

Inspection Report

18 November 2021



Slieve Dhu

Type of Service: Nursing Home
Address: 43 Bryansford Road, Newcastle, BT33 0DW
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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 DhuLtd	Registered Manager: Mrs Aimee Estrada
Responsible Individual: Mr Micheál Rodgers	Date registered: 10 January 2020
Person in charge at the time of inspection: Mrs 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: 39
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 are accommodated in single bedrooms; many of which are en-suite. Patients have access to communal day rooms and a dining room. Patients have access to a garden space.	

2.0 Inspection summary

An unannounced inspection took place on 18 November 2021 from 9.10am to 6.00pm by a care inspector.

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.

Patients were well presented in their appearance and spoke positively when describing their experiences on living in the home. Comments received from patients and staff are included in the main body of this report.

Areas for improvement were identified in relation to infection control, monitoring patients following a fall, recording of activities, topical preparation use, recording administration of thickening agents and compliance with Control of Substances Hazardous to Health (COSHH) legislation.

RQIA was assured that the delivery of care and service provided in Slieve Dhu was effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the safety of patients.

Staff promoted the dignity and well-being of residents and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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 and 'Tell Us' cards 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 was observed and how staff went about their work.

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

During the inspection we consulted with 10 patients and seven staff. The majority of patients spoke positively on the care that they received and with their interactions with staff describing staff as lovely and friendly. Other specific comments were shared with the manager for their review and actions as appropriate. Staff acknowledged staffing level issues during a recent outbreak in the home but were confident that they worked well together and enjoyed working in the home and interacting with the patients. Some potential barriers to effective teamwork were

identified with staff and these were discussed with the manager for their information and action as appropriate.

We received one response from the staff online survey indicating that the staff member was not satisfied the home was providing safe, effective or compassionate care or that the home was well led quoting staffing arrangements as the cause. There was no responses from patient/relative questionnaires.

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 15 March 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 Stated: First time	The registered person shall ensure that patients' risk assessments are completed in a timely manner from the date of admission.	Met
	Action taken as confirmed during the inspection: A review of a recently admitted patient's care records evidenced that this area for improvement has now been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

All staff were provided with a comprehensive induction programme to prepare them for working with the patients. Some staff felt that the induction period may have to be longer for some newer staff who had not worked in care before. The staffs' views were shared with the manager for their information and action as appropriate.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), patient moving and handling and fire safety. A system was in place to ensure that staff completed their training. Staff confirmed that they were further supported through staff supervisions and appraisals. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Staff consulted agreed that patients' needs were met with the number and skill mix of staff on duty, though, staff also acknowledged difficulties with staffing levels during a recent COVID – 19 outbreak due to short term sick leave. One staff member indicated on the staff survey that they were not satisfied that there were sufficient staffing levels in the home. Patients spoke highly on the care that they received, though, two patients identified that they had to wait for periods of time when they had requested assistance.

Staff said there was good teamwork in the home. One staff commented, "We really came together when the pressure was on". Staff identified potential barriers to effective teamwork which were discussed with the manager for their review and action as appropriate. Staff confirmed that they understood their roles in the home and the roles of others.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The duty rota identified the nurse in charge of the home when the manager was not on duty.

Patients spoke highly on the care that they received and confirmed that they would have no issues on raising any concerns that they may have to staff. It was observed during the inspection that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well and were comfortable in each other's company.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. An allocation sheet identified the areas of the home where each staff member was to work in.

Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering; discussing patients' care in a confidential manner and by offering personal care to patients discreetly. This was good practice. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

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. Risk assessments and care plans had been completed in a timely manner from admission and an area for improvement in this regard has now been met. Patients' care records were held confidentially online.

Where a patient was at risk of falling, a dedicated falls care plan was in place to direct staff in how to manage this area of care. Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. Three accident records reviewed confirmed that the appropriate falls risk assessments and care plans had been updated following an accident in the home. Records also indicated that the appropriate persons notified of the fall. However, neurological observations had not been monitored appropriately following two of the falls. This was discussed with the manager and identified as an area for improvement.

There were only two patients in the home who had a wound which required dressing. A system was in place to ensure that wounds were dressed when this was required. Wound care records were completed at the time of wound dressing and were reviewed weekly to ensure completion and to monitor wound progress.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, alarm mats and/or bed rails. The use of restrictive practice in the home was monitored on a monthly basis to ensure that the practice remained relevant and the appropriate actions and documentation had been maintained and updated.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. Staff assisted patients throughout the day with food and fluids in an unhurried manner. Records of patients' intake and outputs were recorded where this was required. A system was in place to ensure that patients received the correct meal in accordance with their nutritional requirements. Nutritional risk assessments were carried out monthly to monitor for weight loss and weight gain using the Malnutrition Universal Screening Tool (MUST).

Some patients require to have their food and fluids modified to ensure that they receive adequate nutrition and hydration. This may include thickening fluids to aid swallowing. However, there were significant gaps in the recording of the administration of thickeners by care staff. This was discussed with the manager and identified as an area for improvement.

Many of the topical preparations in use in the home had not been dated when they had been opened. This is important when it comes to disposing of them in accordance with manufacturers' guidelines. This was discussed with the manager and identified as an area for improvement.

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. The manager confirmed additional planned refurbishment to be completed in the home. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Chemicals were observed to have been left unattended and accessible to patients during the inspection. These could be harmful to patients if ingested. In addition, thickening agents were observed accessible to patients in several patients' bedrooms. This was discussed with the manager and identified as an area for improvement.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients and staff. Environmental infection prevention and control audits had been conducted monthly.

All visitors to the home had a temperature check and symptom checks when they arrived at the home. They were also required to wear PPE and wash their hands on entry. Visits were by appointment only.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. However, during the inspection four staff were identified either wearing wrist jewellery or nail varnish. This would impede on effective hand hygiene. This was discussed with the manager and identified as an area for improvement.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested. Patients, who could, could choose what they wore and what they preferred to eat.

An activities coordinator and two part-time activity therapists were employed to plan and implement social activities for patients in the home. Activities included singing, reminiscence, arts and crafts, games and exercises. Nine patients were observed enjoying activities in the main dayroom during the inspection. The activities coordinator informed that each morning after breakfast, those patients who wished to, could take part in relaxation and movement exercises. Outings for coffee, walks and/or to attend a religious service had taken place. There were plans to re-engage with a local school virtually to continue an intergenerational project where patients and young people exchanged poems. Seasonally, patients were involved in

making Christmas cards and Christmas decorations for the Christmas tree. A Christmas party was in the process of being planned. Records of these activities were maintained, though, an area for improvement was identified to record evidence of the one to one activities conducted or offered to those patients who either did not want to, or, could not engage in group activities.

Visiting arrangements and 36 care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients. Visiting was in line with Department of Health guidance. Patients were free to leave the home with their relatives when this had been requested.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in the management arrangements. Mrs Aimee Estrada has been the registered manager of the home since 10 January 2020. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

Staff were aware of who the person in charge of the home was in the manager's absence. Staff confirmed that the management team were approachable and would listen to them when they brought any concerns to their attention.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Areas audited included wound care, patients' care records, infection control, complaints, restrictive practice and staff training. 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.

It was noted that patients and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. A complaints file was maintained. We discussed the importance of recording any areas of dissatisfaction expressed as a complaint and discussed further ways of enhancing the recording of complaints. Cards and compliments were kept on file and shared with staff.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Completed reports were available for review by patients, their representatives, the Trust and RQIA.

Review of staff training records confirmed that all staff completed adult safeguarding training on an annual basis. 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. The manager was identified as the appointed safeguarding champion for the home. Staff told us they were confident about reporting any concerns about patients' safety. Staff were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Aimee Estrada, Registered 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients are clinically monitored appropriately following any fall in the home where a head injury has occurred or is suspected.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Nursing Staff have been reminded of the need to undertake CNS observations post-fall through staff supervision sessions and the issuing of a memo.</p> <p>Slieve Dhu is part of the Regional Falls Pathway Pilot Programme.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that chemicals are not accessible to patients in any area of the home in keeping with COSHH legislation.</p> <p>Thickening agents must be stored appropriately when not in use.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Housekeeping staff have undergone COSHH retraining as well as staff supervision specifically in relation to the safe storage of chemicals and adherence to COSHH legislation.</p> <p>Arrangements have been made with respect to thickening agents that they are stored in a safe and secure manner.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that staff remain bare below the elbow within areas where care is provided to allow for effective hand hygiene.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Care staff have undergone refresher Infection control training and are reminded during handover to ensure they are bare below the elbow for the duration of their shift to ensure effective</p>

	handwashing. Increased infection control auditing is currently in place to ensure compliance..
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 29 Stated: First time To be completed by: 18 December 2021	The registered person shall ensure that whenever care staff administer thickeners they routinely record this activity. Ref: 5.2.2 Response by registered person detailing the actions taken: Staff have been reminded via a Memo and staff supervision sessions of the need to ensure that the administration of thickeners is routinely recorded in a timely manner.
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: 18 December 2021	The registered person shall ensure that topical preparations in the home are dated on opening and disposed of in accordance with manufacturer's guidelines. Ref: 5.2.2 Response by registered person detailing the actions taken: Registered Nurses have been reminded through a staff memo and individual supervision sessions of the need to ensure that the date of opening is placed on all topical preparations and that they are disposed of as per the manufacturers advice. Increased monitoring will be carried out to ensure compliance.
Area for improvement 3 Ref: Standard 11 Stated: First time To be completed by: 18 December 2021	The registered person shall ensure that any activities conducted in the home are recorded. This is in particular reference to one to one activity provision. Ref: 5.2.4 Response by registered person detailing the actions taken: Activity co-ordinator and activity therapists have been advised that the current activity records should be extended to include the activities undertaken or offered on a one to one basis and document the same on the home's computerised care system.

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