



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 8 and 10 July 2019



Slieve Dhu

Type of Service: Nursing Home

Address: 43 Bryansford Road, Newcastle, BT33 0DW

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Inspectors: Dermot Walsh and Joseph McRandle

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.

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 provides care for up to 47 patients.

3.0 Service details

Organisation/Registered Provider: Slieve Dhu Ltd Responsible Individual: Micheal Rodgers	Registered Manager and date registered: Mandy Lacey 11 March 2015
Person in charge at the time of inspection: Mandy Lacey	Number of registered places: 47 There shall be a maximum of 1 named resident receiving residential care in category RC-I.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 45

4.0 Inspection summary

An unannounced inspection took place on 8 July 2019 from 09.30 hours to 17.30 hours and 10 July 2019 from 11:00 hours to 13:00 hours.

This inspection was undertaken by the care and finance inspectors.

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

The inspection assessed progress with 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. Areas for improvement in respect of the previous finance inspection have also been reviewed and validated as required.

Evidence of good practice was found in relation to staffing arrangements, staff recruitment, training, adult safeguarding, infection prevention and control, the home's environment, staff handover and management of nutrition management. Further good practice was found in relation to incidents management, quality improvement and maintaining good working relationships, recording of transactions undertaken on behalf of patients, recording patients' personal property and the hairdresser and podiatrist signing records to confirm that the treatment took place.

Areas requiring improvement were identified in relation to the lunch mealtime routine, recording of wound observation charts, monitoring of patients following a fall and with record keeping in relation to the use of restrictive practices.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

Comments received from patients, people who visit them and staff during and after 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	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Mandy Lacey, registered 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 20 June 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 June 2019. No further actions were required to be taken following the most recent inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings; registration information; and any other written or verbal information received, for example, serious adverse incidents.

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. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff week commencing 8 July 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 file
- three patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- RQIA registration certificate
- a sample of records of monies and valuables held for two patients
- a sample of records from purchases undertaken on behalf of three patients
- a sample of payments to the hairdresser and podiatrist
- a sample of records of personal property for two patients

Areas for improvement identified at the last care 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 manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspections

Areas of improvement identified at the last care inspection of 20 November 2019 have been reviewed. All six areas for improvement have been met.

Areas of improvement identified at the last finance inspection have been reviewed. All three areas for improvement were met.

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.

The manager confirmed that the number of staff and the skill mix of staff on duty at any given time was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota for week commencing 8 July 2019 confirmed that the planned staffing level and skill mix was adhered to. 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. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and their visitors consulted spoke positively in relation to the care provision in the home. Staff consulted confirmed that they were satisfied the staffing arrangements in the home were suitable to meet patients' needs.

A review of a recently employed staff member's recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. References had been obtained and records indicated that AccessNI checks had been conducted.

Checks were evidenced to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC). Similar checks were made on care workers to ensure that they were registered on the Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified.

A record of any training that staff had completed was maintained in the home. Staff spoke positively in relation to the provision of training in the home. Compliance with training was monitored monthly on a training matrix. A system was in place to communicate with staff whose training was about to lapse to ensure completion. There was evidence of upcoming training on first aid and fire safety and a 2019 training plan had been completed.

There was evidence that any nurse given responsibility of taking charge of the home in the absence of the manager had first completed a competency and capability assessment to assure the manager of their competence prior to taking charge.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Discussion with the manager confirmed that they were aware of the regional safeguarding policy and procedures. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Falls in the home had been monitored monthly for pattern and trend. However, a review of accident records identified a shortfall. This will be discussed in section 6.4.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits, corridors and stairwells were observed to be clear of clutter and obstruction. Bedrooms and communal rooms were maintained clean and tidy. Compliance with best practice on infection prevention and control had been well maintained. There were no malodours detected in the home. Appropriate doors had been locked to promote patient safety.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment, training, adult safeguarding, infection prevention and control and the home's environment.

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

6.4 Is care effective?

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

Dietary requirements, such as the need for a diabetic diet, were communicated through staff handovers. Information also included the consistency of patients' food and fluids. Staff confirmed that the shift handover provided them with all necessary information to provide care to patients. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Training in using new International Dysphagia Diet Standardisation Initiative (IDDSI) indicators to ensure that patients were safely given the correct foods and fluids was implemented. Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

We reviewed the lunchtime meal experience during the inspection. Patients dined in the main dining room or at their preferred dining area such as their bedroom or the lounge. Patients had been transferred to the dining room from approximately 12.15 hours. Discussion with staff and observation of the mealtime routine evidenced that meals were not served to patients in the dining room until 12.45/13.00 hours. This was discussed with the manager and identified as an area for improvement.

The menu offered a choice of meal for lunch and evening meal. Modified meal choices were not evident on the menu displayed at the entrance to the dining room, however, choices for modified meals were offered to patients who required this on a daily basis the day before the meal. This was discussed with the manager who agreed to review this. Heated trolleys maintained the temperature of food prior to serving. Food taken outside of the dining room was covered on transfer. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. All food including desserts were freshly prepared in the home. A range of drinks were offered to patients. Patients consulted confirmed that they enjoyed the meal.

Patients’ risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence, a care plan was developed to guide staff in measures to prevent skin breakdown. Wound care records had been maintained. The wound care plan was reflective of recommendations from a tissue viability nurse. However, wound observation charts had not been completed consistently at the time of wound dressing to monitor the progress of the wound treatment. An area for improvement was made. Records of repositioning had been maintained.

Falls in the home were monitored on a monthly basis for any patterns and trends in times or locations of the fall. This would be to review the pattern to proactively plan measures to reduce the incidences of falls where possible. Falls risk assessments and care plans had been developed and updated monthly or following a fall. Accident records had been maintained indicating that the appropriate persons had been notified of the fall, however, a review of one patient’s monitoring records following an unwitnessed fall evidenced that neurological observations had not been monitored. An unwitnessed fall can have the potential of a head injury and should be monitored as a head injury. This was discussed with the manager and identified as an area for improvement.

When a restrictive practice, such as the use of bedrails had been implemented, there was evidence within the patient’s care records of an initial assessment completed to ensure safe use. This assessment was reviewed regularly. The continued use of this restrictive practice was monitored at the evaluation of the patients’ care plans. We reviewed one patient’s care records where there was an alarm mat in use in the patient’s bedroom. The patient’s records did not evidence through assessment or care planning the need for the alarm mat. There was no evidence within the patient’s care records of the alarm mat being discussed with the patient or next of kin. This was discussed with the manager and identified as an area for improvement.

Each staff member was aware of their roles and responsibilities within the team. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff handover and nutrition management.

Areas for improvement

Areas for improvement were identified in relation to the mealtime routine, wound care, monitoring of patients following a fall and with restrictive practice.

	Regulations	Standards
Total number of areas for improvement	0	4

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 were observed to deliver care in a caring and timely manner. Patients confirmed that they were happy with the interactions that they had with staff. Some of their comments can be found in this section. Staff knocked on patients' doors before entering and personal care was delivered behind closed doors. Patients were afforded choice, privacy, dignity and respect.

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.

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

- “Just a word of thanks for the excellent care you provided for mummy. The care, activities, meals and staff will be hard to match. As a family we wish you all the best.”
- “Words cannot say strongly enough how ... feel about the care and attention ... received during his stay at Slieve Dhu. We, his family, are very grateful that he was placed in your care.”
- “We want you to know ... and our family very much appreciated the excellent care you provided to”

Consultation with 14 patients individually, and with others in smaller groups, confirmed that living in Slieve Dhu was a positive experience. Patient questionnaires were left for completion. One was returned. The respondent indicated that they were very satisfied that the home was providing safe, effective and compassionate care and that the home was well led.

Patients consulted during the inspection commented:

- “This is a very good home. Staff are lovely. We don't have to wait long when we call them.”
- “The staff are very good. I have no complaints here. I'm very comfortable.”
- “It's not so bad here. Food is alright too.”
- “I am very comfortable. We are well taken care off.”
- “I am very comfortable. Food is good. Staff are so friendly and very sociable.”
- “It is alright. Staff are grand.”
- “It is very good. Staff are lovely.”
- “The home is very good. Very comfortable here.”

Three patients' visitors were consulted during the inspection. Patient representatives' questionnaires were left for completion. One was returned. Patients' representatives consulted during the inspection commented:

- “This place is like the Slieve Donard (Hotel). Staff are superb.”
- “We are very happy with the care here. The girls are very good.”
- “I have never had any issue with this home. Staff always keep me up to date. Staff are always very nice.”

Two questionnaires were returned which did not indicate if they were from patients or visitors. Both respondents indicated that they were very satisfied that the home was providing safe, effective and compassionate care and that the home was well led.

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from eight staff consulted during the inspection included:

- “I love it here. Couldn’t ask for a better boss.”
- “It’s good here. A good team.”
- “It’s quite good.”
- “I like it.”
- “Love the home. Don’t get the feedback we should.”
- “I love the work. Sometimes it’s just hard.”
- “Mandy is very approachable. We all work well together.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the 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 in maintaining the dignity and privacy of patients and valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate 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. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed. The manager did identify planned management changes coming into effect August 2019.

A system was in place to record any complaints received including all actions taken in response to the complaint. There had been no recent complaints recorded in the home since February 2019. Patients and their visitors consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home’s staff or management.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, wound care and infection prevention and control. We reviewed the care record audits. Auditing records evidenced that where shortfalls in record keeping were identified, these shortfalls were identified with staff and reviewed to ensure completion.

Monthly monitoring visits to the home were conducted by the responsible individual. Reports from the visit were available for review by patients and their visitors, staff, Trust staff and other healthcare professionals.

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.

Management of service users monies

A finance inspection was conducted on 10 July 2019. A review of a sample of patients' records was taken to validate compliance with the areas for improvement identified from the last finance inspection, these included records of purchases undertaken on behalf of patients, records of personal property and records of payments to the hairdresser and podiatrist. Financial systems in place at the home, including controls surrounding the management of patients' finances, were reviewed and were found to be satisfactory. No new areas for improvement were identified as part of the finance inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships, recording of transactions undertaken on behalf of patients, recording patients' personal property and the hairdresser and podiatrist signing records to confirm that the treatment took place.

Areas for improvement

No areas for improvement were identified during the inspection in the well led 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 Mandy Lacey, Registered 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	
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: 8 August 2019	<p>The registered person shall ensure that the lunch mealtime routine is reviewed to ensure that patients, who are brought to the dining room, are served their meals in a timely manner.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Memorandum has been circulated among all member of staff. The issue is also on the agenda on our staff meeting at the 30th August 2019.</p>
Area for improvement 2 Ref: Standard 4 Criteria (9) Stated: First time To be completed by: 8 August 2019	<p>The registered person shall ensure that wound observation charts are completed consistently at the time of dressing to monitor the progress of the wound.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Wound Matrix has been commenced on the 01/08/19. Weekly wound audit (every Thursday) is carried out by nurse manager.</p>
Area for improvement 3 Ref: Standard 22 Stated: First time To be completed by: 8 August 2019	<p>The registered person shall ensure that neurological observations are monitored for 24 hours following any patients' fall where the patient has a head injury or the potential for a head injury.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Action Plan is in place. Memorandum in circulation for all registered nurses. Post-fall Protocol is posted in treatment room and nurse station. All staff are made aware that CNS observation can be documented in epicare.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 67</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that when a restrictive practice has been implemented, an appropriate risk assessment is completed to ascertain the reason for use and a care plan is developed to guide care on the use of the restraint.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Best Interest Agreement (Consent) are in place. Residents and NOK are involved and has made informed decisions regarding restrictive practices (i.e. bedrails, alarm mats). Care plan reflects that the restrictive equipments are in use for their best interest and assessments are carried out and reviewed monthly or as soon as necessary and a written consent from the resident who has capacity or their respective next of kin is in place.</p>

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



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