

# Unannounced Care Inspection Report 1 December 2020



## Slemish Nursing Home

**Type of Service: Nursing Home**

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

**Tel No: 028 25649772**

**Inspector: Mandy Ellis**

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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.

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.

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Healthcare Ireland (Belfast) Limited  <b>Responsible Individual:</b> Ms Amanda Celine Mitchell	<b>Registered Manager and date registered:</b> Mrs Dorothy McKeefry  27 January 2014
<b>Person in charge at the time of inspection:</b> Mrs Dorothy McKeefry	<b>Number of registered places:</b> 45
<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 patients accommodated in the nursing home on the day of this inspection:</b> 37

### 4.0 Inspection summary

An unannounced inspection took place on 1 December 2020 from 09.40 to 16.40 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified at or since the last care and medicines management inspections and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- environment
- care delivery
- governance and management arrangements.

The findings of this report will provide Slemish 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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Dorothy McKeefry, manager, 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.

## 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the care inspector met with nine patients and eight staff. Ten questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff, inviting them to provide feedback to RQIA online. The inspector provided the manager with 'Tell Us' cards which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service. No responses to the staff survey were returned within the indicated timeframe. Three questionnaires were received; all with positive comments about the care in Slemish. This information was shared with the manager.

The following records were examined during the inspection:

- the duty rota from 23 November 2020 to 6 December 2020
- the home's registration certificate
- three patients' care records
- eight patients' supplementary care charts in regard to repositioning
- two staff recruitment files
- complaints records
- incident and accident records
- a sample of monthly monitoring reports.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 November 2019.

No further actions were required to be taken following the most recent inspection on 14 November 2019.

## 6.2 Inspection findings

### 6.2.1 Staffing arrangements

On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. Staff did not express any concerns regarding staffing levels.

A review of the staff duty rota from 23 November to 6 December 2020 evidenced that the planned staffing levels were adhered to. Staff were able to identify the person in charge of the home in the absence of the manager. 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. Staff spoken with told us that there was a good sense of teamwork in the home and that they liked coming to work. They also felt well supported by the manager.

Comments made by staff included:

- "I love it here."
- "I like looking after the patients; this is a very rewarding job."
- "We are like the patients family."
- "I like it here."

### 6.2.2 Personal Protective Equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on Covid-19. All visitors, including the inspector, had a temperature check on arrival at the home. Visiting was facilitated in a separate area of the home; an appointment system was utilised and any visitors were expected to wear a mask. The manager advised the visiting arrangements were working well and the patients appeared to enjoy seeing their loved ones.

We observed that PPE was readily available. The manager told us that the home had sufficient PPE supplies. Staff were observed using PPE appropriately.

### 6.2.3 Infection Prevention and Control (IPC) and the Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas.

Several taps within the home were identified as requiring a better clean and had evidence of lime scale build up. This was discussed with the manager who immediately began to address the issue. Further communication received after the inspection confirmed the identified taps had all been effectively cleaned and treated. This will be followed up on the next inspection. We found corridors and fire exits to be clear and unobstructed and the home was clean, tidy and fresh smelling throughout.

The patients' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual patients.

We did identify some pieces of furniture throughout the home looking tired and worn; this was discussed with the manager who agreed to carry out a full audit of all the furniture in the home and identify items which required replacing. Following the inspection correspondence was received from the manager advising the inspector the audit had been completed and action had commenced to replace the necessary items.

Patients and staff had a twice daily temperature check; a record of this was maintained. On the day of inspection the home was in the process of swabbing all staff members as part on the ongoing routine Covid- 19 staff screening programme.

### 6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner.

The patients we met with spoke positively about their care in the home, how well they were looked after by the staff and how they enjoyed the food. They told us:

- “The staff are great.”
- “I can't complain.”
- “It's fine in here.”
- “I like it here, I like the company.”
- “I am getting well looked after.”
- “The food is lovely... I get too much.”
- “The food is great.”
- “The food is brilliant.”

We observed the serving of the lunch time meal. We observed that the food provided was well presented and smelled appetising. The staff were helpful, attentive and wore the appropriate PPE. Due to efforts to adhere to social distancing, patients ate their lunch in the lounge area or in their bedrooms.

Review of three patients' care records evidenced individualised comprehensive care plans were in place to direct the care required and reflected the assessed needs of patients. Risk assessments reviewed were up to date and appropriate to the patients' needs.

Eight supplementary care records were also reviewed in relation to repositioning. The repositioning charts were accurately recorded and reflected the patients prescribed care. It was noted that although staff recorded patient repositioning as prescribed; there were occasions where staff omitted to complete all of the required sections of the chart. This was discussed with the manager who advised the home is actively working with the care staff to increase the quality of the repositioning charts. This will be followed up on the next care inspection.

The manager shared some recent thank you cards the home had received. The written comments included:

- “I would like to thank all the staff and management in Slemish House for the excellent care and attention given to my sister.”
- “You have no idea how much I appreciate you all. I am grateful for the compassion at this difficult time.”

### **6.2.5 Governance and management arrangements**

Following review of a sample of governance audits, it was evident that the manager maintained a good level of oversight in the home. Audits reviewed included care documentation, infection control and pressure ulcers. These audits included the development of action plans to address identified deficits.

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Review of the record of complaints evidenced that there were systems in place to manage complaints and expressions of dissatisfaction were taken seriously and managed appropriately.

There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due.

Two staff recruitment files were reviewed; these both evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

### **Areas of good practice**

Areas of good practice were identified in relation to care delivery, staff interaction with patients and the governance arrangements.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.3 Conclusion

On the day of the inspection patients were observed to be well cared for, content and settled in the home. Staff treated them with kindness and compassion; staff were timely in responding to their individual needs. The environment was clean and tidy and effective IPC measures were maintained.

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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