



Unannounced Care Inspection Report

15 March 2021



Slieve Dhu

Type of Service: Nursing Home
Address: 43 Bryansford Road, Newcastle, BT33 0DW
Tel No: 028 4372 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 nursing home registered to provide nursing care for up to 47 persons.

3.0 Service details

Organisation/Registered Provider: Slieve Dhu Ltd Responsible Individual: Micheal Rodgers	Registered Manager and date registered: Aimee Estrada 10 January 2020
Person in charge at the time of inspection: Aimee Estrada	Number of registered places: 47
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 15 March 2021 from 09.30 to 17.20. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control measures
- the environment
- leadership and governance.

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	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Aimee Estrada, 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.

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 and nine staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' and patients' relatives/representatives questionnaires were left for distribution. One was returned. A poster was also displayed for staff inviting them to provide feedback to RQIA online. The inspector provided the manager with 'Tell us' cards to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for week commencing 8 March 2021
- staff training records
- a selection of quality assurance audits
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- complaints/compliments records
- menu
- programme of activities
- RQIA certificate
- minutes of staff and patients' meetings
- three patients' care records.

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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 10 December 2019.

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 30 Stated: First time	The registered person shall ensure that all notifiable events in the home are reported to RQIA.	Met
	Action taken as confirmed during the inspection: A review of accident and incident records compared with notifications received in RQIA evidenced that this area for improvement has now been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Criteria (9) Stated: Second time	The registered person shall ensure that wound observation charts are completed consistently at the time of dressing to monitor the progress of the wound.	Met
	Action taken as confirmed during the inspection: A review of two patients' wound care records evidenced that this area for improvement has now been met.	
Area for improvement 2 Ref: Standard 47 Criteria (3) Stated: First time	The registered person shall ensure that all staff involved in the moving and handling of patients will have first completed the appropriate training.	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of training records evidenced that this area for improvement has now been met.	

6.2 Inspection findings

Staffing

On the day of inspection 45 patients were accommodated in the home. The manager confirmed the staffing arrangements in the home at the commencement of the inspection. Planned staffing levels were reflected on the duty rota week commencing 8 March 2021. The nurse in charge of the home in the absence of the manager was identified on the duty rota. Staff consulted during the inspection confirmed that patients' needs were met with the planned staffing levels and skill mix. Observation of care delivery during the inspection raised no concerns in relation to the staffing arrangements. Patients spoke positively on the care that they received. One told us, "I am happy here. Staff is very good". Another commented, "Staff always answer very quickly when I hit the call bell".

Staff confirmed that they had a good understanding of one another's roles in the home. Staff also confirmed they were satisfied that the training provided in the home was sufficient in enabling them to perform their roles safely. Compliance with mandatory training was monitored on a training matrix by the home's management on a monthly basis. The majority of staff were compliant with training requirements. Staff consulted confirmed that they had received training on infection prevention and control (IPC) and with the use of personal protective equipment (PPE) such as visors, facemasks, gloves and aprons. A system was in place to ensure that staff received an annual appraisal and at minimum two recorded supervisions throughout 2021.

Staff spoke positively in relation to the teamwork in the home. One commented, "We have good communication as a team." Staffs were observed to communicate well with each other during the inspection. One issue, which may have inhibited effective teamwork, was brought to the manager's attention for their review and action as appropriate.

There was evidence of recent staff meetings. The manager confirmed plans for conducting future meetings with staff using technology to reduce footfall in the home and increasing the number of staff available to attend.

Care delivery

There was a relaxed environment in the home throughout the day. Staff were observed to interact with patients in a compassionate and caring manner. One patient told us, "The staff are very good to me." Patients who could not verbally communicate appeared relaxed and comfortable in their surroundings. Patients we encountered were well presented in their appearance. Staff were aware of patients' needs and requirements.

A dedicated activities coordinator was employed to coordinate activities in the home assisted by two activities staff. The relevant staff had received recent online training on the provision of activities. Activities were conducted with patients as a group or on a one to one basis depending on the patients' wishes. Records of all activities conducted in the home were maintained and each patient had a care plan in place reflecting the activities they would be interested in. Musicians had recently visited the home providing entertainment from the garden. Plans were in place to celebrate St. Patrick's Day. We observed 10 patients in the dayroom socially distanced and making St. Patrick's Day cards. A large portable screen known as a video conferencing trolley (VCT) was utilised to provide pre-arranged activities such as music or armchair exercises.

The manager confirmed plans to link with a second care home for a bingo night using the VCT to communicate with each other. The VCT was also used with patients to facilitate virtual visits with family members.

An indoor visiting area had been identified in the home taking IPC measures into consideration. Visits were by appointment only. Visitors were required to perform hand hygiene and wear a facemask before entering the visiting room. In addition to indoor visiting, virtual and window visiting was encouraged.

The manager confirmed that they would normally communicate any change with patients' relatives via the telephone, post, email or during meetings with them when they came to visit loved ones or leave items for them.

The manager confirmed that they were open to the care partner concept and three care partner arrangements were in place. Arrangements have been put in place to include care partners in the home's COVID – 19 weekly testing programme. Measures were also in place to ensure that the care partners received training on hand hygiene and the use of PPE. Care partner risk assessments, agreements and care plans had been developed with involvement of the care partners and patients.

During the inspection we reviewed the lunchtime meal experience. Patients dined in the dayroom, their own bedroom or the dining room. Social distancing was promoted in the dining areas and staff were observed wearing the correct PPE when serving or assisting with meals. A three week rolling menu was available for review offering patients a choice of meals. The daily menu was displayed in the dining room. Drinks were served with meals and staff sat with patients when assisting them with their meal. Three patients consulted following lunch confirmed that they had enjoyed their meal and were of the opinion that all the food served in the home was of good quality. The manager shared the results of a recent speech and languagetherapy observation of the lunchtime experience. The study concluded that the lunchtime was observed to be operating to a high standard.

A number of compliments were noted and logged from thank you cards and letters received by the home, examples included:

- 'As a family we very much appreciate the dedication shown by the whole team at Slieve Dhu. Our heartfelt thanks and best wishes.'
- 'Just a note to thank you and the staff at Slieve Dhu for the excellent care and compassion shown to'
- 'I would like to thank all the staff for their kindness, consideration and care for I will always remember all you did.'

One patient's relative questionnaire was returned. The respondent indicated that they were very satisfied the home provided safe, effective and compassionate care and that the home was well led.

During the inspection we consulted with nine staff. Staff consulted commented:

- 'This is a lovely home. It's really nice to work here.'
- 'There is a good team here. Everyone tries to make work as stress free as possible.'
- 'I enjoy the work and love it here.'

Care records

Three patients' care records were reviewed during the inspection. Care records were maintained electronically. Wound care records had been well maintained. An initial wound care assessment was completed and this informed the wound care plan. Wound care plans were reflective of recommendations from the tissue viability nurse including wound dressing regimes and frequency of dressing. Body maps had been completed to verify the location of the wound and photographs of the wound had been taken and uploaded for comparison. Wound evaluations were completed at the time of dressing to monitor the effectiveness of the wound management. An area for improvement in this regard has now been met. Wound care records also included the outcome of any involvement from general practitioners.

We reviewed the care records of a recently admitted patient and found that the risk assessments had not been completed in a timely manner from the date of admission. This was discussed with the manager and identified as an area for improvement.

Infection prevention and control measures

When we arrived to the home we were required to wear a facemask, complete a self-declaration form regarding recent contacts and symptoms and have our temperature checked and recorded. We entered through the side door of the home and hand hygiene was available at this entrance. Personal protective equipment such as masks, visors, gloves and aprons were readily available throughout the home. No issues or concerns were identified with staff in relation to the availability or supply of PPE. Staff were observed wearing PPE correctly during the inspection.

When staff presented to the home, they changed into uniform in an identified changing area outside of the home. Staffs' temperatures were checked and symptoms checked. Staff would sanitise their hands and put on PPE before any contact with patients. Staff were aware not to come to the home if they were experiencing any signs or symptoms of COVID-19. As part of the regional testing programme, all staff were tested for COVID-19 on a weekly basis and all patients on a four weekly basis. Patients' temperatures were checked twice a day as a means to detect if any were developing symptoms. The majority of staff and patients in the home had received the second dose of a COVID – 19 vaccine.

Staff confirmed that training on IPC measures and the use of PPE had been provided. Regular hand hygiene audits had been conducted to ensure this vital practice had been conducted appropriately. We observed staff performing good hand hygiene practices during the inspection. All staff were bare below the elbow and not wearing any wrist jewellery which would inhibit effective hand hygiene. Signage was available throughout the home advising on appropriate hand hygiene technique and safe donning and doffing of PPE. Enhanced cleaning measures had been introduced into the home's cleaning regime. Additional domestic staff had been employed and additional hours allocated to domestic cleaning. The frequency of the cleaning of touchpoints had increased. Night duty staff had a separate cleaning schedule to complete.

The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Corridors and stairwells were clear of clutter and obstruction.

Fire exits and fire extinguishers were also maintained clear of obstruction. Chairs and tables in the dining area and communal seating areas had been adequately spaced to allow for social distancing. Doors leading to rooms which may contain potential hazards to patients had been appropriately locked when not in use. The home was clean, warm and tidy. There were no malodours in the home. Compliance with infection prevention and control had been well maintained. Minor deficits were managed during the inspection.

Leadership and governance

There was a clear organisational structure in the home. Since the last inspection the manager had completed the registration process with RQIA and was now registered as manager. Staff described the manager as 'very approachable' and confirmed that there was 'very good support from the home's management.' The manager was assisted by a deputy manager in the running of the nursing home.

A complaints file was available for review. Complaints records included details of issues raised during a patients' meeting in the home and the actions taken in response to the issues raised. Complaints were audited monthly and informed the monthly monitoring visit. We discussed that any area of dissatisfaction should be recorded as a complaint.

We reviewed wound care audits. There was a notice at the nurses' station to remind staff of wound dressing dates. The notice utilised a unique identifier to protect patients' confidentiality. A weekly wound audit had been implemented to ensure that wound care had been managed appropriately and that all of the wound care documentation had been completed correctly.

Patients' weights had been monitored monthly for weight loss or weight gain. Records were maintained of the actions taken when any areas of concern were identified such as referrals to and/or discussions with dieticians or general practitioners. Records also indicated that the discussions/referrals had been included within the electronic patient care records.

A system was in place to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council and care workers with the Northern Ireland Social Care Council.

Discussion with staff and the manager confirmed that there were good working relationships in the home between staff and management.

Areas for improvement

An area for improvement was identified in relation to the timely completion of admission documentation.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

The atmosphere in the home was relaxed throughout the inspection. Staffs were observed attending to patients needs in a caring and compassionate manner. Patients commented positively on the care that they received and were well presented in their appearance. Compliance with IPC had been well maintained.

Staff had received IPC training and training in the use of PPE. This training had been embedded into practice. The staffing arrangements in the home were suitable to meet the needs of patients. There was evidence of good working relationships between staff and management.

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, 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 15</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients' risk assessments are completed in a timely manner from the date of admission.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Appropriate risk assessments will be undertaken in a timely manner in relation residents admitted to the home.</p> <p>Audits will be carried out by Nurse Manager to ensure that this is adhered to.</p> <p>All Registered Nurses has been informed in writing and have undergone supervision in relation to the above.</p>

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



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