The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Slieve Na Mon**

Provider: **East Eden Ltd**

Date of Inspection: **22 and 23 July 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:	East Eden Ltd
Responsible Individual:	Dr Una McDonald
Registered Manager:	Mrs Ciara Cochrane
Service Profile – This home is a registered nursing home which provides nursing care for up to 60 patients. Accommodation is provided across seven units, each with their own communal areas and dining room and access to garden/outside areas.	

2.0 Inspection summary

An unannounced inspection took place on 21 July 2025, from 9.20am to 3.30pm, and on 22 July 2025, from 9.30am to 2.25pm. A care inspector conducted the inspection.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified by RQIA, during the last care inspection on 22 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients. Issues were raised concerning management and staff relationships, which were being dealt with by the home's senior management at the time of this inspection.

Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and were trained to deliver safe and effective care.

As a result of this inspection all the previous areas of improvement were assessed as having been addressed by the provider, one area of improvement from the medicines management inspection on 16 May 2023 was carried forward to the next inspection. Three new areas for improvement were identified. Full details, 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. Inspectors will observe care delivery and may conduct a formal structured observation during the inspection.

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

In accordance with their capabilities, patients said and indicated that they were very happy with the care in the home and that staff were kind and caring. Some of the comments made included; "I am very happy here.", "Everything is the best here. The staff are very good." and "Everything is grand."

Staff spoke positively about the provision of care, their roles and duties and the provision of training. Some staff expressed concerns with management relationships. This issue was being addressed by the home's senior management team at the time of this inspection.

One visiting relative said they were very happy with the home and felt the care was very good.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of appropriate systems in place to manage staffing.

Staff said there was good team work and in general they were satisfied with the staffing levels. Staff said the workload was busy but manageable. Some staff raised concerns about managerial relationships in the home. This was being addressed by the home's senior management at the time of this inspection.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

An appropriate system to manage the registration of care staff with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) was in place.

Any nurse who is in charge of the home in the absence of the manager has a competency and capability assessment completed for this responsibility.

3.3.2 Quality of Life and Care Delivery

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 patients choice in how and where they spent their day or how they wanted to engage socially with others.

Staff interactions with patients were pleasant, polite and friendly.

Discussion with staff confirmed that the risk of falling and falls were managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. Care staff have also received training in the management of falls.

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.

One patient was observed to be experiencing particular distressed behaviours. An area of improvement was made to seek consultation with the aligned health & social care trust professional(s) for this patient's distressed behaviours, so that appropriate assessment and care planning for these behaviours is put in place. A further area of improvement was made to ensure that there are adequate systems to support and provide relief for staff in dealing with prolonged periods of distressed behaviours.

Patients who required special attention to skin care needs, had corresponding detailed records of care prescribed and given.

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 assistance from staff and their diet modified.

The dining experience was an opportunity for patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. The dinner time meal was appetising, wholesome and nicely presented. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Patients commented positively throughout this inspection on the provision of meals.

Patients' preferences and wishes were respected with choice to reside in their bedroom with their chosen activity such as resting, reading, listening to music or watching television. A programme of activities was enjoyed by patients throughout this inspection. The genre of music played and television channels were in keeping with patients' age group and tastes.

3.3.3 Management of Care Records

Patients' needs were assessed by a suitably qualified member of staff 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 held confidentially.

Care records were appropriately maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.

Care staff recorded regular evaluations about the delivery of care. Issues of assessed need had a recorded statement of care / treatment given with effect of same.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Patients' bedrooms were comfortable and suitably facilitated, with many of these personalised. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

An area of improvement was made to make good an identified chair in one of the designated smoking lounges.

The kitchen and laundry departments were clean and well organised.

Cleaning chemicals were stored safely and securely.

The grounds of the home were very well maintained.

The home's fire safety risk assessment was completed on 18 October 2024. Corresponding evidence was recorded of the actions taken in response to the two recommendations made from this assessment. All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

3.3.5 Quality of Management Systems

There is a defined management structure within the home and the wider organisation. Issues relating to relations between management and staffing were being addressed by the home's senior management.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

Accidents and incidents were notified, if required, to patients' next of kin, aligned named workers and to RQIA. A monthly analysis of accidents and incidents was carried out.

Records of complaint evidenced that such expressions were taken seriously and managed appropriately.

There was a range of system of audits and quality assurance in place. These audits included; environmental, infection prevention and control and care records.

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. These reports were informative and detailed and included action plans to address any issues identified. The reports are available for review by patients, their representatives, the Trust and RQIA.

4.0 Quality Improvement Plan/Areas for Improvement

Three 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*	2

* The total number of areas for improvement includes one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Stephanie McCormack, Deputy 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 13(4) **Stated:** First time **To be completed by:** 16 May 2023	The registered person shall review the process for the management of medicines for new admissions and for patients returning from hospital to ensure safe systems are in place.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 14(1)(b) **Stated:** First time **To be completed by:** 23 August 2025	The registered person shall seek consultation with the aligned health & social care trust health professional(s) for one identified patient's distressed behaviours, so that an appropriate assessment and care plan to manage these behaviours is put in place. Ref: 3.3.2
	Response by registered person detailing the actions taken: advice sought from gp and referal made to CMHT- review of medication carried out and clinical workup completed to rule out underlying infection- care manager made aware of same and ongoing review carried out day to day. careplan in place to highlight same.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 47(1) **Stated:** First time **To be completed by:** 23 August 2025	The registered person shall ensure that there are adequate systems in place to support and provide relief for staff in dealing with prolonged periods of distressed behaviours. Ref: 3.3.2
	Response by registered person detailing the actions taken: allocation in place to ensure adequate rotation of staff in and out of enhanced environments staff receive distressed reaction training and workshops to support with management of distressed reactions support with completion of behaviour charts

Area for improvement **Ref:** Standard 44(1) **Stated:** First time **To be completed by:** 30 July 2025	The registered person shall make good the identified chair in one of the designated smoking lounges. Ref: 3.3.4
	Response by registered person detailing the actions taken: chair replaced and regular evironmental checks in place to highlight any issues with upholstery

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews