughlin has been the Registered Manager in this home since 23 October 2020.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and that the Manager was regularly available if they wished to speak with them.

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 adults at risk. Discussions with staff confirmed knowledge of who to report concerns to.

A review of the records of accidents and incidents which had occurred in the home found that these were managed and reported to the relevant stakeholders correctly.

Review of the record of complaints and discussions with the Manager, confirmed that expressions of complaint were taken serious and managed appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. These included audits of infection prevention and control, care records and care practices.

The home was visited each month by a representative on the behalf of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in excellent detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The reports were also available for review by patients, their representatives, the Trust and RQIA.

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	2*	0

* the total number of areas for improvement includes one which are carried forward for review at the next inspection.

The one area of improvement and details of the Quality Improvement Plan was discussed with Mrs 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 13(4) Stated: First time To be completed by: 16 May 2023	<p>The registered person shall review the process for the management of medicines for new admissions and for patients returning from hospital to ensure safe systems are in place.</p> <p>Ref: 5.1</p>
	<p>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.</p>
Area for improvement 2 Ref: Regulation 27(4)(d) Stated: First time To be completed by: 15 September 2023	<p>The registered person must ensure that the practice of wedging fire safety door is ceased.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>There have been 2 door guard fire door retainers attached to the two doors identified in the laundry and are working effectively.</p>

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care

