

Inspection Report

4 July 2024



Slemish Nursing Home

Type of service: Nursing

Address: 28 Broughshane Road, Ballymena, BT43 7DX

Telephone number: 02825649772

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

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| Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited | Registered Manager: Mrs Dorothy McKeefry |
| Registered Person/s OR Responsible Individual Ms Andrea Louise Campbell | Date registered: 27 January 2014 |
| Person in charge at the time of inspection: Mrs Dorothy McKeefry | Number of registered places: 63 |
| 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: 33 |
| Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 63 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 announced inspection took place on 4 July 2024 from 10.30 am to 1.30 pm by an estates and care inspector.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes (April 2015).

The estates inspector reviewed the building services maintenance records, test certificates and associated documents, and completed a review of the building fabric & finishes.

It was confirmed from a care perspective that the additional accommodation was appropriately prepared for registration with RQIA. No areas for improvement were identified. The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

3.0 How we inspect

RQIA's inspections form part of our assessment of the quality of services. Our reports reflect the performance 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.

The inspection consisted of a review of estates related documents held in the home and submitted by the provider prior to the inspection. A visual inspection of the internal and external accommodation was completed and any issues identified during the inspection were discussed with the registered manager at the conclusion of the inspection.

As part of the inspection, we also considered and/or reviewed the following range of information:

- The statement of purpose
- The service user guide
- A sample of policies and procedures
- Staff training
- A patient care file
- Staff recruitment
- Planned staffing levels and skill mix
- Discussion regarding the admission plans for residents

4.0 The inspection

4.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Slemish Nursing Home was undertaken on 10 October 2023 by a care inspector; no areas for improvement were identified.

4.2 Inspection findings

4.2.1 Estates

The additional accommodation was found to have been constructed, decorated and presented to a high standard, and suitably furnished throughout. The bedrooms, en-suites and all communal spaces were found to significantly exceed the current Department of Health (DoH) Care Standards with regards to area and critical dimensions.

A range of documents relating to the commissioning and maintenance of the premises mechanical & electrical engineering installations, were presented for review. This documentation included various inspection and test reports, including for the fire detection system, emergency lighting installation, and portable fire-fighting equipment.

Planning approvals for the premises were in place and the Building Regulations Completion certificate was issued on 25 July 2024.

The current fire risk assessment was undertaken on 30 May 2024 by a suitably accredited fire risk assessor who rated the current fire safety evaluation as 'Tolerable'. Fire safety maintenance and test records verified that the premises physical fire safety installations had been suitably commissioned and were being appropriately maintained.

The premises fixed electrical installation was commissioned on 13 May 2024 and was deemed to be 'Satisfactory'. The nurse call system was commissioned on 14 June 2024 and testing by the inspectors confirmed it was functioning correctly. The premises new passenger lift was commissioned on 2 July 2024.

A current legionella risk assessment was in place, and this had been revised to include the additional accommodation. Suitable control measures have been implemented and are currently being maintained by the provider. All seldom used water outlets are flushed in accordance with the water safety risk assessment by staff within the home.

4.2.2 Staffing Arrangements

Review of recruitment records and discussion with the management team showed that there was evidence of a robust recruitment system in place to ensure staff were recruited correctly to protect patients. An induction process was also in place for newly recruited staff to prepare them for their roles and responsibilities.

The staff duty rota reflected the planned staffing levels for the home on a daily basis. The person in charge of the home was identified on the staff rota.

There was evidence that a system was in place to monitor staff compliance with mandatory training including infection prevention and control (IPC), health and safety and moving and handling.

4.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment found that while generally the home was clean and tidy a number of en-suite rooms required to be cleaned appropriately prior to the admission of patients. Following the inspection, the management team confirmed that the rooms identified had been cleaned.

A nurse call system was in place and a call indication point system was noted to be in place. A number of nurse call points required a call lead to be put in place. It was confirmed that this had been completed following the inspection.

Bedrooms and communal areas were reviewed and found to be suitably decorated and furnished for patient use.

4.2.4 Management and Governance Arrangements

A planed schedule of audits is in place to ensure the governance and monitoring of the quality of care and other services provided in the home.

A range of established policies and procedures are in place to ensure the quality of the care provided in the home.

There was evidence that a system was in place to ensure the home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits are available for review by patients, their representatives, the Trust and RQIA.

4.2.5 Statement of purpose and patient guide

The statement of purpose and patients' guide were submitted to the RQIA prior to the pre-registration visit. The documents were found to be reflective of the care and service provision within the home.

5.0 Quality Improvement Plan/Areas for Improvement

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



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