

Inspection Report

17 August 2023



Slieve Dhu

Type of Service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Slieve Dhu Ltd Responsible Individual: Mr Eoghain King	Registered Manager: Mr Martin Yeo – Not registered
Person in charge at the time of inspection: Mr Martin Yeo	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: 46
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 47 patients. Patients' bedrooms and communal areas are located over two floors and patients have access to a garden area.	

2.0 Inspection summary

An unannounced inspection took place on 17 August 2023 from 9.15 am to 5.35 pm. The inspection was carried out by a care inspector.

RQIA received anonymous information raising concerns about the home in relation to moving and handling practices, patients' skin care, staff not treating patients or each other with sufficient respect and a lack of action when concerns were reported to the home's management team. RQIA referred the concerns raised to the South Eastern Trust (SEHSCT) Adult Protection Gateway Team (APGT) for screening and appropriate action.

RQIA decided to undertake an inspection to determine if the home was delivering safe, effective and compassionate care and if the service was well led. The inspection also assessed progress with areas for improvement identified in the home since the last care inspection

The outcome of the inspection determined that patients looked well cared for and were comfortable and content in the home. Patients and their relatives spoke in very positive terms about how they found life in Slieve Dhu. Patients who were less able to voice their opinions were seen to be relaxed and comfortable in their interactions with staff.

Staff were seen to treat the patients with kindness and compassion. Staff said that they enjoyed working in the home, found teamwork to be good and felt well supported. It was observed that staff spoke to patients and each other with respect and consideration.

An area for improvement relating to topical preparations was not reviewed as part of this inspection. Areas for improvement identified are discussed in the main body of the report.

RQIA were assured that the delivery of care and service provided in Slieve Dhu was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke in very positive terms about their experiences of life in the home. Patients said staff were kind and helpful, there were enough staff to help them and that they felt well looked after. Patients said that they were able to decide how and where to spend their day. Comments made by patients included that “they are all very good”, “I feel very fortunate here”, “staff are very nice and helpful”, “the girls are all just great” and “they always ask what I want to do”.

Staff said that teamwork was good, staffing levels were satisfactory, the manager was approachable and concerns were listened to and sorted out. Staff commented that “the whole culture is open and honest”, “I really feel that I can go to anyone about anything” and “I do enjoy working here”.

Relatives said they were satisfied with the care provided and communication and that they found staff to be helpful and friendly. Comments included that “...always looks well” and “staff are very pleasant”.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Following the inspection RQIA received seven completed questionnaires from patients and relatives. All the respondents indicated that they were satisfied/very satisfied that the care provided was safe, effective, compassionate and well led. A respondent commented that “staff are very efficient and caring”.

Two staff responded to the on-line questionnaire. The responses indicated that they were satisfied/very satisfied with staffing levels and were very satisfied that the care provided was compassionate, effective and well led.

Comments made by patients, staff and relatives were brought to the attention of the management team for information and action where required.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 29 November 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4)(a) Stated: First time	The registered person shall ensure that all medicines are safely and securely stored in the home at all times.	Met
	Action taken as confirmed during the inspection: The keypad lock to the ground floor treatment room was operational. Both treatment rooms were kept locked. This area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 28 Stated: Second time	The registered person shall ensure that topical preparations in the home are dated on opening and disposed of in accordance with manufacturer's guidelines.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 23 Stated: First time	The registered person shall ensure that there is a suitable system in place to monitor that pressure relieving mattresses are set at the correct weight for the individual patient.	Met
	Action taken as confirmed during the inspection: Review of mattress settings and care records provided evidence that this area for improvement was met.	

Area for improvement 3 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that contemporaneous supplemental records are maintained regarding repositioning and bowel management.	Met
	Action taken as confirmed during the inspection: Review of care records provided evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 12 Stated: First time	The registered person shall ensure that with regard to the serving of hot drinks: <ul style="list-style-type: none"> • crockery mugs are available and offered to patients • plastic mugs are not used routinely out of habit and custom but are available if a patient prefers or has an assessed need for this type of mug. 	Partially met
	Action taken as confirmed during the inspection: This area for improvement was partially met and it has been stated for the second time. See section 5.2.2 for more information.	
Area for improvement 5 Ref: Standard 28 Stated: First time	The registered person shall ensure that medications are dispensed and administered in accordance with the home's policies and procedures and professional guidelines.	Met
	Action taken as confirmed during the inspection: Observation of medicine dispensing and administration provided evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job.

There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

There was a system in place to ensure that registered nurses, who take charge in the home in the absence of the manager, had completed relevant competency and capability assessments.

It was noted that there were sufficient numbers of staff on duty to respond to the needs of the patients in a timely way. Staff were seen to be responsive to requests for assistance and to treat patients with respect and kindness.

Staff said that, occasionally, short notice sick leave could be an issue but that efforts were made to provide cover, teamwork was very good and they would all help each other out. The manager said that agency staff were used for cover as required.

A visiting professional said that their experience of the home was consistently positive.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. There was evidence of consultation with patients and their relatives, if this was appropriate, in planning care. Patients' care records were held confidentially.

It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care. Care records included recommendations regarding pressure relieving equipment in use and the frequency of repositioning. Pressure relieving mattress settings were observed to be appropriate for the individual patients.

It was positive to note that there was a low incidence of wounds in the home. Review of wound care records evidenced that wounds were redressed as required with the recommended type and frequency of dressing. There was evidence that the Tissue Viability Nurse (TVN) and/or podiatrist had been consulted regarding wounds where required and their recommendations were followed.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails and alarm mats.

Where a patient was at risk of falling measures to reduce this risk were in place. Relevant risk assessments and care plans had been developed. Appropriate action was taken in the event of a fall.

Review of care records evidenced that these were regularly reviewed and updated to ensure that they continued to meet the needs of the patients. Informative daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Supplemental records reviewed, including for repositioning and bowel management, were seen to be consistently completed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. As the kitchen was due to be refurbished the adjacent dining room was temporarily out of use. Patients were seated either in the lounges or in their bedrooms as they preferred for their meal. Staff had made an effort to ensure patients were comfortable and had everything they needed close by.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. The food was attractively presented, smelled appetising and was served in appropriate portion sizes. A 'safety pause' was implemented to ensure patients requiring a modified or specialist diet received the correct diet. Staff demonstrated their knowledge of patients likes and dislikes and assisted them with the range of support they required with their meal.

It was observed that a good selection of plastic tumblers and glasses were available for cold drinks but all hot drinks were served in plastic mugs. This was discussed with the manager who said that the kitchen has a stock of crockery mugs and cups which should be available on tea trolleys. However, these were not available on the tea trolleys and were not offered to patients as an option. This area for improvement was partially met and has been stated for the second time.

Each day staff provided patients with the menu choices for the next day. However, it was noted that the daily menu was not on display in either the lounge, where the majority of the patients were eating, or in the dining room. An area for improvement was identified.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet.

Review of care records evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT) and/or the dietician. A choking risk assessment was not routinely completed for patients. This was discussed with the manager for information and appropriate action. Following the inspection, the manager confirmed that action had been taken to source and implement an appropriate swallow risk assessment tool. Progress in this area will be reviewed at the next care inspection.

Patients said they generally enjoyed the meals although a bit more variety would be good especially with desserts as the choices for these were quite limited. This was discussed with the manager who said that the menu was being revamped in response to a mealtime survey which had recently been completed with patients. The new menu will be rolled out once the kitchen has been refurbished.

Medications were observed to be dispensed and administered to patients appropriately.

Registered nurses said that care staff were very good at reporting any changes about patients. The care staff said that they felt well supported; a comment included that the “nurses listen, no matter how small a thing”.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy, warm and fresh smelling throughout. Patients' bedrooms were attractively personalised with items that were important to them, such as, family photos, ornaments, pictures and flowers.

The main communal areas were comfortable, tidy and welcoming spaces for patients. Fire exits and corridors were observed to be clear of clutter and obstruction. Treatment rooms were observed to be kept locked.

It was positive to note that a refurbishment and redecoration plan was ongoing with minimal disruption for patients and staff.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Equipment, such as hoists and shower chairs, was readily available for use in the home and was seen to be maintained in a clean and hygienic condition.

Patients and relatives were satisfied that the home was kept clean and tidy. A patient said that “the place is spotless, they are always cleaning” and a relative said that “the bedroom is always clean and never messy”.

5.2.4 Quality of Life for Patients

The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff.

Observations of the daily routine confirmed that staff offered patients choices throughout the day regarding, for example, what they would like to eat and drink, whereabouts they preferred to spend their time and the option to take part in activities or not.

The activity planner was displayed for patients' information. Regular planned activities included arts and crafts, 'love to move', film club, gardening, poetry club and creative writing. Birthdays and holidays were celebrated. Other planned activities included singers coming in to entertain the patients. Staff maintained a record of activity provision including activities undertaken on a one to one basis.

Patients' spiritual needs were catered for with opportunities for Holy Communion and church services in the home.

Patients confirmed that they knew what activities were on offer and were able to choose whether or not to join in and also to choose how and where they would spend their day. Patients said that "I enjoy the activities", "I know about the activities but only join in for special occasions" and "I get up and go to bed when I want, the girls help me get washed and dressed at whatever time suits me".

Relatives said that they were satisfied with the care, communication was good and that staff were helpful and friendly.

The garden had recently been improved for the patients' enjoyment; a new lawn had been laid and new benches and raised flower beds had been installed. It was positive to see that staff encouraged and assisted patients to enjoy the garden which looked well maintained and was easily accessible.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mr Martin Yeo has been managing the home since 15 April 2023. Mr Yeo is providing cover for a period of planned leave by the Registered Manager. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

Staff said that the management team were very approachable and that they were satisfied that any concerns brought to the attention of the management team were listened to and sorted out.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Eoghain King, Responsible Individual, was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity to for the team to learn and improve. Relatives said that they knew how to report any concerns or complaints and that they were confident these would be sorted out.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	0	3*

*The total number of areas for improvement includes one that has been stated for a second time and one which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Martin Yeo, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 28 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that topical preparations in the home are dated on opening and disposed of in accordance with manufacturer's guidelines.</p> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Standard 12 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that with regard to the serving of hot drinks:</p> <ul style="list-style-type: none"> • crockery mugs are available and offered to patients • plastic mugs are not used routinely out of habit and custom but are available if a patient prefers or has an assessed need for this type of mug. <p>Ref: 5.1 & 5.2.2</p>
	<p>Response by registered person detailing the actions taken: The Support Home Manager has sourced new crockery mugs/cups and will be offered to individual residents.</p>
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that a daily menu is on display in a suitable format and appropriate location in order to let patients know what choices are available at each mealtime.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: The Support Home Manager has sourced a new display board and will be updated daily for residents to have a clear visual display of the daily menu this is to be placed in the lounge until the kitchen has been refurbished.</p>

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