

Inspection Report

Name of Service:	Slemish Nursing Home
Provider:	Healthcare Ireland (Belfast) Limited
Date of Inspection:	21 & 22 October 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:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Ms Andrea Louise Campbell
Registered Manager:	Mrs Dorothy McKeefry
Service Profile – This home is a registered nursing home, which provides nursing care for up to 63 patients who require general nursing care. The home is situated over two floors comprising of individual bedrooms and a range of communal rooms throughout the home.	

2.0 Inspection summary

An unannounced inspection took place on 21 October 2025, from 9.15 am to 4.30 pm and 22 October 2025 from 9.20 am to 1.00 pm 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 on 7 & 8 January 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

As a result of this inspection, two areas for improvement under the regulations and two areas for improvement under the standards were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next 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 patients, 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 spoken with said the care provided was excellent, the food was very nice, their rooms were kept clean and they had no concerns.

Staff were complimentary about the support from the management team and the care provided. One staff member raised concerns about staffing. This is discussed further in section 3.3.1.

Patient and visitor questionnaires returned confirmed that they were very happy with the care provided, said that staff were always available if needed and they had no concerns about the home.

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and staff induction.

Regular staff training was completed, however, mandatory training including; International Dysphagia Diet Standardisation Initiative (IDDSI), information governance and Malnutrition Universal Screening Tool (MUST) training had not been completed in a timely way. This area for improvement has been stated for a second time.

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.

Discussion with staff and observation of the domestic staffing levels identified that staff were struggling to meet the cleaning needs of the home. This was discussed with the manager and this area for improvement has been stated for a second time.

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

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.

While activity staff interactions with patients were very encouraging and positive, it was observed that care staff interactions and communication with patients lacked stimulation and interest for the patients. This was discussed with the manager for her action and will be reviewed at a future inspection.

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.

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.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. Repositioning records were generally well maintained, however, not all repositioning was double signed by staff completing this care. This was discussed with the manager for her review and will be re-assessed at a future inspection.

Review of the pressure relieving mattresses in the home showed evidence that they were not all set correctly for the patient's weight. This was brought to the attention of the manager who confirmed after the inspection that all mattresses had been checked and modified to the correct settings. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place.

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.

Observation identified that staff were not always following guidelines when assisting patients who required full support with their meals; for example, standing to assist a patient who is seated. An area for improvement was identified.

The dining experience was an opportunity for patients to socialise. It was observed that patients were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those patients who required a modified diet. It was observed that only one dining room was used for patients from both floors of the home, which made the dining room quite busy. The use of both dining rooms was discussed with the manager for her consideration and will be reviewed at a future inspection.

Patients were well informed of the activities planned for the week including; word searches and armchair exercises, and of their opportunity to be involved and attend the planned events.

Activities for patients were provided which involved both group and one to one activities.

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.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. 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.

3.3.4 Quality and Management of Patients' Environment Control

The home was generally tidy, bright and warm. While some progress had been made with areas in the home which required maintenance or repair, a number of areas including; damaged flooring, a broken soap dispenser, curtains hanging off, peeling paint and a broken radiator cover still needed to be addressed. This area for improvement has been stated for a second time.

Corridors were observed to be obstructed by equipment such as hoists, which prevented clear access to fire exits. This was brought to the manager's attention for her action. This area for improvement has been stated for a second time.

Domestic cleaning was taking place throughout the day; however, it was observed that bins were overflowing and equipment, such as hoists, were unclean. An area for improvement was identified.

In other areas of the home, including lounges and corridors, redecorating was taking place including painting and application of new wallpaper to enhance the appearance of the home.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Dorothy McKeefry has been the manager in this home since 27 January 2014.

Patients and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place, however, while improvement was noted, the actions required as a result of the audit process were not always signed and dated as completed; for example, hand hygiene and care file audits. This area for improvement has been stated for a second time.

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	0	8*

* The total number of areas for improvement includes five standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Dorothy McKeefry, registered 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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 41.1 Stated: Second time To be completed by: 22 October 2025	<p>The Registered Person shall ensure at all times the staff on duty meet the needs of patients taking into consideration the size and layout of the home.</p> <p>Ref: 2.0 and 3.3.1</p> <p>Response by registered person detailing the actions taken: The recruitment of domestic staff remains an areas of focus and the shortfall in domestic hours is supported by agency. The staff on duty is reviewed daily and takes into consideration the size and layout of the home. Recruitment is ongoing and remains a focus with support of the HR and recruitment team.</p>
Area for improvement 2 Ref: Standard 39 Stated: Second time To be completed by: 31 December 2025	<p>The Registered Person shall ensure staff are trained for their roles and responsibilities.</p> <p>Ref: 2.0 and 3.3.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager ensures that all staff receive appropriate training relevant to their roles and responsibilities. This includes induction training, mandatory training, and ongoing development to ensure staff are competent, knowledgeable, and able to deliver safe and effective care. Training records will be maintained and regularly reviewed by the Registerd Manager to ensure compliance. Practical training remains a focus.</p>
Area for improvement 3 Ref: Standard 44 Stated: Second time To be completed by: 31 December 2026	<p>The Registered Person shall ensure the areas identified as requiring maintenance, repair or decoration are addressed in a timely manner.</p> <p>Ref: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: The home has an established refurbishment plan that is subject to ongoing review by the management team. The shower room identified during the inspection remains included within this plan. The refurbishment plan demonstrates that the required works, redecoration, and repairs have been completed, with the exception of the shower room, which has now been prioritised for completion.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 48</p> <p>Stated: Second time</p> <p>To be completed by: 22 October 2025</p>	<p>The Registered Person shall ensure that all fire exits are free from obstruction.</p> <p>Ref: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager ensures that all fire exits are kept clear and free from obstruction by completing regular environmental and health and safety checks. Staff will be reminded via staff meeting and during safety huddles of their responsibilities to maintain unobstructed escape routes to ensure the safety of residents, staff, and visitors.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35.3</p> <p>Stated: Second time</p> <p>To be completed by: 30 October 2025</p>	<p>The Registered Person shall ensure the actions resulting from the oversight audits for care plans and IPC are followed up, signed and dated.</p> <p>Ref: 2.0 and 3.3.5</p> <p>Response by registered person detailing the actions taken: A staff meeting with registered nursing staff took place on 09/12/2025 to discuss the importance of evidencing that actions from audits have been completed. Nursing staff going forward will be asked to sign and date the action plans to reflect when the identified areas have been completed. The Registered Manager will review all audits and actions monthly and ensure these are signed and dated. The completed audits will be retained in the governance file and reviewed by the Regional Manager as part of the Regulation 29 visits.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 22 October 2025</p>	<p>The Registered Person shall ensure pressure-relieving mattresses are set correctly for the patient's weight.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Immediate action was taken to address the inaccurate mattress settings identified by the inspector on the day. A record of this was forwarded to the inspector and will be retained at home level. The Registered Manager and nursing team will ensure that all pressure-relieving mattresses are correctly set in accordance with each residents assessed weight and individual care needs with regular checks undertaken and documented to ensure ongoing compliance and safety.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 23 October 2025</p>	<p>The Registered Person shall ensure patients who require support with their meals are assisted in a dignified manner.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that residents who require assistance with their meals receive appropriate support in a respectful and dignified manner. Staff have been reminded of their responsibilities to promote dignity, choice, and independence, and practice will be monitored through supervision and observation by nursing staff to ensure consistent, person-centred care.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 23 October 2025</p>	<p>The Registered Person shall ensure bins are emptied when needed and equipment is kept clean and hygienic.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure via communication with staff that waste bins are emptied as required and that all equipment is maintained in a clean and hygienic condition. Regular environmental checks and cleaning schedules are in place and monitored to ensure compliance with infection prevention and control standards and can be found within the governance file .</p>

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