

Inspection Report

10 October 2023



Slemish Nursing Home

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation: Healthcare Ireland (Belfast) Ltd	Registered Manager: Mrs Dorothy McKeefry
Responsible Individual: Ms Amanda Mitchell	Date registered: 27 January 2014
Person in charge at the time of inspection: Mrs Dorothy McKeefry	Number of registered places: 45
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 patients accommodated in the nursing home on the day of this inspection: 34
Brief description of the accommodation/how the service operates: 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 10 October 2023 from 9.20 am to 5.15 pm by a care inspector.

The inspection assessed various aspects of the running of the nursing home to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

It was evident that staff promoted the dignity and well-being of patients by respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs and had relevant training to deliver safe and effective care. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Slemish was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

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.

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 patients, relatives, staff or the commissioning trust.

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 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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients and staff were consulted during the inspection. Staff spoken with said that Slemish was a good place to work. Staff were satisfied with the staffing levels and the training provided. Staff told us how they like coming to work and how supportive and approachable the Manager is.

Patients spoken with on an individual basis told us they had good experiences living in the home and they liked the meals provided. Patients told us "the staff are good and kind" and "I love it here".

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

No staff survey responses or feedback questionnaires were received within the allocated timeframe.

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 18 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 30 Stated: First time	The registered person shall ensure a regular system of date checking is in place to ensure in-use insulin pen devices are not administered after the expiry date.	Met
	Action taken as confirmed during the inspection: All insulin in use for administration to patients was observed in date on inspection. A system was in place in the form of labelling the insulin pen devices when opened and when they are due to be discarded. These dates are also added to the nurse's diary. This was discussed with the pharmacy inspector post inspection and this area for improvement was assessed as met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was 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.

There were systems in place to ensure staff were trained and supported to do their job. The Manager retained good oversight of staff compliance with their training requirements.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff who take charge in the home in the absence of the Manager had completed relevant competency and capability assessments.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well.

Staff said that they felt well supported in their role and found the Manager approachable. Staff spoke positively on staffing levels and teamwork in the home. Discussion with the Manager and staff confirmed that there were good working relationships between staff and management.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff provided care in a caring and compassionate manner. Patients were well presented in their appearance.

Patients' needs were assessed 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. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were well reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

The home is gradually introducing a new system of care records; we discussed how this is an opportunity to review patient care plans as some of them were noted to be quite repetitive.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

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

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned.

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 maintained.

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. We discussed the regional Post Falls Guidelines for Care Homes and how these guidelines provide homes with guidance and instructions on the steps which can be taken for residents who fall regardless of the severity of the fall. The home plans to review this information and consider its implementation in Slemish.

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. There was evidence that patients' needs in relation to nutrition and the dining experience were being met.

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.

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.

There was evidence that the homes interior was tired and in need of some painting in several areas; the management team advised of ongoing building work at the home and it was hoped that once this was completed, work would move then to update the interior of Slemish. This will be followed up on the next care inspection.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible and the staff had taken part in regular fire drills in the home. The home's most recent fire safety risk assessment was completed on 28 October 2022 and is due for updating this month.

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. Vinyl gloves were observed in use; this was discussed with the management team how vinyl gloves are not recommended for direct patient care. The Manager agreed to review the use of vinyl gloves within the home.

5.2.4 Quality of Life for Patients

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

There was a range of activities provided for patients by activity staff. The monthly planned activities were displayed. The range of activities included for the patients included social, community, cultural, religious, spiritual and creative events.

Patients' needs were met through a range of individual and group activities. Activity records were maintained which included patient engagement with the activity sessions.

It was observed that staff offered choices to the 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 appeared to be content and settled in their surroundings and in their interactions with staff.

5.2.5 Management and Governance Arrangements

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

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

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. The Manager is the safeguarding champion for the home, it was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Review of records identified one accident that had not been reported to RQIA in accordance with legislation, this was reported retrospectively after the inspection.

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.

Messages of thanks including any thank you cards were kept and shared with staff.

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.

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 the management team, as part of the inspection process and can be found in the main body of the report.



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