

Unannounced Care Inspection Report 12 December 2017



Slieve Dhu

Type of Service: Nursing Home (NH)
Address: 43 Bryansburn Road, Newcastle, BT33 0DW
Tel No: 028 4372 5118
Inspector: Dermot Walsh

www.rgia.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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 47 persons.

3.0 Service details

Organisation/Registered Provider: Slieve Dhu Ltd Responsible Individual: Mr Micheal Rodgers	Registered Manager: Mrs Mandy Lacey
Person in charge at the time of inspection: Mrs Mandy Lacey	Date manager registered: 11 March 2015
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 registered places: 47 comprising: NH-I, NH-PH, NH-PH(E), NH-TI There shall be a maximum of 5 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 12 December 2017 from 09:30 to 17:30 hours.

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 Care Standards for Nursing Homes 2015.

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

The inspection assessed progress with any areas for improvement identified during and 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, training and development, risk management, the home's environment, governance arrangements, patient assessment and care planning and communication between patients, staff and other key stakeholders.

An area requiring improvement was identified under regulation in relation to compliance with best practice of infection prevention and control. Two areas under regulation have been stated for the second time in regards to bowel management. Areas for improvement under care standards were identified in relation to competency records for nurse in charge, auditing and the safe use of equipment.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	3

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

Details of the Quality Improvement Plan (QIP) were discussed with Mrs 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 25 - 26 April

The most recent inspection of the home was an unannounced care inspection undertaken on 25 and 26 April 2017. 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- 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 QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 10 patients, six staff and two patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an on-line questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed by the front door of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistleblowing and any other communication received since the previous care inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 - 26 April 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 25 – 26 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) Stated: First time	The registered provider must review the use of the front door exit keypad in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty (DoLs); and the home's registration categories.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and staff evidenced that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 19 (1) (a), schedule 3, (3) (k) Stated: First time	The registered person must ensure that supplementary care records are completed in full, in a timely manner and a system is put in place to monitor this. Particular attention should focus on the accurate completion of repositioning, bowel management and food/fluid records.	Partially met
	Action taken as confirmed during the inspection: Patient care records reviewed in relation to repositioning and food and fluid intake evidenced that these had been completed in accordance with professional guidance. There were deficits observed within records pertaining to bowel management. See section 6.5 for further information. This area for improvement has been partially met and has been stated for a second time.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person must ensure that completed supplementary care records are reviewed on a daily basis and actions taken in response to address any areas of concern are clearly indicated within the patients' care records.</p> <p>Action taken as confirmed during the inspection: A review of records pertaining to bowel management evidenced that this area for improvement has not been fully met. See section 6.5 for further information.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person must ensure that records in relation to wound management are maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Action taken as confirmed during the inspection: Patient care records pertaining to wound management reviewed had been completed appropriately.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p>	<p>The registered person should ensure care plans are written in a format which specifically directs individualised patient care and avoids the use of general terminology and abbreviations in accordance with professional guidance.</p> <p>Action taken as confirmed during the inspection: Four patients' care plans reviewed evidenced that these had been individualised to meet the individual patient's needs and had not either been generalised or been drafted with the use of inappropriate abbreviations.</p>	<p>Met</p>

Area for improvement 2 Ref: Standard 12 Stated: Second time	The registered manager should review the management of mealtimes for patients; This review should include the dependencies of patients and the level of support and assistance required to ensure that patients receive their meals in a timely manner and ensure adequate 'gaps' between meals.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of the mealtimes evidenced that there was a system in place to ensure adequate gaps between meals.	
Area for improvement 3 Ref: Standard 44 Criteria (1) Stated: First time	The registered person should ensure that tables provided in patients' bedrooms are repaired/replaced where appropriate.	Met
	Action taken as confirmed during the inspection: Identified bedroom tables had been replaced.	
Area for improvement 4 Ref: Standard 46 Stated: First time	The registered person should review practices in the laundry room to ensure that cleaning records are maintained and that any risk of cross contamination is identified and managed appropriately.	Met
	Action taken as confirmed during the inspection: Cleaning records had been introduced and maintained within the laundry room. A system was now in place to minimise any risk of cross contamination.	
Area for improvement 5 Ref: Standard 37 Criteria (5) Stated: First time	The registered person should ensure that supplementary care records are stored in accordance with professional guidance in patient confidentiality.	Met
	Action taken as confirmed during the inspection: Supplementary care records had been stored appropriately.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a regular review to ensure the assessed needs of the patients were met. Discussion with staff, patients and patients' representatives evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection. Records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Staff consulted confirmed that the training provided was relevant to their roles and responsibilities. Staff also confirmed that they were encouraged to identify training, other than mandatory, pertinent to their role that they would be interested in undertaking.

Discussion with the registered manager and staff and a review of records evidenced that staff supervision and appraisals had been conducted appropriately and a system was in place to ensure completion.

Competency and capability assessments for the nurse in charge of the home in the absence of the registered manager had been completed. However, there was no evidence of staff signature or date at the completion of the assessment. Furthermore, there was no evidence of oversight from the registered manager. This was discussed with the registered manager and identified as an area for improvement.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. An adult safeguarding champion had been identified.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. A planned programme of refurbishment work was in progress on the day of inspection and disruption to patients was observed to be at a minimum. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits were observed to be clear of clutter and obstruction.

The following issues were identified which were not managed in accordance with best practice guidelines in IPC:

- inappropriate storage in identified rooms
- rusting shower chairs in use
- shower chair not cleaned effectively after use
- identified flooring to be repaired/replaced to allow effective cleaning
- drying racks and drip trays required for identified sluices
- personal protective equipment dispensers not replenished in a timely manner

The above issues were discussed with the registered manager and an assurance was provided that these areas would be addressed with staff and measures taken to prevent recurrence. An area for improvement under regulation was made.

During the review of the environment, the pressure settings on two airwave mattresses were observed to have been incorrectly set for the patient. Furthermore, a pressure mat in a patient's bedroom was not functioning when tested. These observations were discussed with the registered manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment practice, induction of staff, monitoring registration status, risk management and the home's general environment.

Areas for improvement

An area for improvement was identified under regulation in relation to compliance with infection prevention and control.

Areas for improvement were identified under standards in relation to nurse in charge competency records and the safe use of equipment.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Supplementary care charts such as food and fluid intake and repositioning records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. However, there were significant gaps observed within bowel management records in two of three patient's care records reviewed. This was discussed with the registered manager and areas for improvement in relation to supplementary record keeping and monitoring was stated for the second time.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that they received appropriate information at the handover to meet the needs of patients.

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 could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake daily walks around the home and would avail of the opportunity to engage with patients and relatives at this time. Notices for relatives/representatives attention were displayed at the reception area and the entrance to the home.

Discussion with staff and a review of minutes of staff meetings confirmed that regular staff meetings for registered nurses and care assistants had been conducted. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made.

The registered manager confirmed that an annual quality monitoring survey was conducted with patients/patients' representatives and that statistical feedback from these surveys were included within the annual quality report.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

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

Areas for improvement

Two areas for improvement made under regulation at the previous care inspection in relation to bowel management have been stated for the second time at this inspection.

No new areas for improvement were identified during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 interactions with patients were observed to be compassionate, caring and timely. Consultation with 10 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. 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.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the main dining room on the ground floor. Patients were seated around tables which had been appropriately laid for the meal. Food was served directly from a heated trolley when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Six staff members were consulted to determine their views on the quality of care within Slieve Dhu.

Some staff comments were as follows:

- “Home looks so much better. Good staff here.”
- “We have good craic. There’s a good team spirit here.”
- “It’s great here.”
- “I love it.”
- “I like it here.”

A poster was displayed at a staffing area inviting staff to respond to an on-line questionnaire. No responses were received at the time of writing this report.

Ten patients were consulted during the inspection.

Some patient comments were as follows:

- “I like it very much. The staff are very nice.”
- “It’s alright. I’m happy here.”
- “This is a nice place here.”
- “I find the home very friendly.”
- “I have no complaints. They (the staff) are good company.”
- “I would give the staff 100 percent.”

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned.

Two patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. One of the relative questionnaires was returned within the timeframe for inclusion in the report.

Some patient representative comments were as follows:

- “The care is great. Any problems raised are addressed. I would recommend this place to anyone.”
- “The care is very good and the staff are very friendly.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be 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 in relation to dignity and privacy.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were aware of their roles and responsibilities.

Discussion with the registered manager and review of the home's complaints records evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. A copy of the complaints procedure was displayed at the reception area in the home.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

- "Thank you for the kindness and care shown to Thank you all for making her comfortable and happy in her last few years."
- "Just to say a big thank you to everyone who cared for Your kindness and care is very much appreciated."

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. The infection prevention and control audits were reviewed. Shortfalls had been identified within the auditing records. However, an action plan had not been developed to address the shortfalls. The rooms/areas reviewed had not been identified within the auditing records. This was discussed with the registered manager and identified as an area for improvement

Staff consulted confirmed that when they raised a concern, the home's management would take their concerns seriously.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

An area was identified for improvement under standards in relation to auditing.

	Regulations	Standards
Total number of areas for improvement	0	1

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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 19 (1) (a), schedule 3, (3) (k)</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person must ensure that supplementary care records are completed in full, in a timely manner and a system is put in place to monitor this. Particular attention should focus on the accurate completion of bowel management records.</p> <p>Ref: Sections 6.2 and 6.5</p> <p>Response by registered person detailing the actions taken: Staff have been reminded of the procedure for monitoring bowel management which will be audited on a regular basis by Management.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person must ensure that completed supplementary care records are reviewed on a daily basis and actions taken in response to address any areas of concern are clearly indicated within the patients' care records.</p> <p>Ref: Sections 6.2 and 6.5</p> <p>Response by registered person detailing the actions taken: Nursing staff have been reminded of their role in ensuring supplementary care records are reviewed and actioned on a daily basis. This will be audited regularly by management.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: There are now two Infection Control Link Nurses in the home who have been given the role of ensuring infection control policies and procedures are adhered to at all times. All areas highlighted in the inspection have been addressed as required.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 35 Stated: First time To be completed by: 31 January 2018	The registered person shall ensure that competency and capability assessments are signed and dated by the registered nurse on completion and include evidence of oversight from the registered manager of completion. Ref: Section 6.4
	Response by registered person detailing the actions taken: Competency and capability assessments were due this month and have been completed. A new paragraph has been inserted to clarify that the Registered Manager has confirmed the nurse is competent to take charge of the home in her absence.
Area for improvement 2 Ref: Standard 45 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that pressure relieving equipment used within the home is used safely and in accordance with the manufacturer's guidelines. This is in reference to the correct pressure settings on patients' air mattresses and a system to ensure that pressure mats in use in the home are functioning correctly. Ref: Section 6.4
	Response by registered person detailing the actions taken: A new audit has been implemented to ensure the air mattresses are set correctly and pressure mats are functioning correctly.
Area for improvement 3 Ref: Standard 35 Stated: First time To be completed by: 1 February 2018	The registered person shall ensure that infection prevention and control auditing records contain evidence of the rooms/areas which are audited for traceability and that action plans are developed/reviewed to address shortfalls identified during audit. Ref: Section 6.7
	Response by registered person detailing the actions taken: A more in-depth infection control auditing tool has been implemented which includes action plans. The link nurses have received training in implementing the auditing tool and action plans.

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



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