



The **Regulation** and
Quality Improvement
Authority

Inspector: Sharon Loane
Inspection ID: IN021963

Slieve Na Mon
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**Unannounced Care Inspection
of
Slieve Na Mon**

26 January 2016

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 26 January 2016 from 11.00 to 14.00 hours.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015.

For the purposes of this report, the term 'patients' will be used to describe those living in Slieve Na Mon which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 15 October 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	*1

*The recommendation stated is a recommendation that has been stated for a second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Joan McLaughlin, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: East Eden Ltd / Dr Brendan McDonald	Registered Manager: Mrs Joan McLaughlin
Person in Charge of the Home at the Time of Inspection: Mrs Joan McLaughlin	Date Manager Registered: 14 November 2012
Categories of Care: NH-I, RC-MP(E), NH-LD, NH-LD(E), RC-DE, NH-MP, NH-MP(E), NH-DE	Number of Registered Places: 60
Number of Patients Accommodated on Day of Inspection: 54 – Nursing 4 - Residential	Weekly Tariff at Time of Inspection: £493.00 - £593.00

3. Inspection Focus

This inspection was undertaken to follow up on the issues raised as a result of an unannounced care inspection on 15 October 2015.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager;
- discussion with the deputy manager;
- discussion with patients and relatives;
- a general tour of the home and review of a random selection of patients' bedrooms, bathrooms and communal areas;
- examination of a selection of patient care records;
- examination of a selection of records pertaining to the inspection focus;
- observation of care delivery; and
- evaluation and feedback.

During the inspection, the majority of patients were spoken with in smaller groups; four care staff, the deputy manager, two registered nurses and one patient's representative.

Prior to inspection the following records were analysed:

- the registration status of the home;
- written and verbal communication received by RQIA since the previous care inspection;
- the returned quality improvement plan (QIP) from the care inspection of 15 October 2015;
- notifiable events submitted since the previous care inspection.

The following records were examined during the inspection:

- three patient care records
- staff training records
- complaints record.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Slieve Na Mon was an unannounced care inspection dated 15 October 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last care inspection on 15 October 2015.

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Regulation 27 (4) (b)</p> <p>Stated: First time</p>	<p>The registered person must take adequate precautions against the risk of fire by ensuring that doors in the smoking rooms are not wedged open and furniture within the smoking rooms meet fire safety standards.</p> <p>An urgent actions record was issued.</p> <p>Action taken as confirmed during the inspection:</p> <p>The smoking rooms were observed on two occasions during the inspection and doors were closed appropriately. Notices were displayed advising that the doors are to remain closed at all times. The furniture in the smoking room has been replaced and is more suitable for this environment in terms of fire safety. The risk assessment has been updated. This requirement has been met.</p>	<p>Met</p>
<p>Requirement 2</p> <p>Ref: Regulation 14 (2)(c)</p>	<p>The registered person must ensure that unnecessary risks to the health and safety of patients are identified and so far as possible eliminated. This includes the storage of toiletries and food thickening agents.</p>	<p>Met</p>

<p>Stated: First time</p>	<p>An urgent actions record was issued.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>A copy of the risk assessment for storage of toiletries (October 2015) and a discussion with the registered manager advised that magnetic locks had been fitted to all vanity units. During a tour of the home specifically in the nursing dementia units a number of vanity units were examined and were evidenced to be locked. There was no evidence of food thickening agents being stored inappropriately. This requirement has been met.</p>	
<p>Last Care Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p>	<p>It is recommended that the policy in relation to communicating effectively is reviewed and updated to reflect regional guidelines including breaking bad news and that staff are knowledgeable regarding the reviewed policy.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The policy for “communicating effectively” has been reviewed and reflects the regional guidelines for Breaking Bad News. The registered manager advised that the policy is been discussed at training sessions facilitated by the Palliative Care Link Nurse. This recommendation has been met.</p>	

<p>Recommendation 2</p> <p>Ref: Standard 46 Criteria (1)(2)</p> <p>Stated: First time</p>	<p>It is recommended that management systems pertaining to infection prevention and control are developed to ensure compliance with best practice.</p> <p>Particular attention should focus on the areas identified on inspection.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager advised that management systems pertaining to infection prevention and control are currently being developed in accordance with the Regional Healthcare and Cleanliness Audit tool.</p> <p>The areas identified at the previous care inspection have and/or are been actioned;</p> <ul style="list-style-type: none"> • all signage and notices have been laminated and displayed appropriately • a sample of pull cords throughout the home were examined and all of which had a wipe able sheath • the identified toilet seat has been replaced • the manager advised that all clinical waste bins are been replaced and are in the process of being ordered • the wall in the identified bathroom has been repaired. <p>This recommendation has been partially met and has been stated for a second time.</p>		

<p>Recommendation 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>It is recommended that an audit of all wheelchairs is completed to ensure that they safe, well maintained and are suitable for use. Records should be maintained to evidence all maintenance checks and actions taken.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>An audit of wheelchairs has been completed however the information recorded needs to be developed to ensure robustness. This was discussed with the registered manager, for example the audit should include an inventory of all wheelchairs, date of maintenance check and any identified actions that are required. The registered manager advised that this would be discussed with the maintenance officer and developed accordingly. A number of wheelchairs have been replaced and the manager advised that additional wheelchairs have been ordered. This recommendation has been met.</p>		

<p>Recommendation 4</p> <p>Ref: Standard 6 Criteria 14</p> <p>Stated: First time</p>	<p>It is recommended that patients personal care needs are regularly assessed and met to include (but is not limited to) oral health care, hair and grooming needs. Records should be completed to evidence care delivered or not delivered. Training should be provided for all care staff to further enhance the delivery of care in this regard.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>At this inspection, the majority of patients were observed. The standard of patients' personal care and presentation was completed to a satisfactory standard. The registered manager advised the clinical lead nurse has been carrying out competency assessments in regards to all aspects of personal care. A review of the template being used to complete the competency assessments evidenced that all aspects of personal care and patient presentation were included. However, the template should be further developed to identify any outcomes and/or actions required and the time scale identified for review to ensure staff are provided with adequate training and that learning has been embedded into practice. The registered manager agreed to action this accordingly. A record was available to evidence that personal care was delivered or not delivered and was monitored by registered nurses. A discussion with care staff confirmed that competency assessments had been completed and staff were knowledgeable in regards to all elements of personal care to ensure that the patients privacy and dignity was been upheld at all times. This recommendation has been met.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>It is recommended that risk assessments are completed with regard to the free standing electric heaters to ensure that the home environment is safe for patients.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the risk assessment for free standing electric heaters evidenced that this has been completed October 2015 and identified actions have been implemented. At time of inspection, electric heaters were consistent with the information recorded in the relevant risk assessment. This recommendation has been met.</p>		

5.3 Additional Areas Examined

5.3.1. Consultation with Patients, Relatives and Staff

The majority of patients were spoken with individually and /or in smaller groups; four care staff, the deputy manager, one registered nurse and one patient representative were also consulted.

Observations confirmed that patients who could not communicate due to their condition were relaxed and content in their environment. Patients were observed to be in either the lounge or in their bedroom and reflected their choice. There was evidence of good relationships between patients and staff. Staff were observed to attend to patients' needs in a caring and sensitive manner.

Patients were complimentary regarding the care they received from staff and stated that they felt safe in the home.

One patient's representative spoken with was very complimentary of the care delivered and praised the staff for all the care and attention provided to their loved one. No concerns were raised.

5.3.2 Staffing arrangements

Duty rotas spanning a two week period were reviewed and these evidenced that the registered nurses skill mix was on occasion below the recommended staffing ratio as per the DHSSPS Care Standards for Nursing Homes, April 2015. This was discussed with the registered manager who advised the home had recently recruited registered nurses and when they commenced employment the recommended 35% skill mix would be maintained. The staffing levels for care staff were evidenced to be maintained above the 65% ratio skill mix as recommended in the DHSSPS Care Standards for Nursing Homes, April 2015.

No issues in relation to the provision of care and care records were observed, nor were there any concerns raised regarding staffing levels by patients or staff at time of inspection. The registered manager discussed possible measures to deal with the deficit in the interim period and gave assurances that the health and welfare of patients was not compromised. RQIA are satisfied with the assurances given and will continue to monitor staffing levels at subsequent care inspections to ensure that they are appropriate to deliver care to meet the needs of the patients at any given time.

5.3.3 Care records

A review of three care records evidenced that a detailed plan of care was available for each patient generated from a comprehensive and holistic assessment process and was reflective of person-centred principles. The care records evidenced the involvement of the patient and their relatives/representatives in the development and review of care plans incorporating the decisions made, the agreements reached and the information which was shared. Assessments and care plans were reviewed at agreed time intervals or more frequent depending on the needs of the patient. The outcomes of care delivered were monitored and recorded contemporaneously. No concerns were identified.

Areas for Improvement

No areas for improvement were identified.

Number of Requirements:	0	Number of Recommendations:	0
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Joan McLaughlin as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

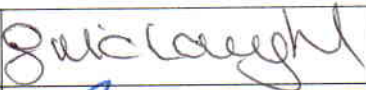

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Statutory Requirement: No requirements resulted from this inspection			
Recommendations			
Recommendation 1 Ref: Standard 46 Criteria (1)(2) Stated: Second time	It is recommended that management systems pertaining to infection prevention and control are developed to ensure compliance with best practice. Particular attention should focus on the areas identified on inspection.		
Response by Registered Person(s) Detailing the Actions Taken:			
Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response		Date Approved	

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

Quality Improvement Plan			
Statutory Requirement: No requirements resulted from this inspection			
Recommendations			
Recommendation 1 Ref: Standard 46 Criteria (1)(2) Stated: Second time	It is recommended that management systems pertaining to infection prevention and control are developed to ensure compliance with best practice. Particular attention should focus on the areas identified on inspection.		
	Response by Registered Person(s) Detailing the Actions Taken: We have obtained the format to follow for a more indepth audit for infection control and this is now in place and will be formally completed atleast every 6 months as advised aswell as our other infection control audit continuing.		
Registered Manager Completing QIP		Date Completed	10.03.16
Registered Person Approving QIP		Date Approved	10.03.16
RQIA Inspector Assessing Response		Date Approved	

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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RQIA Inspector Assessing Response	Sharon Loane	Date Approved	14.03.2016
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