

Inspection Report

Name of Service:	Slemish Nursing Home
Provider:	Healthcare Ireland (Belfast) Limited
Date of Inspection:	7 & 8 January 2025

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

1.0 Service information

Organisation/Registered Provider:	Healthcare Ireland (Belfast) Limited
Responsible Individual	Ms Andrea Louise Campbell
Registered Manager:	Mrs Dorothy McKeefry
Service Profile – This home is a registered nursing home which provides general nursing care for up to 63 patients. The home is situated over two floors and there are a range of bedrooms and communal areas throughout the home. There is a registered residential care home which occupies the same site and this service is managed separately.	

2.0 Inspection summary

An unannounced inspection took place on 7 January 2025, between 9.20 am and 4.45 pm and 8 January 2025 between 9.20am and 1.45 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable about patients individual needs.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Some patients and staff raised concern about staff availability and details were shared with the manager to review and address the concerns expressed.

Full details, including areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoken to were positive in their comments about living in Slemish and said they could choose where they wanted to spend their time and that the home was kept clean. However, some patients said they had to wait for assistance at times and that the food was not always warm.

Staff were complimentary about the support from the manager, the training and the team work in the home, however they felt that there was not always enough staff on duty to answer call bells in timely manner.

Comments received from patients and staff during the inspection were shared with the manager for her review and action were required.

A record of the compliments received in the home was kept and shared with staff.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction. There was evidence of robust systems in place to manage staffing.

Patients and staff were generally satisfied with staffing levels, however, a number of patients said staff did not always attend promptly when they called them and staff said that there was not always enough staff on duty to answer call bells in a timely manner and staff felt they needed more support to attend to patients' needs in the mornings. Details were discussed with the manager during feedback and an area for improvement was identified.

Training records provided evidence that mandatory training was provided, however, fire training, health and safety and infection prevention and control (IPC) training did not show good compliance. This was discussed with the manager at feedback and an area for improvement was identified.

Review of the system to manage the registration of nurses and care staff evidenced that it was well managed and recorded.

There was evidence that staff received supervision regularly for their roles, however appraisals had not been completed for three staff in a timely manner. This was discussed with the manager for her action and follow up and will be reviewed at the next inspection.

Staff spoken with said there was good team work and they received good support from the management team.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to recognise patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were respectful, understanding and sensitive to patients' needs.

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. Staff were also observed offering patient choice in how and where they spent their day.

Patients were observed to enjoy friendly interactions with staff and staff were polite and chatty when assisting patients throughout the home.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, alarm mats and staff supervision.

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 may include simple encouragement through to full assistance from staff and their diet modified.

While most patients said that they were enjoying their meal and their dining experience, a small number of patients said at times the food was not warm enough. This was discussed with the manager during feedback for her review and action and will be reviewed at the next inspection.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious.

Observation confirmed that staff knew and understood patients' preferences and wishes and helped patients to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were in place, however, one dressing record was not up to date and care plans including the use of oxygen, swallowing and mental health issues were not all in place, to direct individual patient care. This was discussed with the management team and an area for improvement was identified

3.3.4 Quality and Management of Patients' Environment Control

While the home was generally tidy and inviting, a number of areas requiring maintenance, repair or decoration were identified. For example; chipped bath enamel, damaged walls, radiator covers and furniture. The manager had raised the same concerns with the management team but there was no firm date for the maintenance and decoration issues to be addressed. An area for improvement was identified.

Review of records confirmed that environmental and safety checks were carried out, however, it was noted that a hoist was obstructing a fire exit. This was brought to the manager's attention for immediate action and an area for improvement was identified.

It was noted that domestic cleaning chemicals were left unattended on trolleys and in an accessible treatment room. This was brought to the attention of the manager for immediate action and an area for improvement was identified.

Concerns were identified with regards to the safe storage of medication in a treatment room, nursing office and medication storage cupboard which were unlocked and unsupervised. This was brought to staff attention for immediate action. This was discussed with the manager at feedback and RQIA pharmacy colleagues following the inspection and an area for improvement was identified.

A number of rooms were identified as being used inappropriately for storage of equipment including bathrooms and day rooms in the home. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Dorothy McKeefry has been the manager in this home since 27 January 2014.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place, however, the actions required as a result of the audit process were not always signed and dated as completed for example; care plan audits and IPC audits. This was discussed with the management team during feedback and an area for improvement was identified.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice and the quality of services provided by the home.

Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A record of the compliments received in the home was kept and shared with staff.

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, however, where action plans for improvement were put in place, these were not always followed.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	7

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Dorothy McKeefry, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect (8 January 2025)	<p>The registered person shall ensure that domestic cleaning chemicals are transported and stored appropriately to ensure the safety of patients.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: This was addressed at the time of the Inspection and a follow up supervision completed alongside the Domestic staff. This continues to be monitored as part of the Homa Manager daily walk round.</p>
Area for improvement 2 Ref: Regulation 13 (4) (a) Stated: First time To be completed by: With immediate effect (8 January 2025)	<p>The registered person shall ensure any medication which is kept in the nursing home is stored in a secure place.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: This was addressed at the time of the Inspection and a follow up supervision completed alongside the nursing staff. This also formed part of the agenda for a qualified staff meeting held post Inspection.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 41.1 Stated: First time To be completed by: 20 January 2025	<p>The registered person shall ensure at all times the staff on duty meet the needs of patients taking into consideration the size and layout of the home.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: A review of the staffing has taken place internally alongside a review of the skill mix with the provision of Winter Pressure Beds currently.</p>

Area for improvement 2 Ref: Standard 39 Stated: First time To be completed by: 28 February 2025	<p>The registered person shall ensure staff are trained for their roles and responsibilities.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: A training plan is in place to reflect the training needs of the home and ensure all staff are adequately trained.</p>
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 31 January 2025	<p>The registered person shall ensure that all care records required to meet the patients assessed needs are in place, and kept up to date.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The care records identified on the day of Inspection have been updated and the care records are subject to monthly audit and review. The Home/Deputy Manager to date and sign actions completed going forward as recommended.</p>
Area for improvement 4 Ref: Standard 44 Stated: First time To be completed by: 30 April 2025	<p>The registered person shall ensure the areas identified as requiring maintenance, repair or decoration are addressed in a timely manner.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: A refurbishment plan has been updated with timescales provided on completion of recommended works. This is ongoing currently and reviewed weekly..</p>
Area for improvement 5 Ref: Standard 48 Stated: First time To be completed by: 9 January 2025	<p>The registered person shall ensure that all fire exits are free from obstruction.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: This was addressed at the time of Inspection and the staff advised to ensure all fire exits are free of obstruction. This is checked daily as part of the Home Manager daily walkround of the home.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 44.3</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2025</p>	<p>The registered person shall ensure that all spaces in the nursing home are only used for the purpose for which they are registered.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: This area within the home have been reviewed and escalated for consideration of change of purpose. The staff have been advised to retain equipment in one designated area. The storage areas have been reviewed internally and to ensure doors closed at all times.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 35.3</p> <p>Stated: first time</p> <p>To be completed by: 31 January 2025</p>	<p>The registered person shall ensure the actions resulting from the oversight audits for care plans and IPC are followed up, signed and dated.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: The Home Manager has signed and dated the follow up actions for the care plans and IPC audits as recommended and will continue to complete on an ongoing basis.</p>

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