The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Slieve Dhu**

Provider: **Slieve Dhu Ltd**

Date of Inspection: **30 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:	Slieve Dhu Ltd
Responsible Individual:	Mr Eoghain King
Registered Manager:	Mrs Aimee Estrada

Service Profile – This home is a registered nursing home which provides nursing care for up to 47 patients who require general nursing care or have a physical disability and are under or over 65 years. There is a communal dining room on the ground floor and several communal lounge areas in the home. Bedrooms are located over two floors.

2.0 Inspection summary

An unannounced inspection took place on 30 July 2025 between 9.30 am and 6pm by a care inspector.

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 9 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.
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.
While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the environment.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated for a second time and others have been carried forward for a future inspection.

Full details, including new areas for improvement identified, 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 also 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

Patients told us, "I love it here, everything about it", "the staff are great and the food is lovely", others said, "there is a great variety in the food choices", and "there are things that go on, like games and sometimes I go".

Patients told us that staff had been welcoming when they first arrived at the home and that they feel they are given choice of when and who is contacted about their care; and that staff treat them with respect.

Patients also said staff offered choices to them 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.

Relatives told us that they felt their loved one was always well presented, as they would want to be, that the home communicate with family appropriately and that the believed their loved one to be well cared for.

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 robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff commented that the home has recently renewed the call bell system which they believed to be more effective than previously. There were enough staff on duty to provide activities and staff knew the patients well to provide activities of interest to them. Patients said they had confidence in staffs' ability to provide good care, that staff knew them well and knew how best to help them.

Staff commented that they felt well supported in their induction.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. For example, one patient who wanted to relax in the lounge in the afternoon, was assisted by staff to walk there; staff were patient and offered encouragement as the patient did this.

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

Patients who expressed a preference to not eat in the dining room were given options as to where they would like to eat their meal; in their bedroom or in the lounge area.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs. Records to direct the care given detailed the frequency of this however, records to evidence this had been completed were completed as required. Nursing staff were unable to evidence their accountability of the delivery of this care as they were unfamiliar with the new system which had been implemented. Two areas for improvement were identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patients were encouraged to use the call bell system if they required assistance, wear appropriate footwear and use their walking aid.

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 and their diet modified. Care records

relating to dietary requirements were found to be accurate and detailed, informing staff how to meet someone's need and assess their level of assistance if they were having a day where they were in poor form compared to a day they were in great form.

The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Observation confirmed that one staff member directed the serving of lunch to ensure that patients were given the correct meal. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. For example, staff offered patients choice as to what they had first, sandwiches or soup, if they wanted their soup in a bowl or a mug and if they wanted additional seasoning

When serving meals to patients in their bedroom or in the lounge, staff were inconsistent in whether the food was covered as they walked throughout the home. The management team agreed to review this. Staff were not observed to complete hand hygiene appropriately throughout lunchtime or at other times throughout the day; and were not bare below the elbow which is best practice for preventing the spread of infection. An area for improvement was identified.

The importance of engaging with patients was well understood by the manager and staff. Observation of the lounge in the morning evidenced that the activity and care staff understood the patient's preferences well. Staff spent time with patients, and helped them to participate. Some of the ladies in the lounge had their nails painted and the staff used this opportunity to engage with them in conversation with warmth, reminiscing about fun times in their lives and they were laughing. Some patients chose to remain in their bedroom with their chosen activity such as reading, watching T.V or listening to music.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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. However, following admission to the home, nursing staff did not develop care plans in an appropriate time and an area for improvement was stated for a second time.

Patients care records were held confidentially.

Care plans were reviewed by nursing staff and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care and reviewed the care plans following a change in care need or a return from a stay in hospital. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

However, records to evidence that a patient had been supported to change their position, did not evidence that patients were supposed in keeping with their prescribed regime. Nursing staff were unable to evidence robust oversight of the delivery of this care. Two areas for improvement were identified.

The management team have recently upgraded their care record system and management agreed to review the record keeping for care delivery to ensure accuracy as the staff adjust.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy, for example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were warm and comfortable. There is a refurbishment plan under way replacing floor coverings, furniture and décor throughout the home.

RQIA requested the management to share their refurbishment plan, outlining their plan to prioritise the replacing of beds, to ensure effective cleaning; and that hand hygiene stations increase throughout the home. In the interim, the management team have agreed to improve oversight of effective hand hygiene of staff.

'Homely' touches such as magazines and books were available in the lounge area.

Equipment such as hoists, wheelchairs and shower chairs were clean and in good working order. Continence products were inappropriately stored for example loose in cupboards or on the bathroom floor. An area for improvement was stated for a second time.

Review of records confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks, nurse call system checks, electrical installation checks and water temperature checks.

The domestic trolley was left unsupervised on more than one occasion and the sluice room and nurses station were found to be unlocked; the nurses station was also found to be unlocked. An area for improvement was identified.

Throughout the home there were prescribed creams, an inhaler device and thickening agents observed in bedrooms. Prescribed nutritional supplements were also left in communal areas and bedrooms. This was brought to the attention of the management team for immediate action. A nurse was observed to leave medication with a patient, they did not remain with the patient until the medication was taken. Two areas for improvement were identified.

3.3.5 Quality of Management Systems

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

Patients and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Patients and their relatives said that they knew who to approach if they had a complaint / had confidence that any complaint would be managed well.

A record of compliments where relatives had shared cards and letters of gratitude for care provided was retained and shared with the staff.

4.0 Quality Improvement Plan/Areas for Improvement

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	4	9*

* The total number of areas for improvement includes two Standards, which have been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Sue Sutcliffe, Deputy, 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 (7) **Stated:** First time	The Registered Person shall ensure that all staff, as is best practice for Infection Prevention and Control, are bare below the elbow. Ref: 3.3.2
To be completed by: 30 July 2025	**Response by registered person detailing the actions taken**: Information on infection prevention and control will be reinforced on daily handover to all staff. Spot checks and hand hygiene audits will continue to be carried out by Nurse Manager. Additional hand sanitiser dispensers are also fitted throughout the home to give staff more opportunities for hand hygiene. Effective communication of the above plan will be disseminated among all staff to ensure adherance to good practice.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** First time	The Registered Person shall ensure that all aspects of the home where patients have access are free from hazards. Ref: 3.3.4

To be completed by: 30 July 2025	**Response by registered person detailing the actions taken**: Department managers and staff have been informed of proper maintenance and safety procedures to ensure all areas of the home are safe and suitable for residents' use. Nurse manager will monitor these areas and ensure all action plans are embedded into practice
Area for improvement 3 **Ref:** Regulation 13 (4) (b) **Stated:** First time **To be completed by:** 30 July 2025	The Registered Person shall ensure that all prescribed medication is securely stored. Ref: 3.3.4
	Response by registered person detailing the actions taken: External medicine storage risk assessment has been carried out and individual storage for creams have been identified and creams would be securely stored. Nurse Manager will carry out a robust medication audit and ensure that all prescribedd medication are stored appropriately and safely.
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 30 July 2025	The Registered Person shall ensure safe administration of medication i.e. nurses remain with patients until medication is taken. Ref: 3.3.4
	Response by registered person detailing the actions taken: Medication Competency Assessment is being carried out for all nurses to maintain patient safety and quality of care. The assessment includes written and practical components to ensure that all nurses possess up-to-date knowledge and skills for safe medication administration, preventing errors, and complying with professional standards and guidelines.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** Second time **To be completed by:** 30 July 2025	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: Admission Checklist has been commenced to ensure efficient admission process and timely completion of records.
Area for improvement 2 **Ref:** Standard 43 **Stated:** Second time	The registered person shall ensure that incontinence products are stored appropriately in the home. Ref: 5.2.3

To be completed by: 30 July 2025	**Response by registered person detailing the actions taken:** All incontinence supply are stored on the top shelf of residents wardrobe, the information would be reinforced daily during handover. An updated list of keyworkers and duties are provided to staff to remind everyone of their roles and responsibilities in maintaining a safe environment for residents. Daily allocation reflects staff responsible for ensuring pads are appropriately stored.
Area for improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 30 July 2025	The registered person will ensure that repositioning records evidence that patients are receiving their prescribed regime. Ref: 3.3.2
	Response by registered person detailing the actions taken: Upon request, Touchcare has added a new feature to make it easier for staff to record repositioning and pressure relief. Nurses can now access care records more efficiently. Staff supervision carried out to ensure compliance and adherance to repositioning regimes.
Area for improvement 4 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 30 July 2025	The registered person will ensure that nurses have oversight of supplementary care records. Ref: 3.3.2
	Response by registered person detailing the actions taken: Introduction of E-Learning about use of Touchcare is available for all nurses and staff. The training will provide nurses and staff knowledge on how to access supplementary care records. Supervision carried out to staff needing extra support.

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