Unannounced Care Inspection Report
26 September 2019

Slieve Na Mon

Type of Service: Nursing Home
Address: Tircur Road, Omagh, BT79 7TY
Tel No: 0288225 1132
Inspector: Michael Lavelle

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 registered nursing home which is registered to provide nursing care for up to 60 persons with residential care for two named patients.

3.0 Service details

Organisation/Registered Provider: East Eden Ltd **Responsible Individual(s):** Una McDonald – registration pending	**Registered Manager and date registered:** Joan McLaughlin – registration pending
Person in charge at the time of inspection: Joan McLaughlin, manager	**Number of registered places:** 60 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)
Categories of care: 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.	**Number of patients accommodated in the nursing home on the day of this inspection:** 58

4.0 Inspection summary

An unannounced inspection took place on 26 September 2019 from 09.15 hours to 18.30 hours.

This inspection was undertaken by the care inspector.

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 all areas for improvement identified in the home 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 the day to day provision of training, adult safeguarding, the home’s environment, communication between residents, staff and other key stakeholders, the culture and ethos of the home, the provision of activities, maintaining patient’s dignity and privacy, management arrangements and the systems to provide management with oversight of the services delivered and maintaining good working relationships.

Areas requiring improvement were identified in relation to notification of accidents/incidents, the storage of thickening agents, staff recruitment and personal emergency evacuation plans. Further areas for improvement were identified in relation to post falls management, management of skin integrity and patient centred evaluation of care.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during the inspection are included in the main body of this report.

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	3	*5

*The total number of areas for improvement includes one under the care standards which has been stated for a second time.

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.

4.2 Action/enforcement taken following the most recent inspection dated 13 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 13 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 23 September 2019
- 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
- one staff recruitment and induction file
- agency staff induction records
- five patient care records
- a selection of patient care charts including food and fluid intake charts, personal care records, behaviour charts and reposition charts
- a sample of governance audits/records
- staff supervision and appraisal planner
- nurse in charge competencies
- complaints record
- compliments received
- a sample of reports of visits by the registered provider
- smoking policy and evidence of fire drills
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not 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 previous inspection(s)

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 43 **Stated:** First time	The registered person shall ensure that all patients have effective access to the nurse call system as required.	**Partially met**
	Action taken as confirmed during the inspection: Examination of records and review of the environment evidenced that risk assessments had been completed for some patients who, due to cognitive impairment, cannot use the nurse call bell. However, some patients who could use the system did not have effective access to it due to the positioning of the nurse call bell in their bedrooms. **This area for improvement has been partially met and has been stated for a second time.**	

6.2 Inspection findings

6.3 Is care safe?

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

We arrived at the home at 09.15 hours and were greeted by the manager who was friendly and welcoming. They 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 duty rota for week commencing 23 September 2019 evidenced that the planned staffing levels were generally adhered to. The manager confirmed there was ongoing recruitment for care assistants with new staff due to start within the coming weeks; any gaps in the planned staffing are covered by staff within the home. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. We reminded the manager that the duty rota should clearly identify the first name and surname of all staff working in the home.

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 patient's needs in a timely manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that the care they received was good and that they felt safe and happy living in Slieve Na Mon.

We reviewed one staff recruitment records. The records confirmed that the appropriate checks had been completed with the applicant to ensure they were suitable to work with older people. Improvements were required with the recording of explanations of gaps in employment history and the completion of pre-employment health checks; this was identified as an area for improvement.

Staff confirmed that newly appointed staff completed a period of induction alongside a mentor and they would actively support new staff during their induction to the home. Records were maintained of the induction process. We asked the manager to review the induction procedure to ensure staff are appropriately signed off on completion of their induction. Those inducting staff should date and sign when they have been successfully inducted.

Review of records evidenced the registered manager had a robust system in place to monitor staffs' registrations with their relevant professional bodies.

Review of records and discussion with staff and the manager confirmed that staff training, supervision and appraisal was well maintained and actively managed. We asked the manager to ensure all supervisory staff complete training in supervision and performance appraisal. This will be reviewed at a future care inspection.

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.

We reviewed accidents/incidents records since February 2019 in comparison with the notifications submitted by the home to RQIA. There was evidence that at least five notifications were not submitted in accordance with regulation. This was discussed with the manager who agreed to submit the outstanding notifications retrospectively. An area for improvement was made.

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. If required, an action plan was devised to address any identified deficits. This information was also reviewed as part of the monthly monitoring visits.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control measures were generally well adhered to. Staff were knowledgeable in relation to best practice guidance with regards to hand hygiene and use of personal protective equipment (PPE) and were observed to wash their hands/use alcohol gels and use PPE at appropriate times. We observed two incidents where staff did not adhere to best practice guidance. This was discussed with the manager for action as required.

The environment in Slieve Na Mon was warm, fresh smelling, clean and well decorated. We commended the manager on the cleanliness of the home and how well the gardens were maintained.

Many of the bedrooms did not have a lockable space for patients. This was discussed with the manager who agreed to audit all bedrooms to ensure patients have access to a lockable space.

As we walked around the home we observed food and fluid thickening agents left unsupervised in a lounge area. Discussion with staff confirmed these are usually stored in unlocked cupboards throughout the home. The need to ensure that thickening agents are stored appropriately was discussed with the manager and an area for improvement made.

Fire exits and corridors were observed to be clear of clutter and obstruction. Review of records evidenced that fire drills were completed regularly with further drills planned for the rest of the year. The need to ensure all staff participate in a fire evacuation drill at least once a year was discussed. Fire safety training is provided at the start of employment and is repeated at least twice a year. This will be reviewed at a future care inspection.

Review of the personal emergency evacuation plans (PEEP's) for patients in the home evidenced the folder was not reflective of the actual number of patients in the home at the time of the inspection. This was brought to the attention of the manager who agreed to review and update the records immediately. This has been identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the day to day provision of training, adult safeguarding and the home's environment.

Areas for improvement

Two new areas for improvement under the regulations were identified in relation to notification of accidents/incidents and the storage of thickening agents.

Two new areas for improvement under the care standards were identified in relation to staff recruitment and PEEP's.

	Regulations	Standards
Total number of areas for improvement	2	2

6.4 Is care effective?

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

Review of six patient care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. Care plans for the most part were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of infection, skin integrity, falls 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.

It was positive to note that patient's care plans were reviewed and falls risk assessment was updated post fall. However, clinical and neurological observations recorded were not in keeping with best practice guidance. This was discussed with the manager and an area for improvement was made.

Review of wound management for one patient evidenced that the care plan had not been updated to reflect professional's involvement. Registered nurses should ensure care plans are updated in a timely manner to reflect the assessed needs of all patients.

We reviewed the management of skin integrity. Patients identified at risk of developing pressure damage were repositioned regularly with staff recording the condition of the patients' skin at this time. Review of one record confirmed the care plan had not been updated to reflect the change in frequency of repositioning. In addition, the patients repositioning record did not evidence regular repositioning in keeping with their assessed needs. This was discussed with the manager and an area for improvement made.

Whilst it was positive to see evidence of patient centred care plans and care evaluations, some of the records contained repetitive nursing entries with some evaluations of care not personalised. This was discussed with the manager who agreed to discuss this with registered nursing staff and implement a qualitative element to the care records audit. An area for improvement was made.

Reviews of supplementary care charts such as food and fluid intake records and personal care charts evidenced these were well completed.

Discussion with staff evidenced they 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.

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 would raise theses with the manager or the nurse in charge. When we spoke with staff they had a good knowledge of patients' abilities and level of decision making; staff knew how and when to provide comfort to patients because they knew their needs well.

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

Discussion with the manager and review of records confirmed that staff meetings were held and records were maintained. However, staff meetings should be held on at least a quarterly basis for all staff. This was discussed with the manager who agreed to diarise staff meeting for the next 12 months to ensure staff meetings are held on a regular basis. This will be reviewed at a future care inspection.

Areas of good practice

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

Areas for improvement

One new area for improvement under the regulations was identified in relation to post falls management.

Two new areas for improvement under the care standards were identified in relation to management of skin integrity and patient centred evaluation of care.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 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.

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 staff and review of the activity programme displayed in the home evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. We observed patients enjoying live music in one of the lounges. Many were singling along and clapping their hands. Patients said they enjoyed this activity and the visitors who come to the home to provide other activities. One patient said they particularly enjoyed the gardening therapy.

The environment in the home had been adapted to promote positive outcomes for the patients. Many of the bedrooms were personalised with possessions that were meaningful to the patients and reflected their life experiences.

White boards were used throughout the home as prompts for the date and weather. While these could be read by some of the people who live in the home some patient's reported they couldn't read them. In addition, the menus in the home were not in a suitable format to meet the needs of all the patients as there were no pictorial menus. The manager agreed to review the activity boards and menus currently used in the home to ensure they met the needs of all the patients in the home. This will be reviewed at a future care inspection.

We reviewed the compliments file within the home. Some of the comments recorded included:

“To all the staff who looked after our relative. We can’t thank you enough. They were very happy and well cared for and loved you all.”

“Thank you all so much for the help and guidance you have given me this summer.”

We spoke with eight patients individually, and with others in smaller groups who told us they were happy and content living in Slieve Na Mon. Patients said:

“I like it in here. Sure they are very good.”
“I like the whole place”
“Everything is sort of good.”
“There are good and friendly people working here. They help me with everything.”
“It is great here.”
“The staff are very good to me here.”

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.

We provided questionnaires in an attempt to gain the views of relatives who were not available during the inspection; we had two responses within the timescale specified. The respondents were very satisfied with care across all four domains. We spoke with three relatives during the inspection. Some of the comments received included:

“The care has been very good during my relative’s time here.”
“The care is excellent. It always has been. I wouldn’t have a bad word said about it.”
“It’s a beautiful place. My only complaint would be the three month wait for my relative to see the dietician.”

Staff were asked to complete an online survey; we received no responses within the expected timeframe. Nine members of staff were spoken with during the inspection. Some of the comments received included the following:

“The staff are lovely and helpful. I am dying about all the residents. I would take them home.”
“I like the residents here. It’s my passion.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were 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, the provision of activities and maintaining patient’s dignity and privacy.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Since the last inspection there has been a change in management arrangements. RQIA were appropriately notified. 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 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.

There was evidence of good management oversight of the day to day working in the home. A number of audits were completed to assure the quality of care and services; areas audited included wounds, care records, infections, hand hygiene, environment and accidents and incidents. Some of the audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were actioned as required. We discussed ways the manager could enhance the current governance systems particularly with regards to the care regards and falls analysis. The manager agreed to review these.

Review of records evidenced that visits were completed on a monthly basis on behalf of the responsible individual to check the quality of the services provided in the home. The reports of these visits were available in the home.

The annual quality report was not available for inspection. The manager agreed to follow up on this post inspection and action as required. This should be forwarded to the aligned care home inspector on completion.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately in line with best practice guidance. Although historic deficits in complaints management were identified we were assured that the current manager has a robust system in place. Patients spoken with said they would be confident if they raised a complaint that it would be dealt with accordingly. We asked the manager to ensure staff are aware that expressions of dissatisfaction from patients and relatives should be managed as a complaint.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management arrangements and the systems to provide management with oversight of the services delivered and maintaining good working relationships.

Areas for improvement

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

	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 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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 30 (1) (d) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively with all due haste. Ref: 6.3
	Response by registered person detailing the actions taken: This is now done timely and is ongoing. Follow ups (form 2) are also completed as necessary.
Area for improvement 2 **Ref:** Regulation 13 (4) (a) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure thickening agents are stored in a secure place. Ref: 6.3
	Response by registered person detailing the actions taken: A storage area in each unit has been identified for the safe storage of 'in use' thickening agents and these areas are secure. Staff have been educated in the importance of keeping thickening agents correctly and safely stored in order to prevent harm to residents.
Area for improvement 3 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** With immediate effect	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. Ref: 6.4
	Response by registered person detailing the actions taken: Trained staff have all been made fully aware of the importance of 24hr neurological observations following head injury or unwitnessed fall. All clinical/neurological observations are fully recorded on their resident goldcrest file. All accidents are audited so it can be quickly identified if any aspect of the post falls protocol has been omitted and can therefore be actioned promptly.

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 43 **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall ensure that all patients have effective access to the nurse call system as required. Ref: 6.1
	Response by registered person detailing the actions taken: All residents have a nurse call bell and nurse call lead in their bedroom that they can now easily access when in bed. There have been a few identified residents that have had a risk assessment carried out regarding safety aspect of having a nurse call lead available to them in their room and this has been clearly documented. They still hgave full and easy access to the nurse call wall mounted bell in their bedroom.
Area for improvement 2 **Ref**: Standard 38.3 **Stated:** First time **To be completed by:** With immediate effect	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. Ref: 6.3
	Response by registered person detailing the actions taken: This is now an ongoing process to fully check application forms pre and during the interview process. Pre employment health checks are part of the application package. Staff files are also audited to ensure all information is in place pre commencement date of employment.
Area for improvement 3 **Ref:** Standard 48.7 **Stated:** First time **To be completed by:** 26 October 2019	The registered person shall ensure the personal emergency evacuation plans (PEEP's) are maintained in an up to date manner. Ref: 6.3
	Response by registered person detailing the actions taken: The Personal Emergency Evacuation Plans are checked and updated by administration daily and amended/updated as required.
Area for improvement 4 **Ref**: Standard 21 **Stated:** First time **To be completed by:** 26 October 2019	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. Ref: 6.4

	Response by registered person detailing the actions taken: Trained staff are now fully aware of this. It has been highlighted to the trained staff to ensure, in particular, when a resident is been nursed palliately to always amend the careplan regarding repositioning to ensure that reduction in repositioning has been highlighted and specific instructions for pressure relieving care is documented so that it is corresponding to the actual repositioning care regime been delivered as is best practice.
Area for improvement 5 **Ref**: Standard 4.9 **Stated:** First time **To be completed by:** 26 October 2019	The registered person shall ensure monthly care plan review and daily evaluation records are meaningful and patient centred. Ref: 6.4
	Response by registered person detailing the actions taken: All trained staff have been informed of this and a marked improvement noted and ongoing. Careplan evaluations are now very specific to the area identified and informative in the evaluation precess. Careplan evaluations are also audited as part of the auditing process on residenrt care files. Daily/nightly evaluations of residents care are detailed and specific and are audited so any short comings are identified quickly and discussed with individual staff and improvement plans put in place. They are then monitored and audited for improvement.

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

The Regulation and Quality Improvement Authority

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