# Inspection Report

# 23 November 2022

# Slemish Nursing Home

**Type of service: Nursing**
**Address: 28 Broughshane Road, Ballymena BT43 7DX**
**Telephone number: 028 2564 9772**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

## 1.0 Service information

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| **Organisation/Registered Provider:**<br>Healthcare Ireland (Belfast) Limited<br><br>**Responsible Individual:**<br>Ms Amanda Celine Mitchell | **Registered Manager:**<br>Mrs Dorothy McKeefry<br><br>**Date registered:**<br>27 January 2014 |
| **Person in charge at the time of inspection:**<br>Mrs Dorothy McKeefry | **Number of registered places:**<br>45 |
| **Categories of care:**<br>Nursing Home (NH)<br>I – Old age not falling within any other category<br>PH – Physical disability other than sensory impairment<br>PH (E) - Physical disability other than sensory impairment – over 65 years. | **Number of patients accommodated in the nursing home on the day of this inspection:**<br>35 |
| **Brief description of the accommodation/how the service operates:**<br>This home is a registered Nursing Home which provides nursing care for up to 45 patients. The home is over two floors. Patient bedrooms are located over the two floors. Patients have access to a communal lounge, dining room and outside spaces. | |

## 2.0 Inspection summary

An unannounced inspection took place on 23 November 2022, from 9.25 am to 4.30 pm by a care inspector.

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

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

It was positive to note that the inspection identified no areas requiring improvement and RQIA were assured that the delivery of care and service provided in Slemish Nursing Home was safe, effective, compassionate and that the home was well led.

## 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Dorothy McKeefry, Manager at the conclusion of the inspection.

## 4.0 What people told us about the service

During the inspection we spoke with 11 patients, eight staff and one relative. Patients spoken with on an individual basis told us that they were happy with their care and with the services provided to them in Slemish Nursing Home. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Patients described the staff as "nice", "great" and "very good". Patients also told us they were quite content and liked it here in the home. Patients told us "I am treated like royalty", "everything is perfect" and "I have no worries". One relative told us "I have no issues with the home, we are very happy".

One completed questionnaire was returned from a relative. The relative commented "This is an excellent home; my mother is being cared for in an excellent manner". No staff survey responses were received.

## 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 20 October 2021 | | |
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| **Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)** | | **Validation of compliance** |
| **Area for Improvement 1**<br><br>**Ref:** Standard 23<br><br>**Stated:** First time | The registered person shall ensure the following in regards to the repositioning of patients:<br><br>• that patients are repositioned in keeping with their prescribed care<br>• that repositioning records are accurately and comprehensively maintained at all times. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>There was evidence that this area for improvement was met. | |

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that robust systems were in place to ensure staff were recruited correctly to protect patients. Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

A system was in place to ensure that staff completed their training; the Manager has good oversight with staff compliance with the required training.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted. Staff reported good team work and had no concerns regarding the staffing levels.

Staff also said they felt well supported in their role and were satisfied with the level of communication between staff and management.

Staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. A few minor deficits was observed in one patient's care records, this was discussed with the Manager and rectified. Otherwise care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

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.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were well completed.

Wound care was examined; the care plan for one specific patient regarding how to manage and dress their wound could not be located. A new care plan was written by the nursing staff and is now available in the patient's care records. Discussions were held with the Manager highlighting the benefits of having an up to date photograph of patients' wounds to monitor progress. The Manager agreed to update the care wound care records with a photograph if consent is given.

Examination of records and discussion with the Manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. Staff attended to patients in a caring manner.

The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. The patients commented positively about the food.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily; the records reviewed were well maintained and evidenced good oversight by nursing staff.

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

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 28 October 2022. All actions identified by the fire risk assessor had been addressed by the Manager.

The hairdressing room was observed to be unlocked. This was discussed with the Manager; as this room contains hairdressing products which could be potentially hazardous to patients. The room should be locked when not in use. A new lock was fitted by maintenance staff before the end of the inspection. The Manager should continue to monitor to ensure the room remains locked when not in use.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and any outbreak of infection was reported to the Public Health Agency (PHA).

Staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

### 5.2.4 Quality of Life for Patients

It was observed that staff offered choice to patients throughout the day which included preferences for getting up and going to bed; what clothes they wanted to wear; food and drink options; and where and how they wished to spend their time.

Patients were observed listening to music, chatting with staff, reading or watching TV. The Manager advised the home has no activity staff member at present but recruitment is ongoing. The Manager told us about the activity schedule for the home; this included a recent Halloween party and the plans for the Christmas period which included carol singers. However, written records were not available to evidence what had been delivered to patients and when. This was discussed with the Manager who agreed to review activity provision and associated record keeping as a priority. This will be reviewed at a future care inspection.

## 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The Manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA. Review of records identified three historic incidents which had not been reported to RQIA; this was discussed with the Manager who agreed to discuss the guidance regarding the threshold for notifications with the staff involved. Guidance shared by the inspector is now displayed as an aide memoire for staff in regard to Regulation 30 notifications.

A review of records in regard to complaints management established that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff commented positively about the Manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

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.

## 6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Dorothy Mc Keefry, Manager, as part of the inspection process and can be found in the main body of the report.

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