

Inspection Report

Name of Service: Slieve Na Mon
Provider: East Eden Ltd
Date of Inspection: 22 September 2024

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 Ciara Cochrane – not registered
Service Profile: 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. The home provides care for patients living with dementia, learning disabilities and mental disorders. There are a range of communal areas throughout the home and patients have access to an enclosed outdoor space in each unit.	

2.0 Inspection summary

An unannounced inspection took place on 22 September 2024 from 8.55 am to 4.20 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 15 September 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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. Refer to Section 3.2 for more details.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider. Another area for improvement will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I'm alright. The staff are kind but I might be crabbit", "They (the staff) are looking after me well" and "The staff are looking after me fierce well. Everyone is more than good to me."

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

Relatives commented positively about the overall provision of care within the home. Comments included: "My mum is well looked after. They (the staff) are all so nice" and "No problems that I see. Everyone is sound."

Staff spoken with said that Slieve Na Mon was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. One staff member said that, "The teamwork is very good," while another staff member said, "Ciara (the manager) is fantastic."

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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 also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care. A restrictive practice register was monitored and reviewed monthly.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs.

Patients told us that staff offered choices to them throughout the day regarding food and drink options. Discussion with staff and examination of the daily menu confirmed patients on a modified diet were only offered one menu choice. This was discussed with the manager who agreed to review the menu in consultation with catering staff.

Patients confirmed that activities took place in the home. An activities planner was available for review. Activities included one to one pamper sessions, darts, board games, faith needs, exercise, dancing and music. Patients enjoyed regular outings on bus trips.

There was an enclosed central garden area which had been maintained well and had ample seating for patients who wished to go outside.

Patients spoken with told us they enjoyed living in the home and that staff were friendly. One patient told us, "I enjoy having a smoke and watching TV."

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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.

Most care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Some patients required one to one care. Care plans reviewed lacked specific details of the one to one care required or any information regarding the patients likes and preferences. An area for improvement was identified.

Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy and patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The manager confirmed that patient equipment is replaced as and when required and painting and decorating was planned to address areas of the home which required refurbishment.

Laundered and unlabelled clothing and footwear which had the potential for communal use were identified in the laundry. This was discussed with the manager who agreed to review the current system in use in the laundry. An area for improvement was identified.

Fire safety measures were in place to protect patients, visitors and staff in the home. The manager confirmed actions required from the most recent fire risk assessment had been completed in a timely manner.

Observation of staff and their practices evidenced that basic infection prevention and control (IPC) practices were not consistently adhered to. For example, staff were not bare below the elbow and were wearing watches and gel nails; all staff did not take opportunities to apply and remove personal protective equipment (PPE) correctly or to wash their hands particularly after contact with patients and the patient's environment.

There was evidence that systems and processes were in place to manage IPC which included regular monitoring of the environment and staff practice to ensure compliance. However, audits were not completed consistently and lacked action plans to address the deficits identified. This was discussed with the manager and an area for improvement was identified.

Discussion with the manager confirmed there was no identified nurse to lead on IPC procedures and compliance within the home. Assurances were given that a registered nurse would be identified to lead on this role.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Ciara Cochrane has been the manager in this home since 5 May 2024. Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance.

Review of a sample of records evidenced that systems for reviewing the quality of care, other services and staff practices were in place.

There was a system in place to manage any complaints received. A compliments log was maintained and any compliments received were shared with staff.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	1

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Ciara Cochrane, Manager, and Dr Una McDonald, Responsible Individual, 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	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. 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.
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: 22 September 2024	The registered person shall ensure detailed and person centred care plans are in place for those patients who require one to one care. Ref: 3.3.3 Response by registered person detailing the actions taken: For all those who require one to one , all care plans have been reviewed and updated to reflect a more person centred approach

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 22 September 2024</p>	<p>The registered person shall ensure a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene.</p> <p>Where deficits are identified during the monitoring system, an action plan should be put in place to drive the necessary improvement.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have been re-educated on the importance of infection control, alongside extra training and overall in-house staff meetings with each department In house workshops, clinical supervisions, and daily audits have increased The overall Governance has increased to ensure where deficits are noted action plans have been commenced to drive the necessary improvements</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6.11</p> <p>Stated: First time</p> <p>To be completed by: 22 September 2024</p>	<p>The registered person shall ensure that any unlabelled items of clothing and footwear are identified and labelled or disposed of to eliminate the potential for communal use.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: All unlabelled items of clothing and footwear are labelled or if not claimed disposed off There is a weekly protocol in place to action same and not let items accumulate</p>

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