

# Announced Post Registration Care Inspection Report 02 February 2017



## Slemish House

**Type of Service:** Nursing

**Address:** 28 Broughshane Road, Ballymena, BT43 7DX.

**Tel No:** 02825649772

**Inspector:** Sharon McKnight

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced post registration care inspection of Slemish House took place on 2 February 2017 from 10:10 hours to 13:20 hours.

This inspection sought to assess progress with issues raised during and since the previous care inspection, to determine if the home was delivering safe, effective and compassionate care; and if the service was well led under new ownership. On 12 January 2017 ownership of the home transferred to Healthcare Ireland (Belfast) Limited.

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.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Dorothy McKeefry, registered manager and Ms Amanda Mitchell, responsible individual, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent inspection.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 30 September 2016.

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

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Healthcare Ireland (Belfast) Limited Amanda Celine Mitchell	<b>Registered manager:</b> Dorothy McKeefry
<b>Person in charge of the home at the time of inspection:</b> Dorothy McKeefry	<b>Date manager registered:</b> 27 January 2014
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E)	<b>Number of registered places:</b> 45

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted to RQIA since the previous care inspection
- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection we met with ten patients individually, the deputy manager, the administrator, one registered nurse, three care staff, the activity therapist, a laundry assistant and one patient's relative.

The following information was examined during the inspection:

- Statement of Purpose
- service users guide
- staff duty rotas for week commencing 30 January 2017
- record of quality monitoring visits carried out in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 30 September 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector. This QIP will be validated by the pharmacy inspector at the next medicines management inspection.

**4.2 Review of requirements and recommendations from the last care inspection dated 14 June 2016**

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 44.1 <b>Stated:</b> First time	It is recommended that arrangements are put in place to ensure that any wear and tear to the décor of the home is addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the premises was undertaken and we observed that previous superficial damage to paintwork and walls had been repaired. The registered manager explained that there was now someone employed in the home full time to address maintenance issues. The responsible person explained that under the new ownership a refurbishment plan was currently being worked on. This recommendation has been met.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 7.1 <b>Stated:</b> First time	It is recommended that any comments of dissatisfaction received through the annual quality assurance questionnaire should be addressed and the action taken included in the summary report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The outcome of the previous quality assurance questionnaires evidenced that the findings had been clearly presented. We discussed with the responsible person how they proposed to engage with service users. They explained that quality assurance questionnaires would be issued to patients and relatives. They confirmed that any comments of dissatisfaction received would be responded to using a "You said, we did" approach and that the action taken would be displayed in the home. Following discussion were we assured that there were systems in place to ensure that, going forward, comments of dissatisfaction would be appropriately responded to. This recommendation had been met.	

## 4.3 Inspection findings

### 4.3.1 Transition to new ownership

Discussion with the responsible individual, registered manager, staff and patients evidenced that they were satisfied with the transition to the new ownership. All confirmed that they had met with the new owners and that opportunities had been provided to raise any concerns. Patients and staff were reassured that the registered manager and staff had not changed.

Staff confirmed that meetings had been held to introduce the new owners and their senior management team to patients, relatives and staff. The new senior management team have met with all staff on a one to one basis. Further meetings staff, relatives and patients were planned in approximately 6 weeks time.

The home's Statement of Purpose and service users guide had been updated to reflect the change of ownership and were available in the home.

A monthly quality monitoring visit required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 was completed on 17 and 18 January 2017 by the responsible person. A copy of the report was maintained in accordance with regulation and available in the home.

### Areas for improvement

No areas for improvement were identified during the inspection.

### 4.3.2 Staffing

The registered manager confirmed the planned staffing levels for the home and stated that these were kept under regular review, in response to changes in patients' dependencies. The duty rotas for week commencing 30 January 2017 evidenced that planned staffing levels were adhered too. In addition to nursing and care staff, the registered manager confirmed that administrative, catering, domestic and laundry staff were also on duty daily.

Patients and the relative spoken with commented positively regarding the staff and care delivery. Patients were satisfied with the length of time it took staff to respond to their nurse call bell. Observation on the day of inspection confirmed that call bells were answered promptly and assistance was being given in a timely manner as required.

We sought relatives' opinion on staffing via questionnaires; six completed questionnaires were returned. Five of the respondents indicated that staff had enough time to care for their relative. Comments included:

"Staff are attentive and reactive to care as needed."

"Dorothy is excellent, very attentive and reactive."

One relative commented that they felt the home was understaffed. This comment was shared with the registered manager.

Nursing and care staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. Staff opinion was also sought via questionnaires; one was returned

following the inspection. The respondents answered yes to the question “Are there sufficient staff to meet the needs of the patients?”

### Areas for improvement

No areas for improvement were identified during the inspection.

#### 4.3.3 Premises

An inspection of the premises was undertaken and the lounges, dining room and a number of bedrooms were reviewed. The home was presented to a high standard of hygiene and cleanliness throughout. The rooms reviewed were warm and comfortable. Some refurbishment had recently been completed; the lounge and upstairs corridor were repainted. The responsible person explained that further refurbishment to improve the premises was planned. We discussed the need to ensure that any application to vary the premises was submitted to RQIA prior to structural work commencing.

Fire exits and escape routes were observed to be free from obstruction.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>0</b>
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### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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