



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 10 December 2019



Slieve Dhu

Type of Service: Nursing Home
Address: 43 Bryansford Road, Newcastle, BT33 0DW
Tel No: 0284372 5118
Inspector: Dermot Walsh

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: Aimee Estrada – registration pending
Person in charge at the time of inspection: Aimee Estrada	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: 46

4.0 Inspection summary

An unannounced inspection took place on 10 December 2019 from 09.15 to 17.15 hours by the care inspector.

The term 'patient' is used to describe those living in Slieve Dhu 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 staffing arrangements, staff recruitment, adult safeguarding, monitoring of staff professional registrations, the environment, risk assessment, staff handover, management of complaints and with quality improvement. Further good practice was identified in relation to the delivery of compassionate care, teamwork and maintaining good working relationships.

Areas requiring improvement were identified in relation to the reporting of notifiable events to RQIA and with staff training on the moving and handling of patients. An area for improvement in relation to wound care has been stated for the second time.

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 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	1	*2

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

Details of the Quality Improvement Plan (QIP) were discussed with Aimee Estrada, 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 8 and 10 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 8 and 10 July 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 previous inspection findings including 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.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

The following records were examined during the inspection:

- duty rota for all staff week commencing 2 December 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
- two staff recruitment and induction files
- four patient care records
- a sample of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider
- 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 manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: A review of the lunch mealtime routine evidenced that this area for improvement has now been met.</p>	Met

<p>Area for improvement 2</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p>	<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>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of one patient's wound care records evidenced that this area for improvement has not been fully met.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	<p>Met</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 22</p> <p>Stated: First time</p>		<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>Action taken as confirmed during the inspection:</p> <p>A review of two patients' accident records evidenced that this area for improvement has now been met.</p>	<p>Met</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 67</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>A review of two patients' care records pertaining to the use of restrictive practices evidenced that this area for improvement has now been met.</p>		

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. A review of the duty rota for week commencing 2 December 2019 confirmed that the planned

staffing level and skill mix was adhered to. 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. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Two patients consulted were of the opinion that the home was understaffed on occasion. The patients' concerns were passed to the manager for their review and action as appropriate. Staff consulted confirmed that they were satisfied the staffing arrangements in the home were suitable to meet patients' needs.

A review of two recently employed staff members' recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff members 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. A new electronic training system had been commenced in the home. This had mixed reviews from staff. Two staff consulted stated that they found face to face training of greater benefit to them as it allowed for the opportunity to question the teachings. The staffs' views were shared with the manager for their review and action as appropriate. The manager confirmed that face to face training would also be incorporated within the staff training programme. There was evidence of upcoming training scheduled for January 2020 on nutrition and hydration, oxygen therapy, palliative care and with medicines management. Compliance with staff training was monitored monthly on a training matrix. Discussion with staff evidenced that one staff member had not completed moving and handling training some six weeks post employment. This was discussed with the manager and identified as an area for improvement.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. The manager confirmed that there had not been any ongoing or recent safeguarding concerns in relation to the home.

Falls risk assessments and care plans had been developed and updated regularly or following a fall. Accident records evidenced that neurological observations had been checked and monitored for 24 hours following a fall which resulted in the patient sustaining a head injury. An area for improvement in this regard has now been met.

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. There were no malodours detected in the home. Compliance with best practice on infection prevention and control had been well maintained. Isolated areas identified were managed during the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment, adult safeguarding, monitoring of staff professional registrations and with the environment.

Areas for improvement

An area for improvement was identified in relation to staff training on the moving and handling of patients.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

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

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided them with all necessary information to provide care to patients.

Each staff member was aware of their roles and responsibilities within the team. Staff spoke positively in relation to the teamwork in the home. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. Several staff commented that the home’s new manager has had a positive impact on the home. Patients spoken with also expressed their confidence in raising concerns with the home’s staff and/or management.

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. Patients dined in the main dining room or at their preferred dining area such as their bedroom or the lounge. Tables had been laid appropriately for the meal. Food was served from a heated trolley when patients were ready to eat their meals or be assisted with their meals. Food was served to all patients in a timely manner. An area for improvement in this regard has now been met. A range of drinks was served with the meal. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients’ dietary requirements. A system was in place to ensure that all patients received their meal. 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. The mealtime was well supervised.

Patients’ risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. We reviewed one patient’s wound care records. Wound care records did not demonstrate adequate monitoring of the wound or management of the wound. Where there had been improvement with the wound, evidence of wound observation within the patient care records was not sufficient. An area for improvement in this regard has been stated for the second time.

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 informed the patient’s care plan. The continued use of restraint was monitored at

the evaluation of the patients' care plans. An area for improvement in relation to the use of restrictive practice has now been met.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, staff handover and with teamwork.

Areas for improvement

No new areas for improvement were identified in the effective domain.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients chose where to sit during the day; in their bedroom, the dining room or one of the lounges. Staff knocked on patients' doors before entering and personal care was delivered behind closed doors. Patients were afforded choice, privacy, dignity and respect. Staff were aware of gender preferences for the provision of personal care to patients. Staff interactions with patients were observed to be both caring and timely.

The home engaged with a Facebook group called 'Postcards of Kindness'. By participating, postcards were sent, addressed to the patients in the home, with special messages of support from all over the world. There were postcards received from United States of America and Asia. All cards were shared with patients and patients had the opportunity to respond to the senders by sending a postcard back.

A new 'i pad' service commenced in October 2019 which facilitated patients' relatives to arrange with staff to face time their loved ones in the home. This has been a positive change in the home and was featured in the local newspaper, The Mourne Observer. It was especially beneficial for relatives, unable to visit the home, to engage visually with their relative as they spoke with them. A Christmas party had been arranged for 19 December 2019. The invitation had been extended to all patients, relatives and staff. Outside entertainment had been arranged. There was also an outing arranged for attendance at a senior citizen party in the Four Seasons Hotel in Carlingford. A range of groups had arranged dates to come to the home to entertain patients with carol singing and general chat.

Consultation with nine patients individually, and with others in smaller groups, confirmed that living in Slieve Dhu was a positive experience. Two concerns raised were brought to the manager's attention for their review and action as appropriate. Patient questionnaires were left for completion. None were returned.

Patients consulted during the inspection commented:

- “The care here is very very good. Couldn’t beat it.”
- “It’s very clean. They’re very good to patients here. I couldn’t be anywhere better.”
- “The staff are very good to me.”
- “There’s no bother here. We are happy here. Staff are very kind. They’re all good staff.”

No patients’ representatives were available to consult with during the inspection. Patient representatives’ questionnaires were left for completion. Two were returned. Both respondents indicated that they were satisfied that the home provided 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 seven staff consulted during the inspection included:

- “It’s absolutely grand here. Very happy here.”
- “I love it. Staff are all friendly.”
- “I am happy here. There are steady improvements.”
- “I love it. Made to feel welcome here.”
- “I like it. Can’t complain.”

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 new 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 changed. An application to register the new manager has been received in RQIA and was being processed.

A system was in place to record any complaints received including details of any investigation and all actions taken in response to the complaint. Patients 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 and infection prevention and control.

Monthly monitoring visits to the home were conducted. Reports from the visit were available for review by patients and their visitors, staff, Trust staff and other healthcare professionals. Action plans were included within the monthly reports in response to any shortfalls identified and a review of the previous month's action plan identified if the action had been fully completed.

Discussion with the manager and review of records evidenced that not all notifiable events had been reported to RQIA as required in legislation. This was identified as an area for improvement.

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 the management of complaints, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement was identified in relation to the reporting of notifiable events to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	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 Aimee Estrada, 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 providers 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 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all notifiable events in the home are reported to RQIA. Ref: 6.6 Response by registered person detailing the actions taken: The Nursing Home Regulations (NI) 2005 and Guidance for Registered Providers and Managers of Regulated Services 2017 are being adhered and all notifiable events are reported following the inspection.
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 4 Criteria (9) Stated: Second time To be completed by: 10 January 2020	The registered person shall ensure that wound observation charts are completed consistently at the time of dressing to monitor the progress of the wound. Ref: 6.1 and 6.4 Response by registered person detailing the actions taken: Weekly wound Audit are being carried out and a new wound calendar is in place and checked daily by NIC. A wound matrix has been reviewed and audited monthly. The Nurse in Charge must report all wounds to the Home Manager. Wound Documentation Training has been arranged for the 21 st January 2020. Supervision will be carried out to all qualified staff re: Wound Management and documentation.
Area for improvement 2 Ref: Standard 47 Criteria (3) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all staff involved in the moving and handling of patients will have first completed the appropriate training. Ref: 6.4 Response by registered person detailing the actions taken: Home Manager is booked for a Train the Trainer Course - March 2020 to ensure all new staff are trained in relation to Moving & Handling prior to commencing their role.

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



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