The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Slemish Nursing Home**

Provider: **Healthcare Ireland (Belfast) Limited**

Date of Inspection: **7 & 8 September 2026**

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

1.0 Service information

Organisation:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Ms Andrea Louise Campbell
Registered Manager:	Mrs Sarah Martin – not registered
Service Profile – This home is a registered nursing home which provides care for up to 63 patients requiring general nursing care. Bedrooms and communal dining rooms, lounges and bathrooms are situated over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 7th and 8th September 2026, between 9.20 am and 4.20 pm, and 9.10 am and 12.10 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 21 and 22 October 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 eight areas for improvement were assessed as having been addressed by the provider. 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 they were well looked after, the food was very good and the home was clean and tidy. Some concerns were raised about timely responses to call bells and this was brought to the attention of the management team for their review.

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.

Staff said they had received training for their roles and could raise any concerns with the management team. Staff said at times additional staff were needed to meet the needs of patients. This was discussed with the management team for their review.

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 at times staff were delayed in responding to call bells. Staff said also that at times there were not enough staff to respond to patients requests. This was discussed with the management team and an area for improvement was identified.

Review of the record of staff appraisal identified that staff had not received an annual appraisal of their roles in a timely manner. An area for improvement was identified.

Review of the system to manage the registration of nurses and care staff evidenced that staff were appropriately 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. Throughout the day observation confirmed that staff attended safety pauses' prior to mealtimes to ensure good communication across the team about changes in patients' needs.

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.

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 and care records accurately reflected the patients' assessed needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, alarm mats and mobility aids.

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 of the lunch time meal, review of records and discussion with patients, staff and the manager evidenced that there were robust systems in place to manage patients' nutrition and mealtime experience. Prior to the mealtime staff held a safety pause to consider those patient who required a modified diet.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed the food served smelt and looked appetising and nutritious, however, some patients said there should be more variety of food served. This was discussed with the management team and will be reviewed at a future inspection.

Review of the menu displayed identified that the menu was not consist ant with the meal provided. An area for improvement was identified.

Observation of how patients spent their day evidenced that there were no activities planned or taking place in the home, and patients said they were bored. This was brought to the attention of the management team and an area for improvement was identified.

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 maintained and regularly reviewed and evaluated, however the evaluation of care plans including pressure area care, choking and cognitive impairment lacked detail and were repetitive. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was bright, tidy and welcoming. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, warm and comfortable, however, a number of areas were identified as requiring maintenance or repair including; bedroom walls, furniture and window ledges. An area for improvement was identified.

A number of cleanliness issues were observed in areas including en-suites, bathrooms and bedrooms. An area for improvement was identified.

A trolley containing domestic cleaning chemicals was noted to be left unattended in a corridor. This was brought to the attention of staff for immediate action and an area for improvement was identified.

A dining room for patient use was locked preventing patients from entering when they wished to. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Sarah Martin has been the manager in this home since 7 September 2026.

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 and other services. There was evidence that the management team responded to any concerns, raised with them or by their processes.

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

A record of compliments received were kept in the home and shared with staff. This is good practice.

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	1	8

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 14 (2) (a) (c) **Stated:** First time **To be completed by:** 8 September 2026	The Registered Person shall ensure cleaning chemicals are used and stored safely. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered manager has completed a supervision to ensure that all staff are aware that cleaning chemicals should be stored safely at all times
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 8 September 2026	The Registered Person shall ensure that there are enough staff on duty at all times to meet the needs of patients. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered manager has oversight of all rotas and is aware of the dependencies of all residents to ensure that staffing is sufficient at all times
Area for improvement 2 **Ref:** Standard 40 **Stated:** First time **To be completed by:** 31 October 2026	The Registered Person shall ensure that staff receive an appraisal for their roles on an annual basis. Ref: 3.3.2
	Response by registered person detailing the actions taken: The appraisal process is ongoing and all staff have a planned appraisal for the current year and they will be planned for next year also.
Area for improvement 3 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 9 September 2026	The Registered Person shall ensure an up to date menu is displayed to inform patients of meal choices. Ref: 3.3.2
	Response by registered person detailing the actions taken: Kitchen assistants will ensure every morning that the correct menu is displayed in all dining rooms and any changes are reflected also.

Area for improvement 4 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 30 September 2026	The Registered Person shall ensure there is a varied and meaningful range of activities provided on a regular basis. Ref: 3.3.2
	Response by registered person detailing the actions taken: Care staff and also the activities leader will display their weekly plan of activities in a forma suitable for the residents to read and all activities will be recorded in each residents documentation ensuring there is a varied range to suit their likes and dislikes.
Area for improvement 5 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 30 September 2026	The Registered Person shall ensure care plan evaluations; for example, for cognitive impairment, falls and choking are detailed and meaningful. Ref: 3.3.3
	Response by registered person detailing the actions taken: Each care file is reviewed by the clinical lead and deputy to ensure the care plans and their evaluations are meaningful and person-centred for each resident. This is also reviewed by the registered manager.
Area for improvement 6 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 9 September 2026	The Registered Person shall ensure all communal spaces are made available for the use of patients. Ref: 3.3.4
	Response by registered person detailing the actions taken: All communal spaces in the home are available for use by residents and their families.
Area for improvement 7 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 31 October 2026	The Registered Person shall ensure the home is maintained and remains suitable for its purpose. For example; cracks in walls and painting required. Ref: 3.3.4
	Response by registered person detailing the actions taken: The maintenance person has attended to the cracks in the walls and has a plan for painting bedrooms and bathrooms also.
Area for improvement 8 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 9 September 2026	The Registered Person shall ensure the cleanliness and infection prevention and control issues are addressed. Ref: 3.3.4
	Response by registered person detailing the actions taken: Supervisions have been completed with domestic staff as well as care staff and nursing staff on the effective cleaning of all areas

	and the importance of adhering to all infection preventiona and control policies at all times.

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