



# Unannounced Care Inspection Report 25 September 2018



## Slemish House

Type of Service: Nursing

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

Tel No: 02825649772

Inspectors: Sharon McKnight and Linda Parkes.

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Assurance, Challenge and Improvement in Health and Social Care

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 and residential care for up to 45 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Healthcare Ireland (Belfast) Limited  <b>Responsible Individual:</b> Amanda Celine Mitchell	<b>Registered Manager:</b> Dorothy McKeefry
<b>Person in charge at the time of inspection:</b> Dorothy McKeefry	<b>Date manager registered:</b> 27 January 2014
<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.	<b>Number of registered places:</b> 45  There shall be a maximum of 1 named resident receiving residential care in category RC-I.

### 4.0 Inspection summary

An unannounced inspection took place on 25 September 2018 from 10.00 to 16.55.

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.

The term 'patient' is used to describe those living in Slemish Nursing Home which provides nursing and residential care for one named patient.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to provision and development of staff, infection control, and the patient dining experience.

There were examples of good practice found throughout the inspection in relation to the management of nutrition, falls and wound care. Care records were well maintained and we observed good communication between patients, management, staff and visitors. There were examples of good practice in relation to the culture and ethos of the home and the caring and compassionate nature in which staff delivered care.

Areas requiring improvement were identified with regard to staff recruitment, the safe positioning of leads in patients' bedrooms and the updating of care plans for wound care.

Patients spoken to during the inspection stated they were content and comfortable in their surroundings, were well cared for and had confidence that staff had the ability and willingness to meet their needs. No concerns were expressed by patients during the inspection.

Patients said;  
 “Staff are very good, you couldn’t get better.”  
 “I have everything I need.”

Those who were unable to 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
<b>Total number of areas for improvement</b>	0	4*

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

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Dorothy McKeefry, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 6 August 2018.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 6 August 2018. This inspection resulted in no areas for improvement being identified. Enforcement action did not result from the findings of this 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 returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with 12 patients, two patients' relatives and 11 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The inspectors provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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 17 September to 30 September 2018
- 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 files
- seven patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 6 August 2018**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 19 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation(27)(c) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations and discussion with staff evidenced that this area for improvement had been met. Staff confirmed that cleaning schedules were in place to ensure the equipment is maintained clean.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 46.2 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations and discussion with staff evidenced that this area for improvement had been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 44.1 <b>Stated:</b> First time	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.	<b>Partially met</b>



	The registered manager confirmed that refurbishment within the home had commenced and an ongoing programme was in place. We observed that new flooring had been provided in a number of bedrooms and corridor areas and that a number of bedrooms had been redecorated. However further work is required to the décor in some bedrooms to bring it up to an acceptable standard. This was discussed with the registered manager who agreed to review the programme of refurbishment and prioritise those rooms in a poor state of repair. This area for improvement is assessed as partially met and is stated for a second time.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations and discussion with staff evidenced that this area for improvement had been met.	

### 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 these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 17 September 2018 to 30 September 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Twelve patients spoken with stated that they were well looked after by the staff and felt safe and happy living in Slemish Nursing Home. One patient commented "Staff are very good."

Two relatives spoken with were satisfied with staff and staffing levels. They were both happy with the care provided. We also sought relatives' opinion on staffing via questionnaires; six were returned. All of the respondents were very satisfied with staffing.

A review of two staff recruitment files evidenced that one was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. A review of the second staff recruitment file identified that whilst two references had been obtained neither was from the candidate's current employer. This was identified as an area for improvement under the standards.

Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. It was discussed with the registered manager that along with the registration date and three yearly renewal date for care staff with the NISCC, the annual registration date should also be recorded for reference. Confirmation was received from the registered manager following the inspection that this information was now included. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, infection control, control of hazardous substances harmful to health, and moving and handling training. On the day of inspection dysphasia training was arranged to take place on two occasions to facilitate staff attendance.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice and that the registered manager was identified as the safeguarding champion.

Review of seven patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. The process for auditing care plans from 6 July 2018 to 10 September 2018 was viewed and no concerns were noted.

We reviewed accidents/incidents records for July 2018 and August 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.



Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. As previously discussed a refurbishment programme had commenced and was ongoing. New flooring was seen throughout the corridors of the home and in a number of bedrooms. Some bedrooms had been redecorated and new curtains and duvets provided; further work is required to revive the décor in other bedrooms to an acceptable standard. This was discussed with the registered manager who agreed to review the programme of refurbishment and prioritise those rooms in a poor state of repair. This was identified as an area for improvement during the previous care inspection and now is stated for a second time.

Fire exits and corridors were observed to be clear of clutter and obstruction. In a number of bedrooms we observed a variety of leads and cables; some were lying across the floor or on the floor adjacent to where patients were sitting and where a potential trip hazard. This was brought to the attention of staff and the registered manager. An area for improvement has been made.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, adult safeguarding and infection prevention and control practises.

**Areas for improvement**

Areas for improvement under the standards were identified in regard to staff recruitment and the potential for leads and cables to be trip hazards.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	<b>0</b>	<b>2</b>

**6.5 Is care effective?**

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

We reviewed the management of nutrition, patients’ weight, management of falls, HCAI and wound care. Review of seven patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. Care records contained details of the specific care requirements in each of the areas reviewed.

We discussed the monitoring of patients’ weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition for one patient who had been referred to the dietician in the local health social care trust. Nutritional risk assessments were completed monthly; care plans for nutritional management were in place. Food and fluid intake charts were maintained daily and evidenced that the patient was receiving a varied diet.

We reviewed the management of falls for three patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were evaluated following falls.

We reviewed the management of wound care for two patients. Care plans, for one patient contained a description of the wound, location, the prescribed dressing regime and the frequency with which dressing were required to be renewed. An initial care plan was in place for the second patient but the care plan had not been updated to reflect changes to the wound and the prescribed dressings as detailed in the wound care evaluation charts. This was identified as an area for improvement under the standards.

A review of care records for the period 24 August to 24 September 2018 evidenced that dressings were renewed in accordance with the prescribed care. Repositioning charts for two patients were reviewed and consistently evidence that patients were assisted to change their position for pressure relief regularly and in accordance with their care plans.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Discussion with 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.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, the management of nutrition, falls and wound care and the communication of patient needs between staff.

### **Areas for improvement**

An area for improvement was identified in relation to the update of care plans for wound care.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	<b>0</b>	<b>1</b>

## 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 10:00 and were greeted by staff who were helpful and attentive. Patients were either sitting in their bedrooms as was their personal preference or remained in bed, again in keeping with their personal preference or physical need. There was a calm atmosphere throughout the home.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Words fail us to show our appreciation and express our thanks to you for all your love, care and kindness shown to Mum."

"Thank you so much for all your kindness and excellent care."

"The love and care shown was very special."

All patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The following comments were received:

"Staff are very good, you couldn't get better."

"I have everything I need."

Ten relative questionnaires were provided; five were returned within the timescale. All of the relatives were very satisfied with the care provided across the four domains of care in regards to safe, effective, compassionate care and that the service was well led. The following additional comments were made:

“Slemish Nursing Home is a very good home and management and staff are brilliant. We are very happy with everything.”

“Staff provide a personal touch as well as a professional service. Couldn’t ask for better.”

Staff were asked to complete an on line survey. No responses were received within the timescale specified.

Any comments from patients, patient representatives 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 and ethos of the home and the dignity and privacy of patients.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 was appropriately displayed in the foyer of the home. Discussion with the manager, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service collected equality data on service users and the manager was advised of the role of the Equality Commission for Northern Ireland and the availability of guidance on best practice in relation to collecting the data.

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.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services within the home. Governance audits which focused on accidents/incidents and complaints had been effectively conducted on a monthly basis.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 44.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 24 October 2018</p>	<p>The registered person shall ensure that the home is decorated to an acceptable standard for patients.</p> <p>Ref: section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Decorating of a further 6 bedrooms and the corridor downstairs has been completed on 5<sup>th</sup> October 2018, with a Schedule to complete a further 6 bedrooms commencing December 2018</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 38.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 October 2018</p>	<p>The registered person shall ensure that in regards to staff recruitment one of two references required will be obtained from the candidate's current employer.</p> <p>Ref: section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person will ensure that , one of two references required will be obtained from current employer. A record will be kept on file if present employer declines to give a reference</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 43.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 October 2018</p>	<p>The registered person shall ensure that leads and cables are positioned to ensure they are not a trip hazard.</p> <p>Ref: section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person will ensure all leads and cables will be positioned securely to avoid a trip hazard. This will be included in monthly checks by maintenance and monitored by the manager</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 October 2018</p>	<p>The registered person shall ensure that care plans for wound care are updated to reflect the prescribed dressing regime.</p> <p>Ref: section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person will ensure all care plans for wound care effectively reflect the prescribed dressing regime. This has been discussed with all registered nurses and will be monitored by the manager through internal audit and inspection.</p>

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





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