



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Slieve Dhu**

**10 November 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 10 November 2015 from 10.40 to 15.20 hours.

On the day of the inspection, concerns and areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report. Refer also to section 1.2 below.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Slieve Dhu 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 14 May 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

However, one requirement in relation to care planning has been stated for a third and final time following consultation with senior management in RQIA. Please refer to sections 5.2 and 5.3.3 for further information.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>2</b>	<b>4</b>

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Mandy Lacey, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Slieve Dhu Limited Mr Micheal Rodgers – responsible person	<b>Registered Manager:</b> Mrs Mandy Lacey
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Mandy Lacey	<b>Date Manager Registered:</b> 11 March 2015
<b>Categories of Care:</b> NH-I, NH-PH, NH-PH(E), NH-TI, RC-I	<b>Number of Registered Places:</b> 47
<b>Number of Patients Accommodated on Day of Inspection:</b> 47	<b>Weekly Tariff at Time of Inspection:</b> £491 - £653

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous care inspection.

## 4. Methods/Process

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

- discussion with the registered manager
- discussion with staff
- discussion with patients
- discussion with patients' representatives
- review of patient care records
- observation during a tour of the premises
- evaluation and feedback.

The inspector met with seven patients individually and with the majority of others in groups, four care staff, three registered nurses and two patient's visitors/representatives.

Prior to inspection the following records were analysed:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- three patient care records
- complaints record
- competency and capability assessments for registered nurses
- staff induction records
- a selection of policies and procedures
- care record audits completed from May 2015 to November 2015.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection on 14 May 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 16 (1); 16 (2) (b)  <b>Stated:</b> Second time	The responsible person must ensure that: <ul style="list-style-type: none"> <li>• when a risk is identified in the risk assessments a corresponding care plan must be prepared as to how the patient's needs in respect of his health and welfare are to be met.</li> <li>• the patient's plan is kept under review</li> </ul>	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of patient care records evidenced that risk assessments, such as, MUST and nutritional assessments, were not consistently completed or reviewed. As a result, care plans were not in place for the identified needs of patients.  A review of care plans evidenced that care plans were not kept under review.  A number of other issues were identified in relation to care documentation. Please refer to section 5.3.3 for further information.  This requirement had not been met and given that	

	<p>this was to be stated for a third time, further enforcement action was considered in discussion with the Head of Nursing, Pharmacy and Independent healthcare Regulation. It was concluded that further enforcement action would not be taken at present. This requirement has been stated for a third and final time</p>	
<p><b>Requirement 2</b> <b>Ref:</b> Regulation 12 (4) (a) (b) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that food and fluids are provided in adequate quantities and at appropriate intervals. Meals must be properly prepared, wholesome and nutritious and meet their nutritional requirements.</p> <p><b>Action taken as confirmed during the inspection:</b> The registered manager stated that a new chef had been appointed and that the problems identified at the previous inspection, particularly with the pureed meals, had now been resolved.</p> <p>Patients spoken with confirmed that the food was of a good standard and no complaints were raised.</p> <p>The lunchtime meal was observed. The meal served was well presented and therapeutic diets were served in an appropriate manner.</p> <p>This requirement, as stated, has been met. However, additional concerns were identified in relation to the mealtime experience. Please refer to section 5.3.2 for further information.</p>	<b>Met</b>
<p><b>Requirement 3</b> <b>Ref:</b> Regulation 15 (2) (a) (b) <b>Stated:</b> First time</p>	<p>The registered persons must ensure that risk assessments are carried out and reviewed at least monthly or as the patient's condition changes.</p> <p><b>Action taken as confirmed during the inspection:</b> As previously stated in requirement one, a review of the care records evidenced that the required risk assessments were not consistently completed for all patients. Those risk assessments which had been completed were not reviewed on, at least, a monthly basis or as the patients' condition changed.</p> <p>This requirement has not been met and has been stated for a second time.</p>	<b>Not Met</b>
<p><b>Requirement 4</b></p>	<p>A competency and capability assessment must be carried out with any nurse who is given the</p>	

<b>Ref:</b> Regulation 20 (3)	responsibility of being in charge of the home in the absence of the manager.	<b>Met</b>
<b>Stated:</b> First time	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The competency and capability assessments for two registered nurses, who were in charge of the home in the absence of the registered manager, were reviewed and found to be comprehensive.</p> <p>However, the full name of the nurse undergoing the assessment was not always included and, although the completed assessment had been signed by the registered manager, it was recommended that these were also signed by the staff nurse. The registered manager agreed to complete this promptly.</p>	

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 35.4  <b>Stated:</b> First time	<p>The registered persons should ensure that regular audits of the care records are undertaken in order to promote continuous improvement in record keeping.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence of monthly auditing of care records. A copy of the audit was given to each named nurse to action any deficits. The registered manager stated that she re-audited records to ensure that the identified changes had been made and stated that she will continue this practice. There was some evidence that the standard of record keeping had begun to improve. This recommendation had been met.</p> <p>However, given the inspection findings in relation to care records the registered manager submitted a comprehensive action plan, post inspection, to RQIA which provided details of further actions to address the deficits identified in record keeping. Please refer to section 5.3.3 for further information.</p>	<b>Met</b>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standards 20; 36.2</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should develop a policy/procedure to guide staff on the actions to be taken in the event of a death in the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A policy had been developed on death and dying and referenced current best practice guidelines. A procedure was also in place to guide staff in the event of an expected and unexpected death in the home.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standards 32</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should include management of palliative care, death and dying in the induction programme for new staff.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The induction documentation for care staff and registered nurses had been recently updated. The management of palliative care, death and dying was included in the induction document for care staff. It was not included in the registered nurses' induction document.</p> <p>This recommendation has been partially met and has been stated for the second time.</p>	<p><b>Partially Met</b></p>

### 5.3 Additional Areas Examined

#### 5.3.1. Comments of patients, patient representatives and staff

As part of the inspection process patients, their representatives and staff were consulted and the comments received are detailed below.

##### Patients

Those patients spoken with were satisfied with the level of care provided in the home and commented on the kindness of the staff. They were satisfied with the quality and the quantity of the food provided. One patient commented on the busy atmosphere in the dining room at meal times and was of the opinion that this could be improved. These comments were shared with the registered manager. Please refer to section 5.3.2 for further information.

Patients were well presented and staff were observed to be responding promptly to patients. There were no complaints from patients.

##### Patients' Representatives

Two patients' representatives spoken with were very happy with the care being provided and no complaints were raised. One relative stated that they were "delighted" with the care and stated that they were so glad that the home was here to provide the care.

### **Staff**

Staff spoken with were generally happy working in the home and no concerns were raised in discussion.

#### **5.3.2. Mealtime experience**

The serving of the lunch time meal was observed. Meals were served in the main dining room and in the lounge. Staff were observed to be offering patients a choice of food and drinks. The meals were generally well presented and appetising and patients were observed to be enjoying their meal.

However, a number of issues were identified as follows:

- The main dining room was used as the 'staging area' for the meal service to the whole home. This meant that the atmosphere in the dining room was initially chaotic and noisy due to the number of staff present to assist with the meal service. A patient did make comment in relation to this matter. In addition, plates were stacked on a table at which a patient was about to have their meal.
- Nursing staff were not present at the meal service to guide and direct staff.
- Care staff were observed to be offering patients in the dining room clothing protectors which they declined to use. Napkins may have been more appropriate alternative but these were not made available.
- There were no condiments available on the dining tables.
- One care assistant did not know the puree meal choice for lunch when asked and stated that this could be found on the menu on display in the dining room. However, the puree meal displayed was not the meal provided to patients. In discussion, the cook explained that there had been a delay with the delivery that day and an alternative had been offered.

These issues were discussed with the registered manager who agreed to carry out observations of the mealtimes to ensure that the needs of patients were met in accordance with the care standards expected. A recommendation has been made.

#### **5.3.3. Care documentation**

Concerns were identified in relation to the completion and review of risk assessments and care plans as outlined in section 5.2. In addition, one patient did not have all their risk assessments completed and had no care plans in place following admission to the home. A recommendation has been made in this regard.



Observation of registered nurses accessing and utilising the computerised record keeping system evidenced that they lacked confidence and/or were uncertain of how and where to input data. This was confirmed during discussion with three registered nurses.

This was discussed with the registered manager who confirmed that regular audits were undertaken and that staff had received training on the system when it was introduced.

Following the inspection the registered manager submitted an action plan to RQIA on 11 November 2015 detailing further measures to be taken to improve the standards of record keeping, including, staff meetings, one to one supervision, re-training and performance management of staff as required. The manager has assured RQIA that these actions are to be implemented by 11 December 2015.

Given that a previous requirement in relation to care planning was to be stated for the third time a meeting was held with the Head of Nursing, Pharmacy and Independent Healthcare Regulation to consider enforcement action. Following the assurances given by the registered manager, who is relatively new in to post, and the submission of the action plan it was decided to state the requirement for a third and final time. This was relayed to the registered manager via a telephone conversation on 13 November 2015 and it was emphasised that continued failure to comply with requirements may result in further enforcement action being taken.

#### **5.3.4. Fire drill**

During discussion with the registered manager regarding staff training it became apparent that staff had received fire training but that no formal fire drill had been carried out within the last year. A recommendation has been made in this regard.

### **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Mrs Mandy Lacey, 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 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](mailto: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 Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 16 (1); 16 (2) (b)</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be Completed by:</b> 30 December 2015</p>	<p>The responsible person must ensure that:</p> <ul style="list-style-type: none"> <li>• when a risk is identified in the risk assessments a corresponding care plan must be prepared as to how the patient's needs in respect of his health and welfare are to be met.</li> <li>• the patient's plan is kept under review</li> </ul> <p><b>Ref: Section 5.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A nurses meeting was held on 12<sup>th</sup> November where the issues from the inspection were raised. Supervision sessions were organised and held week commencing 16<sup>th</sup> November and were completed by 23<sup>rd</sup> November. Supervision also included further training/updates in the use of Epicare. Nurses were given 4 weeks to review and update all of the residents documentation. The Registered Manager commenced auditing the care plans/risk assessments week beginning 7<sup>th</sup> December. All identifiable risks now have a corresponding care plan. More robust auditing procedures are now in place to ensure the care plans/risk assessments are implemented and evaluated on a monthly basis or as the residents condition deteriorates, whichever is sooner.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 30 December 2015</p>	<p>The registered persons must ensure that risk assessments are carried out and reviewed at least monthly or as the patient's condition changes.</p> <p><b>Ref: Section 5.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Following the meeting with all the nurses and subsequent supervision sessions, it has been reiterated to nurses the importance of making sure that risk assessments and care plans are reviewed monthly or as the patients condition changes. There are now more robust procedures in place to ensure compliance.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 30 December 2015</p>	<p>The registered persons should include management of palliative care, death and dying in the induction programme for new staff.</p> <p><b>Ref: Section 5.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> There is now palliative care information in the nurse induction pack. Following the last inspection, the information was incorporated into the</p>

	care assistant pack. There is also palliative care guidance/information box file in the nurses station that has been in place for several months.
<b>Recommendation 2</b> <b>Ref: Standard 12</b> <b>Stated: First time</b>	The mealtime experience of patients should be reviewed to ensure that the mealtime experience is in accordance with the care standards for nursing homes and current best practice guidelines.  <b>Ref: Sections 5.2 and 5.3.2</b>
<b>To be Completed by:</b> 10 January 2015	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> An additional worktop has been provided to assist with the serving of meals. All residents are offered serviettes as required. Condiments are placed on all tables in the dining room and are also available on their trollies for the residents who have their meals in a location of their choice. A new routine has been implemented in the dining room to ensure that the residents have their meals in a quiet and relaxed atmosphere.

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 48, criterion 8</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> With the return of the QIP</p>	<p>All staff should participate in a fire evacuation drill at least once a year. This should be organised and the planned date submitted to RQIA with the return of the quality improvement plan.</p> <p><b>Ref: Section 5.3.5</b></p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 4, criterion 1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 10 December 2015</p>	<p>An initial plan of care based on the pre-admission assessment and referral information should be in place within 24 hours of admission and the assessment completed within five days of admission to the home.</p> <p><b>Ref: Sections 5.2 and 5.3.2</b></p>		
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Following advice from our Risk Assessment officer, we have implemented a fire drill policy. The first fire drill will be held on 8<sup>th</sup> January 2016.</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>Mandy Lacey</p>	<p><b>Date Completed</b></p>	<p>15/12/15</p>
<p><b>Registered Person Approving QIP</b></p>	<p>Michael Rodgers</p>	<p><b>Date Approved</b></p>	<p>15/12/15</p>
<p><b>RQIA Inspector Assessing Response</b></p>		<p><b>Date Approved</b></p>	<p>21/12/15</p>

*\*Please ensure the QIP is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**

Please provide any additional comments or observations you may wish to make below: