



Unannounced Care Inspection Report 25 September 2018



Slieve Na Mon

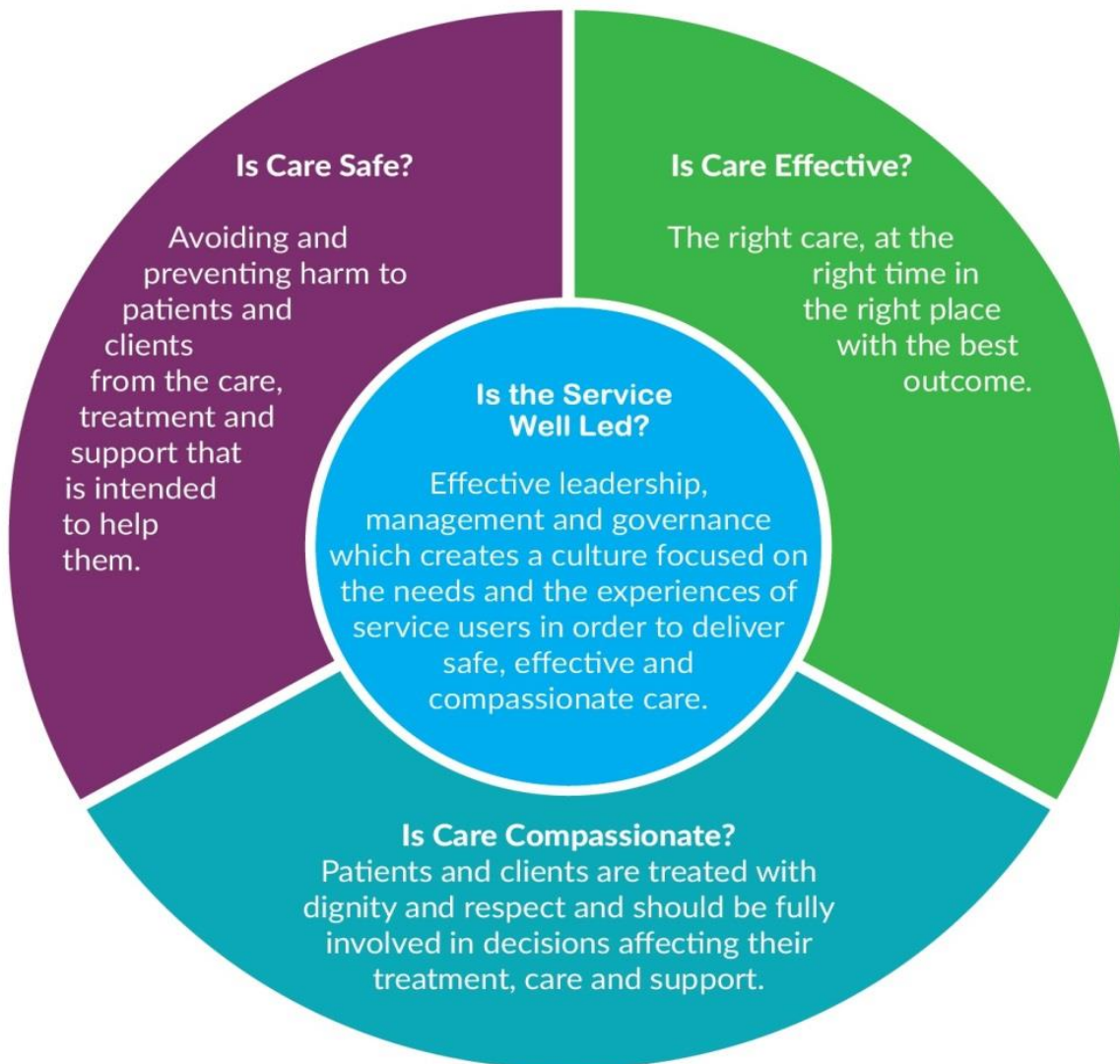
Type of Service: Nursing Home
Address: Tircur Road, Omagh, BT79 7TY
Tel no: 028 8225 1132
Inspector: Kieran Murray

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: East Eden Ltd Responsible Individual: Brendan McDonald	Registered Manager: See Box Below
Person in charge at the time of inspection: Ms Ronagh McCaul	Date manager registered: Ms Ronagh McCaul – Registration pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. 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. LD (E) – Learning disability – over 65 years.	Number of registered places: 60 comprising: 36 NH-DE 19 NH-MP/MP(E) 3 RC-MP(E)(identified patients) 1 NH-I 1 NH-LD/LD (E)

4.0 Inspection summary

An unannounced inspection took place on 25 September 2018 from 10.00 to 17.30 hours.

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.

The term 'patient' is used to describe those living in Slieve Na Mon which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to training, supervision and appraisal, care reviews, good communication between patients, staff and other stakeholders, management of complaints, incidents/accidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff recruitment and inductions.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Miss Ronagh McCaul, 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.

4.2 Action/enforcement taken following the most recent inspection dated 25 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 25 January 2018.

There were no further actions required to be taken following the most recent 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with six patients and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff and staff not on duty during the inspection, to an online survey.

The inspector requested that the manager place a 'Have we missed you?' card in a prominent position in the home to allow patients, relatives and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the agency.

The following records were examined during the inspection:

- duty rota for all staff from 17 September 2018 to 7 October 2018.
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three staff recruitment and induction files
- four patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 the most recent inspection dated 25 January 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 20 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: First time	The registered person shall ensure that the settings of pressure mattresses are monitored and recorded, to ensure their effective use.	Met
	Action taken as confirmed during the inspection: The inspector evidenced that labels indicating pressure mattress settings were placed on all boxes at end of beds. The inspector evidenced completed weight monitoring charts. Staff meeting minutes same.	
Area for improvement 2 Ref: Standard 23 Stated: First time	The registered person shall ensure that repositioning charts are maintained to accurately reflect the delivery of care as outlined in the care plan.	Met
	Action taken as confirmed during the inspection: The inspector evidenced that reposition charts reflected the needs recorded in care plans and that audits were carried out.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 17 September 2017 to 7 October 2018 evidenced that the planned staffing levels were adhered to. In the absence of the manager a registered nurse was designated as the person in charge of the home. The manager advised the inspector that should shortfalls in staffing levels arise then these would be covered by the home's staff or a small pool of staff from a registered nursing agency. Discussion with staff evidenced that there were no concerns regarding staffing levels. Rotas also confirmed that catering and

housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Slieve Na Mon.

We also sought the opinion of patients on staffing provision via questionnaires. No questionnaires were received prior to the issue of the report.

We also sought relatives' opinion on staffing via questionnaires. No questionnaires were received prior to the issue of the report.

Staffs spoken with on the day of the inspection were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey; no responses were received prior to the issue of the report.

Staff commented:

"There was more support in the home since the new manager took up post."

"There is good communication in the home."

A nurse was identified to take charge of the home when the manager was off duty. A review of the records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the manager. The assessments had been signed by the management to confirm the assessment process has been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home. The inspector noted that these assessments were reviewed annually.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of three staff recruitment files evidenced that these were not maintained in full accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records did not evidence that gaps in employment were explored at interview and that a number of physical and mental health assessments were not available in the files on the day of the inspection. An area for improvement has been stated in relation to Standard 38 of The Care Standards for Nursing Homes (2015).

Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

The inspector reviewed records relating to completed orientation and induction programmes of newly appointed staff at the commencement of their employment. The records reviewed did not evidence that all staff had received an orientation and induction programme at the commencement of their employment with the home. An area for improvement has been stated in relation to Standard 39 of The Care Standards for Nursing Homes (2015).

The inspector examined records relating to staff completed and planned supervision and appraisal and found them to be completed in line with the home policy.

Discussion with the manager and review of written records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for four. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. There was evidence that staff have attended additional training, for example, Continence training, in order to meet the needs of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report. On the day of the inspection the inspector noted that the home had made one safeguarding referral to the Trust since the last inspection 20 June 2017. The referral was made appropriately and management plans were made in conjunction with the Adult Safeguarding team as evidenced by the inspector. A safeguarding champion has been identified.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

On the day of the inspection it was noted that there were a number of restrictive practices in place. It was noted that they were of the least restrictive nature considered necessary in conjunction with the patient, HSC Trust, patient representatives and the home staff; there were reviewed yearly or sooner if required.

We reviewed accidents/incidents records from the previous inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the nurse in charge/manager/registered manager and staff there was evidence of proactive management of falls.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, and lounges, dining room/s and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients and staff spoken with were complimentary in respect of the home’s environment.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were adhered to.

The inspector evidenced staff carrying out good handwashing techniques between patients.

The manager had an awareness of the importance of monitoring the incidents of HCAI’s and/or when antibiotics were prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment.

Areas for improvement

The following areas were identified for improvement in relation to staff recruitment and induction.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients’ weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Patients who had been identified at risk of losing weight had their weight regularly monitored. This ensured that any weight loss was identified and appropriate action taken in a timely

manner. Patients who were identified as requiring a modified diet, had the relevant risk assessments completed. Care plans in place were reflective of the recommendations of SALT and care plans were kept under review. A sampling of food and fluid intake charts confirmed that patients' fluid intake was monitored. On review of supplementary care charts the inspector noted that a small number of charts were completed in different colours of ink. The manager assured the inspector that this issue would be discussed at handovers, and at the next team meetings. The record of discussion can be reviewed at the next care inspection.

The inspector was informed that care plans are reviewed on a monthly basis or sooner if required. These records evidenced that the home carries out reviews with patients if changes to their needs are identified. The inspector examined annual reviews in place and the records were satisfactory. The home maintains daily progress notes for each patient.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Discussion with the manager and a review of records confirmed that staff meetings were held on a regular basis and records were maintained. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10.00 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and the activity co-ordinator and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. The day's menu was displayed in the dining room. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Patient comments:

"The food is lovely and the staff give us a choice."

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thank you all for the love, care and support you all gave to our wee XXXX XXXX XXXX. Much appreciated."

There were systems in place to obtain the views of patients and their representatives on the running of the home. The inspector reviewed a relatives audit report dated January 2018 and noted positive results.

Consultation with six patients individually, and with others in smaller groups, confirmed that living in Slieve Na Mon was a positive experience.

Patient comments:

“I have never had any complaints.”

“My lighting fixtures came with me.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

It was evident that the home maintains a range of methods to communicate with and record comments of patients, including through routinely speaking with patients on a daily basis and being available for discussion. In the course of the inspection it was noted that patients freely approached staff as they wished and appeared to enjoy good relationships with staff.

Ten relative questionnaires were provided; No questionnaires were returned prior to issue of the report.

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within

the categories of care registered. The inspector reviewed the home's Statement of Purpose (2018) and Patient Guide (2018) and found them to be satisfactory. Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. An application for registration with RQIA has been received and the application is being reviewed. Staff expressed confidence in the management team within the home. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

Staff comments:

"The manager is very approachable."

"The manager is very hands on."

"XXXX has done a lot of positive things in the past month."

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The inspector noted that the home had not received any complaints since the last inspection 20 June 2017.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, catering arrangements, medication and wound care. The results of these audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medications and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Ronagh McCaul, 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.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that all relevant recruitment checks have been completed prior to the staff member commencing in post. This is in reference to:</p> <ul style="list-style-type: none"> • any gaps in employment record are explored and explanations recorded. • a pre-employment health assessment is obtained in line with guidance and best practice. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A robust system is in place to explore any gaps in employment and explanations are documented.</p> <p>A pre employment health assessment is obtained from all new employees in keeping with best practice guidelines</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that all staff who are newly appointed, including agency staff and students, complete a structured orientation and induction and records are retained.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff appointed complete an induction programme including students and agency staff, these records are retained to indicate that the process has been completed.</p>

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



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