



Unannounced Care Inspection Report 8 April 2019



Slemish Nursing Home

Type of Service: Nursing

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

Tel No: 028 2564 9772

Inspectors: Sharon McKnight

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 45 patients.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individual: Amanda Celine Mitchell	Registered Manager and date registered: Dorothy McKeefry 27 January 2014
Person in charge at the time of inspection: 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: 38

4.0 Inspection summary

An unannounced inspection took place on 8 April 2019 from 09:45 to 16:20.

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.

We observed good practice in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was homely and safely managed.

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

We observed that patients were offer choice with their daily routine and were provided with opportunities to have a say in the day to day running of the home.

There were stable and well established management arrangements in place with systems to provide management with oversight of the services delivered.

A need for improvement was identified with the completion of repositioning charts.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings.

Comments received from patients, relatives and staff during and after the inspection, are included in the main body of this report.

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
Total number of areas for improvement	0	1

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 25 September 2018

The most recent inspection of the home was an unannounced care inspection. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 1 – 14 April 2019
- 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
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of monthly visits made on behalf of the responsible person
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either met, partially met, or not 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 25 September 2018.

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and was validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 25 September 2018.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44.1 Stated: Second time	The registered person shall ensure that the home is decorated to an acceptable standard for patients.	Met
	Action taken as confirmed during the inspection: Redecoration has been completed in a number of areas improving the overall appearance of the home.	
Area for improvement 2 Ref: Standard 38.3 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of two staff recruitment files confirmed that this area for improvement has been met.	
Area for improvement 3 Ref: Standard 43.4 Stated: First time	The registered person shall ensure that leads and cables are positioned to ensure they are not a trip hazard.	Met
	Action taken as confirmed during the inspection: No hazards were identified with the positioning of cables.	
Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that care plans for wound care are updated to reflect the prescribed dressing regime.	Met
	Action taken as confirmed during the inspection: Care plans for wound care were reflective of the prescribed dressing regime.	

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.

In order to determine if care was delivered safely we talked with a number of the patients. Patients told us that staff attended to them promptly and if they were in their bedrooms staff came as quickly as they could when they called them. The patients said that staff were pleasant and attentive to them. It was good to observe that those patients' who, due to their frailty were unable to request staffs' attention, were regularly attended to by staff.

Staff were provided to ensure that catering and housekeeping duties were undertaken. An activity co-ordinator was supported by the wider staff team on the delivery of recreational activities

We spoke with the relatives of two patients. The relatives spoke highly of all of the staff and told us that the patients' needs were attended to promptly and that staff were pleasant and attentive.

A system was in place to identify appropriate staffing levels to meet the patient's needs. A review of the staff rotas for the period 1 – 14 April 2019 confirmed that the staffing numbers identified were provided.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not present during the inspection. All of the questionnaires provided for relatives were completed and returned. Relatives replied that they were very satisfied with staffing. The relatives' responses are further discussed in section 6.6.

We discussed the recruitment of staff with the registered manager and reviewed the recruitment records. The records confirmed that the appropriately checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home. Records of two completed induction programmes were reviewed.

The home provides training for staff via an e learning programme and face to face training. Review of training records confirmed that staff had undertaken a range of training annually relevant to their roles and responsibilities.

We discussed the systems in place to ensure patients are protected from abuse. The registered manager confirmed that the home had a safeguarding champion to support the adherence to the safeguarding policies and procedures. The safeguarding and protection of patients was included in the induction and annual training programme for staff.

Staff providing care in a nursing home are required to be registered with a regulatory body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff it is the Northern Ireland Social Care Council (NISCC). The manager is responsible for ensuring all staff are registered appropriately. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were either appropriately registered or in the process of completing registration.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected or alarm mats in place; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest. Patients, where possible, their relatives and the healthcare professionals from the relevant health and social care trust were involved in the decision to use restrictive practice.

If a patient had an accident a report was completed at the time of the accident. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The registered manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise the risk of further falls. Patients' relatives, the registered manager and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified.

We observed staff to determine if there was good practice to minimise the risk of the spread of infection. A sign was displayed on the front door of the home asking visitors to consider delaying their visit until another day if they had been in contact, or had symptoms of illnesses, such as vomiting and diarrhoea or colds and flu etc.

Gloves and aprons were available throughout the home and we noted that staff used these appropriately. Hand washing facilities liquid soap and disposable hand towels were widely available and well utilized through the home. Hand sanitising gel was available in the reception area as you entered the home and at a variety of locations throughout the home as an additional resource to support good hand hygiene. Housekeeping and laundry staff had a range of appropriate colour coded equipment which was being used appropriately.

The environment in Slemish Nursing Home was homely, warm and comfortable. There were a choice of four sitting rooms throughout the home. A selection of comfortable chairs were available in the lounges alongside space for patients who sat in their own specialised seating. Patients' were encouraged to individualise their own rooms; many had pictures, family photographs and ornaments brought in from home. The home has recently undergone some redecoration; the corridors and a number of bedrooms have been redecorated. The colour schemes were fresh and bright and enhanced the overall appearance of the home. Plans were in place for further bedrooms to be redecorated.

No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices. The home was clean and fresh smelling throughout.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was homely and safely managed.

No areas for improvement were identified during the inspection in this domain.

6.5 Is care effective?

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

We spoke with eight patients individually who were happy with the care they were receiving. They confirmed that staff arranged visits from their GP, podiatry, opticians and dentists when they needed them. If they were required to attend hospital appointments the staff made the necessary arrangements for them to attend.

We observed that there were clear working arrangements for the sharing of information of the needs of the patients. Staff were allocated daily to deliver care to identified patient groups. Patient care was discussed at the beginning of each shift.

As previously discussed a range of assessments, to identify each patient's needs, were completed on admission to the home; from these care plans which prescribed the care and interventions required to support the patient in meeting their daily needs were produced.

Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcome of these assessments were available in the patient's notes.

We reviewed how patients' needs in relation to wound prevention and care, nutrition and falls were identified and cared for.

Records reviewed confirmed that wound care was delivered in keeping with the prescribed care. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust. For example podiatry and tissue viability nurses (TVN).

Arrangements were in place to identify patients who are unable to mobilise or move independently and are therefore at greater risk of skin breakdown. For those patients identified as at risk a care plan was in place. Pressure relieving care was recorded on repositioning charts. Improvements were required in the recording of repositioning; this was identified as an area for improvement.

Patients' nutritional needs were identified through assessment and care plans detailing the support patients need to meet their nutritional needs were put in place. Patient's weights were kept under review and checked monthly to identify any patient who had lost weight. Patients with significant weight loss or weight loss from month to month were referred to appropriate healthcare professionals, for example GP or dietician. Records were kept of how much patients ate at each mealtime; this information was useful for healthcare professionals when reviewing weight loss.

Lunch was served in the dining room on the ground floor. Patients had the choice of coming to the dining room or having their meals brought to them on a tray. The dining room tables were nicely set and a choice of condiments was provided on each table. Staff and patients told us that homemade soup was served at lunch followed by a choice from two main dishes and a dessert. Lighter alternatives, for example sandwiches, were also available at each meal. The kitchen staff plate the meals patient by patient; they explained that this approach allows them to adjust the portion size, for example quantity of potatoes, vegetables in keeping with the patient's preference. Patients we spoke with were very happy with the variety and quality of the meals provided. Staff were present in the dining room, whilst other staff were assisting patients who were in their bedrooms.

We reviewed the prevention and management of falls. Where a patient was identified as at risk of falling a care plan was drawn up to identify any preventative measures which may reduce the risk. We reviewed the accident book and the management of falls recorded. We can confirm that recorded accidents were appropriately managed with medical advice sought as required if an injury was sustained. Care records evidenced that a post falls review was completed within 24 hours of the patient sustaining a fall to identify the possible reason for the fall and take any preventative action necessary. Staff we spoke with were aware of those patients who were assessed as at high risk of falls. Assistive technology, for example the use of alarm mats, was in use for a number of patients and, as previously discussed, was managed appropriately in the best interest of patients.

Staff were well informed with regard to patients' needs, what areas patients were independent with and the level of assistance they required in daily life. They supported patients to make daily decisions and we observed that with patients who required support to make a decision staff used their knowledge of individuals to prompt decisions. Staff worked well as a team and reported that there were good relations between differing roles within the team.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

Areas for improvement

Improvements are required with the completion of repositioning charts.

	Regulations	Standards
Total number of areas for improvement	0	1

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 09:45 and were met by the registered manager. The ground floor was quiet; a number of patients had finished breakfast and were being assisted to the lounge, some patients had breakfast in their room and some patients were still sleeping.

We spoke with eight patients, individually throughout the day. Patients confirmed that they were supported to make daily choices; for example where to spend their day, have their meals and join in with activities. We asked if patients felt their consent was gained prior to providing care. They confirmed that staff would ask if they were ready to get up or would like to go to bed. Patients understood that, at times if staff were busy, they would have to wait but felt that the time it took staff to return to them was reasonable.

The patients told us the following:

“I get what I need, I’ve no complaints.”

“I’m happy enough today.”

“The food is always very tasty.”

We spoke with the relatives of two patients who told us the following:

“They look after him very well.”

“We’re kept well informed.”

Patients and relatives meetings were held throughout the year; the planned dates for 2019 were displayed in the foyer of the home to assist relatives to attend. A record is kept of each meetings of the issues discussed. Issues discussed included the menus, activities and the recent refurbishment of the home. The registered manager explained that the meetings provided the patients and relatives with an opportunity to have their say about day to day events in the home and an opportunity for management to inform and discuss home issues.

As previously discussed all of the questionnaires we provided for relatives were completed and returned. Relatives included the following comments in their replies:

“My mum is very well looked after and all her needs met in a very caring way. The activity therapist is a fantastic asset to the welfare of everyone.”

“Happy with care my mother receives.”

The home provides questionnaires on an annual basis to relatives; the questionnaires invite relatives to comment on staffing, management, care and the environment. The most recent questionnaires were issued in March 2019; five had been returned at the time of the inspection. The information received from the returned questionnaires will be collated and a response provided to patients and relatives; the response will include

Discussion with activity therapist and review of the activity programme evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs.

Staff spoke to us about the daily routine and understood the challenge of providing a flexible routine whilst ensuring all of the patients had their needs met in a timely manner. There was good team work between the nurses and care staff and an appreciation of each of their roles and responsibilities.

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed in the foyer for patients and visitors to see. These are some of the comments included:

“Thanking everyone at Slemish Nursing Home for the wonderful care.....received over the past 4 years. It was always comforting to know he was being looked after so well by everyone.”

“For all the care and attention you gave to ... while she was with you. She has come on leaps and bounds thanks to you all.”

“With heartfelt thanks and grateful appreciation for all your tender loving care to my”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to patient choice and the daily routine, the quality of meals provided and the dining experience and systems to provide patients with a say in the day to day running of the home.

No areas for improvement were identified during the inspection in this domain.

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.

There are well established management arrangements in the home. The current manager has been registered with RQIA since 2014 and was knowledgeable of her responsibility with regard to regulation and notifying the appropriate authorities of events. They are supported in their role by a deputy manager, who was present throughout the inspection and knowledgeable of the day to day running of the home and patient care. The manager reported that they were also well supported by the responsible person, Ms Mandy Mitchell who is present in the home regularly. Patients and staff reported that the registered manager was very approachable and available to speak to.

The registered manager reviews the services delivered by completing a range of monthly audits. Areas audited included care documentation, restraint, patients' weights, accident and incidents, complaints and the quality of the environment. The manager explained that the action required to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed.

The responsible person, on behalf of the owner of Slemish Nursing Home, is required to check the quality of the services provided in the home and complete a report. This was done through a monthly visit. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home.

A complaints procedure was displayed in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined. Patients and relatives told us that they were confident that any concerns or issues brought to the attention of staff would be appropriately addressed.

Examples of compliments received have been provided in section 6.6 of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

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, and Veronica McAllister, deputy 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>Area for improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 6 May 2019</p>	<p>The registered person shall ensure that the necessary improvements are made to the recording of repositioning</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A meeting has been held with Nurses and Care Assistants to highlight improvements required. Supervisions have been carried out with all Care Assistants and Nurses to ensure all documentation is completed correctly and maintained .This will be monitored through inspection and audit.</p>
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The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

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