

# Inspection Report

**29 November  
2022**



## **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

<b>Organisation:</b> Slieve Dhu Ltd  <b>Responsible Individual:</b> Mr Eoghain King	<b>Registered Manager:</b> Mrs Aimee Estrada  <b>Date registered:</b> 10 January 2020
<b>Person in charge at the time of inspection:</b> Ms Alison Cairns until 12 midday Mrs Aimee Estrada from 12 midday	<b>Number of registered places:</b> 47
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 44
<b>Brief description of the accommodation/how the service operates:</b> 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 29 November 2022 from 9.40 am to 6.10 pm. The inspection was carried out by a care inspector.

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

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were observed to be attentive to the needs of the patients and to treat them with respect and compassion.

Areas requiring improvement were identified regarding mattress settings, supplemental records, serving of hot drinks, medicines administration and storage of medicines.

Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' 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 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 said that there were enough staff to help them and that they felt well looked after. Patients also said that staff were kind and helpful and that they felt sure any concerns they might have would be sorted out. Comments made by patients included that "they are very good to me, I have no complaints", "staff are there when I need them", "the girls are terrific", "I suppose they are okay, no problems" and "I have all my needs met".

Staff said that they were satisfied with staffing levels, teamwork was good, everyone worked well together, the management team was approachable and they enjoyed working in the home. Staff comments included that "I enjoy my job, I couldn't do it otherwise", "teamwork is definitely good" and "it is a very homely home, like a big family".

Relatives said that they had no concerns and communication was "very, very good".

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

Comments made by patients, staff and relatives were brought to the attention of the manager for information.

## 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 18 November 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref: Regulation 12 (1) (a)(b)</b>  <b>Stated: First time</b>	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records evidenced that clinical observations were carried out appropriately following a fall where a head injury had occurred or was suspected.	
<b>Area for improvement 2</b>  <b>Ref: Regulation 14 (2) (a) (c)</b>  <b>Stated: First time</b>	The registered person shall ensure that chemicals are not accessible to patients in any area of the home in keeping with COSHH legislation.	<b>Met</b>
	Thickening agents must be stored appropriately when not in use.  <b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that chemicals and thickening agents were stored appropriately.	

<b>Area for improvement 3</b>  <b>Ref: Regulation 13 (7)</b>  <b>Stated: First time</b>	The registered person shall ensure that staff remain bare below the elbow within areas where care is provided to allow for effective hand hygiene.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff were observed to be bare below the elbow and to carry out hand hygiene effectively.	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref: Standard 29</b>  <b>Stated: First time</b>	The registered person shall ensure that whenever care staff administer thickeners they routinely record this activity.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records evidenced that administration of thickeners was routinely recorded.	
<b>Area for improvement 2</b>  <b>Ref: Standard 28</b>  <b>Stated: First time</b>	The registered person shall ensure that topical preparations in the home are dated on opening and disposed of in accordance with manufacturer's guidelines.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was partially met and will be stated for the second time.  See section 5.2.2 for further details.	
<b>Area for improvement 3</b>  <b>Ref: Standard 11</b>  <b>Stated: First time</b>	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records evidenced that staff maintained a record of activities and the records included one to one activity provision.	

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

There were systems in place to ensure staff were trained and supported to do their job. Staff completed mandatory training in a range of topics relevant to their role including moving and handling, adult safeguarding, dysphagia management and fire safety. The manager maintained an overview of staff compliance with training and staff were reminded when training was due.

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. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Staff said that teamwork was good and they felt well supported in their role. Staff said that they were satisfied with staffing levels.

Patients did not raise any concerns about staffing levels in the home. It was observed that there were sufficient numbers of staff on duty to attend to the needs of the patients in a timely manner.

### **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.

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' 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.

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. It was observed that pressure relieving mattresses were not consistently set at the correct weight for the individual patient; an area for improvement was identified.

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.

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. Neurological observations were completed in the event of a confirmed or suspected head injury.

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

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.

Review of supplemental records evidenced that there were gaps in the recording of repositioning and bowel management; an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining room was temporarily out of use as new flooring was being laid in the main hallway of the home. However, 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 a pleasant experience.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. The food was attractively presented, smelled appetising and was served in appropriate portion sizes. Staff were seen to assist patients with the range of support they required from simple encouragement through to full assistance. Staff were attentive to patients' needs, they offered extra portions and plenty of drinks throughout the meal.

As the dining room was not in use a menu was not on display but staff helpfully let patients know what food was on offer and patients were offered a choice of meals and drinks. There was a lack of condiments readily available on the trolley in the lounge. This was brought to the attention of staff. Menu provision in the dining room and availability of condiments will be reviewed at the next care inspection.

It was observed that hot drinks were served in coloured plastic mugs; patients were not offered an alternative choice of crockery mugs although crockery tableware was used to serve meals. This was discussed with the manager and it was determined that there was no specific rationale for the use of plastic mugs other than this being the habit and custom in the home. An area for improvement was identified.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Review of care records evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT) and/or the dietician. Some patients required thickening agents to be added to their drinks to aid swallowing and a record of the administration of these was maintained. Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet.



It was noted that a choking risk assessment was not routinely completed for patients. This was discussed with the manager who said that staff were vigilant in observing for, and recording, signs of patients having any choking or swallowing difficulties in order that timely referrals could be made to the SALT. The manager said she would discuss the current system in place with SALT colleagues in order to determine if completion of a choking risk assessment would be a beneficial addition to the assessment of patients' needs on admission to the home or if issues arose in this area.

Patients confirmed that there was a choice of meals on offer and the majority who commented said that they enjoyed the food. One patient said they found the meals "a bit bland but I have got my own salt and pepper so that helps". Another patient said the food was sometimes not warm enough. Comments made by patients were brought to the attention of the manager for information and appropriate action.

Review of topical preparations in use for patients evidenced that the majority had been dated on opening in order to ensure that they were used in accordance with the manufacturers' guidelines. However, two topical preparations in use did not have dates of opening recorded and one had also been left in a communal bathroom. This area for improvement was partially met and has been stated for the second time.

It was observed that a patient's medication had been dispensed and left sitting on their bed table; registered nurses should ensure that medication is dispensed and administered appropriately. This was brought to the attention of the manager for information and appropriate action and an area for improvement was identified.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home has been under new ownership since 18 July 2022. The management team discussed the refurbishment and redecoration plan in place and the efforts made to ensure there was as little disruption as possible to the daily routine for the patients. As previously mentioned new flooring was being laid in the main hallway. The dining room and the visitor's toilet had been attractively refurbished and new flooring had been laid in several bathrooms. Patients and staff spoke positively about the improvements being made in the home.

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 tidy and welcoming spaces for patients. Fire exits and corridors were observed to be clear of clutter and obstruction.

It was observed that a few items, such as combs and wipes, had been inappropriately left on windowsills and radiators in bathrooms. This was brought to the attention of the manager who ensured that action was taken to address this issue.

The ground floor treatment room was found to be unlocked and accessible as was the fridge within this treatment room; medications should be safely and securely stored at all times. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.



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 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.

#### **5.2.4 Quality of Life for Patients**

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 atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for and staff were seen to be attentive to their needs.

Discussion with patients confirmed that they were satisfied with the activities on offer and were able to choose how and where they spent their day. Patients said that “I like to watch TV or read a book and I like staying in my room” and “the girls are terrific, they let me decide what to do”.

The activity planner was displayed for patients’ information. Regular planned activities included chair aerobics, aromatherapy and bingo. The activity co-ordinator said that patients’ views and opinions were sought when planning activities to help ensure these were meaningful and inclusive. The activity co-ordinator also discussed the importance of offering patients a variety of different activities and ensuring birthdays and holidays were celebrated. A recent ‘wine and cheese’ party had been a hit with patients. Staff maintained a record of activity provision including activities undertaken on a one to one basis.

It was observed that staff took time to engage the patients in conversation while they went about their work and spoke to them in a polite and caring manner.

Relatives said that the care was good, communication was effective and that staff were helpful and friendly.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Mrs Aimee Estrada has been the manager in this home since 10 January 2020. 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.

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.

The manager 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 vulnerable adults.

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 spoken with 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 incident 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.

Staff spoke positively about the manager and the management team. Comments made by staff included that the new owners were "very supportive and hands on" and "the manager finds a way to sort any issues out".

## 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 the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	5*

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

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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that all medicines are safely and securely stored in the home at all times.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> A new keypad/lock had been installed in ground floor treatment room to ensure all medicines are safely and securely stored.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	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: 5.1 & 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Topical Preparation Audit commenced to monitor opening and disposal of topical medication. These will be monitored by Home Manager and during monthly provider visit.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	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.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Mattress Audit is in place to monitor all pressure mattress are set at the correct weight for each resident. These will be monitored by Home Manager and during monthly provider visit.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that contemporaneous supplemental records are maintained regarding repositioning and bowel management.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> <b>All Care Records will be monitored by Nurse in Charge and Home Manager.</b>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that with regard to the serving of hot drinks:</p> <ul style="list-style-type: none"> <li>• crockery mugs are available and offered to patients</li> <li>• 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.</li> </ul> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> <b>Alternative crockery have been sourced and will be offered to individual residents. Choice of crockery will be incorporated in their care plan to reflect their preference.</b></p> <p>The registered person shall ensure that medications are dispensed and administered in accordance with the home's policies and procedures and professional guidelines.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> This had been raised/discussed during Registered Nurses Meeting and will be monitored and checked during supervision. Annual Medication Training is being arranged with our partner chemist. Corrective actions had taken place.</p>

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



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