

Inspection Report

9 May 2024



Slieve Dhu

Type of service: Nursing Home
Address: 43 Bryansford Road, Newcastle, BT33 0DW
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Slieve Dhu Ltd	Registered Manager: Mrs Aimee Estrada
Responsible Individual: Mr Eoghain King	Date registered: 10 January 2020
Person in charge at the time of inspection: Sue Sutcliffe, Deputy Manager	Number of registered places: 47
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. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 46
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 47 patients. Patients' bedrooms and communal areas are located over two floors and patients have access to a garden area.	

2.0 Inspection summary

An unannounced inspection took place on 9 May 2024 from 9:20 am to 4:45 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Patients had choice in where they spent their day; either in their own bedrooms or in one of the communal rooms. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

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.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

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.

4.0 What people told us about the service

Patients told us they were happy with the service provided. Comments included, "I am very content here, the staff are lovely" and, "The staff treat me well, it's a good place". Patients spoke positively about the cleanliness of the home, the care provided and the meal provision.

Staff said they were happy working in the home. Comments made by patients, staff and relatives were shared with the management team for information and action if required.

No responses were received from the patient/relative questionnaires following the inspection. No responses were received from the staff questionnaires following the inspection indicating that they were happy working in the home.

Compliments received about the home were kept and shared with the staff team.

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 3 October 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: Second time	The registered person shall ensure that with regard to the serving of hot drinks: <ul style="list-style-type: none"> • crockery mugs are available and offered to patients • plastic mugs are not used routinely out of habit and custom but are available if a patient prefers or has an assessed need for this type of mug. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job.

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

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.

There was a system in place to ensure that registered nurses, who take charge in the home, in the absence of the manager, had completed relevant competency and capability assessments. It was noted that there were sufficient numbers of staff on duty to respond to the needs of the patients in a timely way.

Staff were seen to be responsive to requests for assistance and to treat patients with respect and kindness. Staff said that, occasionally, short notice sick leave could be an issue but that efforts were made to provide cover, teamwork was very good and they would all help each other out.

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.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. Review of a sample of records identified the need for a system to monitor the timely development of care plans when a patient is admitted to the home. An area for improvement was identified.

It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Patients who were less able to mobilise were assisted by staff to change their position. Records evidenced that the patients were repositioned. However, the care plans reviewed lacked detail in regards to the recommended regime. This was discussed with the deputy manager and an area for improvement was identified.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails and alarm mats.

Where a patient was assessed as being at risk of falls, measures to reduce this risk had been put in place. However, examination of care records for patients who had experienced a fall did not consistently evidence that the falls risk assessment or care plan had been reviewed and or updated post fall. This was discussed at feedback and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. As the kitchen was being refurbished the adjacent dining room was temporarily out of use. Patients were seated either in the lounges or in their bedrooms as they preferred for their meal. Staff had made an effort to ensure patients were comfortable and had everything they needed close by and the mealtime experience, in the current circumstances, was well managed. The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. The food was attractively presented, smelled appetising and was served in appropriate portion sizes.

The daily menu displayed did not reflect the meal choices for that day and was difficult to read due to wheelchairs being stored in front of the board. This was discussed with the deputy manager and an area for improvement was identified.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet.

Although care plans were in place for patients who require a modified diet, they lacked detail and were not patient centred according to individual need. This was discussed at feedback and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, warm and fresh smelling throughout. Patients' bedrooms were attractively personalised with items that were important to them. The main communal areas were comfortable and welcoming spaces for patients. However, some infection prevention and control (IPC) deficits were noted, namely: the incorrect storage of incontinence products in bathrooms and bedrooms. This was discussed at feedback and an area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of personal protective equipment (PPE) had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

The home's most recent fire safety risk assessment was dated 15 August 2024. Discussion with the manager the day after the inspection confirmed that they were addressing all of the recommendations.

5.2.4 Quality of Life for Patients

The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Observations of the daily routine confirmed that staff offered patients choices throughout the day regarding, for example, what they would like to eat and drink, whereabouts they preferred to spend their time and the option to take part in activities or not.

Hairdressing was regularly available for patients. Patients advised that activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home. However, there was no activity planner on display to inform patients, staff and visitors. This was discussed with the deputy manager and assurances were given that this would be addressed.

Patients were encouraged to participate in regular meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, visiting, planning activities and life in the home.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mr Martin Yeo had been managing the home since 15 April 2023. Mr Yeo was providing cover for a period of planned leave and RQIA had been appropriately notified of this as required. The registered manager returned on 1 November 2023. Staff 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 robust 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. Eoghain King, responsible individual, was identified as the appointed 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.

There was a system in place to manage complaints.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients’ next of kin, their care manager and to RQIA.

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

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Sue Sutcliffe, 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 (1) (b) Stated: First time	The registered person shall ensure that patients who have experienced a fall have their falls risk assessment and care plan reviewed after each fall. Ref: 5.2.2
To be completed by: 9 May 2024	Response by registered person detailing the actions taken: A robust Falls Audit is being carried out to ensure that falls assessment and careplan are completed in a timely manner.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 9 May 2024</p>	<p>The registered person shall ensure that a system is in place to monitor the timely completion of care records following a patient's admission to the home.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A robust Documentation Audit is being carried out to ensure timely completion of care records following admission.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2024</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning, frequency regime of repositioning is recorded within patient care plan.</p> <p>Ref:5.2.2</p> <p>Response by registered person detailing the actions taken: All resident requiring pressure relief has been reviewed and it is reflected in their careplan the frequency of repositioning and rationale.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 9 May 2024</p>	<p>The registered person shall ensure that the daily menu displayed reflects the meals served and is displayed in a suitable format.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A new chef and cook has been hired by Slieve Dhu and new menu will be displayed in communal areas and will be printed in a suitable format.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.7</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2024</p>	<p>The registered person shall ensure that care plans in relation to the management of modified diets are reflected for the assessed needs of the patients.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All residents requiring modified diet as per SLT assessment has been reviewed and all care plans reflect their recommended dietary and fluid levels as per IDSSI.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 9 May 2024</p>	<p>The registered person shall ensure that incontinence products are stored appropriately in the home.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All incontinence supply are now stored in the top shelf of residents cupboard. All key workers and named nurses were informed. The same has been discussed during monthly meeting.</p>

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