The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Slieve Na Mon**

Provider: **East Eden Ltd**

Date of Inspection: **16 June 2026**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Registered Provider:	East Eden Ltd
Responsible Individual:	Dr Una McDonald
Registered Manager:	Stephanie McCormack
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 16 June 2026 from 9.30am to 4.45pm by two care inspectors.

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 July 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and the service was well led.

Patients spoke positively when describing their experiences of living in the home. Refer to Section 3.2 for more details.

As a result of this inspection all areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Five new areas for improvement were identified. Details can be found in the main body of the 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 told us that they were happy living in the home and that they were treated well by staff who were caring and supportive. Patients' comments included, "I am happy here; the care is good". Another commented, "I am getting on the very best. I am happy here". Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We received no questionnaire responses from patients or relatives.

Relatives consulted responded positively in relation to the care provision in the home. One told us, "I am happy with the care and feel involved in the care". Another commented, "The staff are unreal and (xxx) is so content. I feel involved in his care".

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together and were supported by management to do so. There were no responses from the staff online survey.

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. All appropriate recruitment safety checks had been verified prior to staff commencing in post.

Newly employed staff completed a structured induction at the commencement of their employment which included mandatory training. The induction period had been extended and could be extended further depending on the inductee ability. A robust system was in place to ensure that all staff were compliant with pre-determined mandatory training requirements with the majority of staff 100% compliant in most topics. Staff training included dementia management, deprivation of liberty, delirium and complex behaviour training.

Staff told us they were satisfied that the number and skill mix of staff on duty met the needs of the patients, though, raised concerns about workload during certain times of the day. The concerns were shared with the manager for their review and action as appropriate. Patients or relatives raised no concerns in relation to the staffing arrangements. Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

Minutes of recent staff meetings were available to all staff to aid in the communication within the home.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

3.3.2 Quality of Life and Care Delivery

Patients were well presented in their appearance and told us that they were happy living in the home. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences. Interactions between staff and patients were noted to be caring and compassionate. Patients spoke fondly about the staff.

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. Patients told us that they had choice in where and how they spent their day, what they wore and what they had to eat.

Staff confirmed that they received a detailed handover at the commencement of their shift and the information shared included important aspects of patients' needs, especially changes to care.

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. Staff confirmed that they had received training on distressed reactions and a process was in place to manage any extended periods of distressed behaviours; especially with one to one enhanced care arrangements.

Patients who required special attention with skin care were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs. Where a patient had a wound, wound care records directed staff on how to treat the wound and wound evaluation records monitored the progress of the treatment. However, where patients required an airflow mattress to maintain skin integrity, the care plan did not always make reference to the type of mattress and three mattresses in use were not correctly set in accordance with the patients' weights. This was discussed with the manger and identified as an area for improvement.

Inconsistencies were identified in relation to the management of falls. Where a risk of falls was identified, there wasn't a dedicated fall's care plan in place. A 24 hour post fall review did not occur to ensure that the appropriate actions had been taken and the appropriate people informed. RQIA had not been notified when medical advice had been sought from the general practitioner. This was discussed with the manager and identified as an area for improvement.

Patients had good access to food and fluids throughout the day and night. Patients were safely positioned for their meals and the mealtimes were appropriately supervised. Staff communicated well to ensure that every patient received their meals in accordance with their assessed needs and assisted patients in an unhurried and compassionate manner. Food was only served when the patients were ready to eat their meal. The meals served appeared appetising and nutritious. Patients enjoyed their meal and spoke positively on the quality of their meal.

Activities for patients were provided incorporating both group and one to one activities. There was a weekly programme developed which included garden walking groups, reminiscence, bingo, pampering, movies, sing-a-longs and arts and crafts. Spiritual needs were met through a morning worship group and prayer groups. Birthdays and annual holidays were celebrated. A recent residents' meeting included discussions on activities, food provision and the menu. Relatives spoken with were complimentary of the effort that staff had made to ensure their relatives likes and preferences were understood following admission to 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 the patients' needs. 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. Risk assessments and care plans were reviewed regularly to ensure that they remained reflective of patient need. Care records were stored securely.

Supplementary care records were maintained to evidence the care delivered to patients. The records included personal care delivery, food and fluid intake, repositioning, checks made on patients and continence care.

Nurses completed daily progress notes to monitor and evaluate the care delivered to the patients in their care.

3.3.4 Quality and Management of Patients' Environment

Refurbishment was in progress within the units in the home. Flooring had been replaced and new lighting had been installed. There was an ongoing painting programme. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Three bedroom floors, which had been recently washed, did not have warning signage in place to alert any person entering the room of a slip hazard. This was discussed with the manager and identified as an area for improvement.

Not all visitors to the home had signed in when entering the premises. This was discussed with the manager who agreed to review the signing in process to ensure that all visitors to the home, including professionals, were recorded. This will be reviewed at a subsequent inspection.

Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted. A fire door on a communal corridor was noted to be sticking. This was discussed with the manager and immediate attention was given to remedy the situation.

Unattended chemicals and a thickening agent, which could potentially cause harm to patients if ingested, were found accessible to patients in a communal dining area and an unlocked treatment room. This was discussed with the manager and identified as an area for improvement.

Monthly infection control and environmental audits were completed to monitor the environment and staffs' practices. Although, during the inspection we observed several staff not bare below the elbow with gel nails worn. Being bare below the elbow is important to ensure effective hand hygiene. This was discussed with the manager and identified as an area for improvement. Personal protective equipment and hand hygiene facilities were readily available throughout the home.

A process was already underway reviewing all commode/shower chairs in the home to ensure that they were fit for purpose and repaired/replaced where necessary.

Some windows in the home had not been restricted to 100mm and some bedrooms did not have a table. This was discussed with the manager who confirmed following the inspection that audits had been completed to identify the windows and bedrooms and equipment ordered to rectify this. This will be reviewed at a subsequent inspection.

Externally the home was well maintained. There was a garden area to the back and sides of the home.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Stephanie McCormack has been managing the home since 22 July 2025. Staff commented positively about the manager and described her as supportive and approachable.

In the absence of the manager there was a nominated nurse-in-charge (NIC) to provide guidance and leadership. The NIC was clearly identified on the duty rota.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager had a suite of audits to complete. We discussed ways of enhancing the action plan process when deficits were identified.

The number of complaints to the home was low. There was a system in place to manage any complaints received. A compliments log was maintained which included cards and verbal compliments received. All compliments received were shared with staff.

During the inspection we identified that a patient had temporarily been accommodated in a communal room while improvements were made to their bedroom. The registered persons were reminded of their responsibilities under the registration and the nursing home regulations in relation to any changes to the use of any rooms within the premises.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 12 (1) (a) (b) **Stated:** First time **To be completed by:** With immediate effect (16 June 2026)	The registered person shall review the management of falls in the home to ensure that it is in keeping with legislative requirements and best practice guidance. Ref: 3.3.2
	Response by registered person detailing the actions taken: The management of Falls within the home was reviewed with immediate effect, new systems were put into place to strengthen governance systems to ensure more prompt follow up following a fall. Management now following falls, complete a post falls audit which will have a robust action plan and if there is any actions to address with staff, management will address timely and ensure compliance. ongoing refresher carried out inrelation to the falls pathway to remind staff of correct procedures, following this there has also been an incident flowchart introduced to support nurses with documenation.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) and (c) **Stated:** First time **To be completed by:** With immediate effect (16 June 2026)	The registered person shall ensure that the appropriate signage is displayed when floors are wet to warn patients, visitors and staff of slip hazards. Ref: 3.3.4
	Response by registered person detailing the actions taken: Following inspection 12 additional wet floor signs were ordered. Staff have been reminded that signage must be displayed on all floors that are wet within the nursing home with ample signs available. Compliance is monitored daily as part of ongoing management oversight and enviromental checks are completeled monthly or sooner if required to ensure signage is consistently used when required.

Area for improvement 3 **Ref:** Regulation 14 (2) (a) and (c) **Stated:** First time **To be completed by:** With immediate effect (16 June 2026)	The registered person shall ensure that cleaning chemicals or thickening agents are not left accessible to patients within any part of the home when not in use. Ref: 3.3.4
	Response by registered person detailing the actions taken: All staff have been reminded that cleaning chemicals and thickening agents must be in a locked cupboard at all times. enviromental checks are completed by management to ensure cupboards are locked. As part of ongoing medication spot checks tand audits use of thickener is reviewed to ensure storage compliance and the safety of residents.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 16 July 2026	The registered person shall ensure that pressure management care plans make specific reference to the equipment required to maintain skin integrity and that a system is in place to make sure that pressure management mattresses are set in accordance with patients' weights. Ref: 3.3.2
	Response by registered person detailing the actions taken: Care plans have been reviewed to ensure that the equipment required to maintain skin integrity is clearly identified. care staff complete a nightly check to ensure that mattresses are set to the correct pressure setting in accordance with their recent weight and the checks are documented.
Area for improvement 2 **Ref:** Standard 46 **Stated:** First time **To be completed by:** With immediate effect (16 June 2026)	The registered person shall ensure that staff remain bare below the elbow in areas where care is delivered to make sure that staff wash their hands effectively at the five moments of hand hygiene. Ref: 3.3.4
	Response by registered person detailing the actions taken: Random spot checks are completed by mangement to ensure staff are bare below the elbow. in addition hand hygiene audits are completed regularly by senior staff undertakening weekly monitoring to ensure good hnad hygiene practice and management conduct ramdom monthly audits. signs displayed at each handwashin station to remind staff of correct procedure for handwashing.

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

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