Unannounced Care Inspection Report
19 September 2017

Slemish House

Type of Service: Nursing
Address: 28 Broughshane Road, Ballymena, BT43 7DX.
Tel No: 02825649772
Inspector: Sharon McKnight

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.

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 45 persons.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited **Responsible Individual:** Amanda Celine Mitchell	**Registered Manager:** Dorothy McKeefry
Person in charge at the time of inspection: Dorothy McKeefry	**Date manager registered:** 27 January 2014
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.	**Number of registered places:** 45

4.0 Inspection summary

An unannounced inspection took place on 19 September 2017 from 09:40 to 16:20.

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.

Evidence of good practice was found in relation to provision and development of staff, adult safeguarding and the availability of equipment to aid patient mobility.

Care records were well maintained and we observed good communication between patients, staff and visitors. There were examples of good practice in relation to the culture and ethos of the home, the provision of activities and the caring and compassionate manner in which staff delivered care.

One area for improvement under regulation was identified with regard to the cleanliness of equipment.

Three areas for improvement were made under the standards; to ensure that the home is decorated to an acceptable standard for patients, to review the cleaning regimes and to undertake an audit of equipment.

Patients said;
"The food is all made fresh, it's very good."
"They are all very nice here – everything is great."
"I am well looked after."

Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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**	**3**

Details of the Quality Improvement Plan (QIP) were discussed with Ms Mandy Mitchell, responsible person and Mrs Dorothy McKeefry, 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.

4.2 Action/enforcement taken following the most recent inspection dated 02 February 2017.

The most recent inspection of the home was an announced post registration care inspection undertaken on 2 February 2017. There were no further actions required to be taken following the most recent 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report

During the inspection we met with eight patients individually and with others in small groups, seven staff and one patient's visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from week commencing 18 September 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction file
- three patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 02 February 2017

The most recent inspection of the home was an announced post registration care inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 02 February 2017.

There were no areas for improvement identified as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that staffing was subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 18 September 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily. Staff were employed to deliver activities. Observation of the delivery of care and discussion with patients evidenced that their needs were met by the levels and skill mix of staff on duty.

Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; two were returned following the inspection. The respondents answered 'yes' to the question "Are there sufficient staff to meet the needs of the patients?"

Patients and the one relative spoken with during the inspection commented positively regarding the staff and care delivery. Patients were satisfied that when they required assistance staff attended to them in a timely manner. One patient commented "the carers are very good."

We sought relatives' opinion on staffing via questionnaires; none were returned in time for inclusion in this report.

A registered nurse was identified on the staffing roster to take charge of the home when the registered manager was off duty. A review of records evidenced that a competency and capability assessment had been completed with registered nurses who were given the responsibility of being in charge of the home in the absence of the registered manager. The assessments were signed by the registered manager to confirm that the assessment process had been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home.

A review of two staff recruitment records evidenced that they were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records confirmed that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the registered manager. A review of the records of NMC registrations evidenced that all of the nurses on the duty rota for the week of the inspection were included in the NMC check. The record of the checks of care staff registration included the expiry date of their registration with NISCC.

The registered manager confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A review of two completed induction programmes evidenced that these were completed within a meaningful timeframe.

We discussed the provision of mandatory training with staff and reviewed the training records for 2016/2017. Training records evidenced good compliance; for example from January 2017 89% of staff had completed training in adult safeguarding, 83% in first aid and 87% had completed moving and handling. The registered manager confirmed that they had systems in place to facilitate compliance monitoring.

The registered manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager was due to attend training on the role of the safeguarding champion in September 2017 and confirmed that a champion had been identified.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. The type of hoist and type and size of sling was identified in the moving and handling assessments of those patients who required the assistance of a hoist for mobility. This is good practice. Staff spoken with were knowledgeable of the assessed needs of each individual patient. We observed that a selection of hoists and sling types and sizes were available throughout the home. Patients diagnosed with a healthcare associated infection had their own individual hoist slings in accordance with good infection prevention and control practice. A range of equipment to aid patient mobility, for example raised toilet seats, was available. We observed that moving and handling equipment was safely maintained and securely positioned. However, wheelchairs were not maintained to an acceptable level of cleanliness. We also observed that the casing of some equipment, for example nebulisers, were dusty. Any equipment used by patients must be clean and maintained to an acceptable level of cleanliness. This was identified as an area for improvement under the regulations. The exterior, waterproof covering on a number of pressure relieving cushions were extensively damaged and therefore could not be effectively cleaned in accordance with infection prevention and control best practice. An audit of pressure relieving cushions should be undertaken and those whose exterior are worn and/or damaged should be either recovered or replaced. This was identified as an area for improvement under the standards.

A review of a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA from April to August 2017 confirmed that these were appropriately managed. Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, fresh smelling and clean throughout.

The décor throughout the home was worn and required to be upgraded. The furnishings in the bedrooms, for example, the vanity units, were extensively worn. This was discussed with the responsible person, Ms Mandy Mitchell and the registered manager who confirmed that a refurbishment programme was being developed. This was identified as an area for improvement under the standards. It was agreed that the planned refurbishment programme, including timescales for completion, would be forwarded to RQIA within the next 28 days.

Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately. Sluice rooms and bathroom/toilets were observed to be clutter free and organised. We spoke with one member of housekeeping staff; they were knowledgeable regarding the National Patient Safety Agency (NPSA) national colour coding scheme for equipment such as mops, buckets and cloths. However, the routine for the daily cleaning of the bedrooms of patients with known healthcare associated infections should be reviewed to ensure it is in accordance with best practice in infection prevention and control. This was identified as an area for improvement under the standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to provision and development of staff, adult safeguarding and the availability of equipment to aid patient mobility.

Areas for improvement

Areas for improvement were identified with regard to the cleanliness of equipment, the standard of décor and furnishings in the home and cleaning routines.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

A review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process. Assessments and care records were reviewed as required and at minimum monthly. Care plan evaluations included an overview of the patients' condition. Care records contained good details of patients' individual needs and preferences.

We reviewed the management of catheter care for one patient. A care plan was in place which detailed the frequency with which the catheter was due to be changed and systems were in place to alert staff to when the next change was due. Care records evidenced that the catheter was changed, as a minimum, in accordance with the prescribed frequency. Records evidenced that the patient's intake and urinary output were recorded daily and totalled at the end of every 24 hour period.

We reviewed the management of wound care for one patient. Care plans contained the grade and size of the wound, the prescribed dressing regime and the frequency dressing were recommended for renewal. An assessment of the wound was recorded after each dressing change. A review of wound care records for the period 28 August – 18 September 2017 evidenced that prescribed dressing regimes were adhered to. The patient required assistance to change their position. A review of completed repositioning charts for the period 14 – 19 September 2017 evidenced that the patient was assisted to reposition regularly.

We reviewed the management of two patients with a healthcare associated infection. Care plans contained details of the infection and prevention measures required; observations confirmed that the prescribed interventions were in place.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as TVN, SALT and dieticians. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was held in a patient register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

Discussion with the registered manager and staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

The registered manager confirmed that staff meetings were held regularly and records were maintained of the staff who attended, the issues discussed and actions agreed. The most recent staff meetings were held on 9 September 2017 with the registered nurses, 2 August 2017 with the care staff and 4 August 2017 with the kitchen staff. The next meeting was scheduled for 29 September 2017 with care staff.

Patients and relatives' meeting were held regularly and a record maintained of the issues discussed. The most recent patients' meetings took place on 20 March, 18 May and 20 June 2017. The most recent relatives' meeting was held on 4 July 2017; the minutes evidenced that 14 relatives attended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, care delivery and the communication of patients' needs.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	**0**	**0**

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:40. Patients were enjoying their breakfast in the dining room or in their bedroom as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with eight patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The following are examples of comments provided by patients:
"The food is all made fresh, it's very good."
"They are all very nice here – everything is great."
"I am well looked after."

We spoke with the relative of one patient, who commented positively with regard to the standard of care, attitude of staff and communication in the home.

We spoke with the activity co-ordinator who continues to be well motivated and enthusiastic regarding their role in the home. We observed that the weekly activity programme was displayed in the home. Patients were aware of the activity programme which included individual and group events. There were also weekly events to support patients' religious and spiritual needs.

We observed the serving of the lunchtime meal in the dining room. The tables were set with cutlery, condiments and napkins. Those patients who had lunch in their room were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. There was a choice of two main dishes and patients chose which dish they preferred at the point of service. This was identified as an area of good practice. The serving of the lunch was observed to be well organised with all of the patients being attended to in a timely manner. The meals were nicely presented and smelt appetising. All of the patients spoken with stated that they enjoyed their lunch

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives on the running of the home. A satisfaction survey was conducted annually by the home; the most recent survey was conducted in April 2017. The results were included in the Annual Quality Report. We discussed how areas of dissatisfaction or suggestion for improvement were responded to. The responsible person explained that an individual response was provided to each area for improvement and that this information was available at the time at the reception area of the home.

Ten relative questionnaires were issued; none were returned within the timescale for inclusion in this report.

We issued ten questionnaires to nursing, care and ancillary staff; two were returned prior to the issue of this report. The staff members were very satisfied with the care provided across the four domains.

Any comments from relatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture of the home, the provision of activities and the caring and compassionate manner in which staff delivered care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	**0**	**0**

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were available in the home.

The registered manager's hours were clearly recorded in the home. Discussion with patients and staff evidenced that the registered manager's working patterns provided good opportunity to allow them contact as required. Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described management support in positive terms and felt confident that they would respond positively to any concerns/suggestions raised.

Discussion with the registered manager and review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Numerous compliments had been received and were displayed in the home in the form of thank you cards. The following are examples of comments received on thank you cards:

"The love and care given to …over the last few years was very much appreciated and we knew he was being cared for by wonderful people."
"Our family and friends commented to us on the warmth and friendliness shown to them."
""We were always made very welcome and our visits were made so much more relaxed and peaceful."

The registered manager confirmed that monthly audits were completed which included the environment, care records and medication administration. The records of audit evidenced that any identified areas for improvement had been reviewed to check compliance and drive improvement.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Review of records evidenced that unannounced quality monitoring visits were completed on a monthly basis by the responsible person. An action plan was included within the report to address any areas for improvement. The action plan was reviewed at the next visit. A copy of the quality monitoring reports were available in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance and management arrangements, quality improvement and maintaining good working relationships within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mandy Mitchell, responsible person and Dorothy McKeefry, 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	
Area for improvement 1 **Ref**: Regulation(27)(c) **Stated:** First time **To be completed by:** 17 October 2017	The registered person shall ensure that any equipment used by patients is clean and arrangements put in place to ensure that it is maintained clean. Ref: Section 6.4
	Response by registered person detailing the actions taken: All wheelchairs, weighing scales, and hoists were deep cleaned following inspection and added to the daily cleaning regime carried out by domestic staff.This will be monitored through audit
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 **Ref**: Standard 46.2 **Stated:** First time **To be completed by:** 17 October 2017	The registered person shall ensure that an audit of pressure relieving cushions is undertaken and those whose exterior are worn and/or damaged should be either recovered or replaced. Ref: Section 6.4
	Response by registered person detailing the actions taken: An audit was carried out and 6 new pressure relieving cushions were purchased to replace the cushions which were worn/damaged.
Area for improvement 2 **Ref**: Standard 44.1 **Stated:** First time **To be completed by:** 17 October 2017	The registered person shall ensure that the home is decorated to an acceptable standard for patients. A planned programme of refurbishment, including timescales for completion, will be forwarded to RQIA. Ref: Section 6.4
	Response by registered person detailing the actions taken: A planned schedule with timescales has been completed and has been forwarded to RQIA

Area for improvement 3 **Ref**: Standard 46 **Stated:** First time **To be completed by:** 17 October 2017	The registered person shall ensure that the routine for the daily cleaning of the bedrooms of patients with known healthcare associated infections is reviewed to ensure it is in accordance with best practice in infection prevention and control. Ref: Section 6.4
	Response by registered person detailing the actions taken: A new routine is in place which ensures the bedrooms of residents with known healthcare associated infections will be cleaned after all other bedrooms in accordance with best practice in infection prevention and control.

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

The Regulation and Quality Improvement Authority

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