

# Unannounced Care Inspection Report 27 April 2016



## Whitehead Nursing Home

**Address: 15-18 Marine Parade, Whitehead, BT38 9QP**  
**Tel No: 028 9335 3481**  
**Inspector: Lyn Buckley**

## 1.0 Summary

An unannounced inspection of Whitehead Nursing Home took place on 27 April 2016 from 09:45 to 16:00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

For the purposes of this report, the term 'patients' will be used to describe those living in Whitehead Nursing Home which provides both nursing and residential care.

### Is care safe?

Competent delivery of safe care was evident on inspection. A review of the staffing rota evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. In relation to staff training the management team had already identified deficits in compliance with completing mandatory training. RQIA were assured that this issue had been recognised, addressed and would be monitored through audits undertaken by the registered and regional manager. Progress with the new process will be reviewed during the next care inspection.

Review of audit records pertaining to accidents, incidents and notifications forwarded to RQIA since June 2015 confirmed that these were 'in the main' managed appropriately. The review revealed that two incidents should have been referred to RQIA as required by Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Following discussion with the registered manager it was confirmed that the appropriate actions had been taken immediately following the incidents; in relation to patient health, safety and wellbeing. It was agreed that the two incidents would be retrospectively notified to RQIA and a recommendation was made.

### Is care effective?

Review of patient care records evidenced that the assessed needs of patients were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. There was evidence that the care planning process included input from patients and/or their representatives, as appropriate.

A review of repositioning charts evidenced that specific care plans were in place prescribing specific care regarding the frequency of repositioning required for each patient. However, charts also evidenced gaps of up to eight hours between repositioning. This was discussed with the registered manager, staff and patients who gave assurances that this was a recording error rather than a deficit in the care delivered. For example, one patient stated "they turn me every two hours". A recommendation was made.

Staff stated that there was “effective teamwork”; this was also evidenced through discussion and observation of interactions throughout the inspection process. Staff stated they were “proud” to be a part of their team and to “make a difference”. Each staff member knew their role, function and responsibilities.

### Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and they were confident that their concern would be addressed appropriately. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. There were no requirements or recommendation made within this domain.

### Is the service well led?

There was evidenced of good systems and processes in place to monitor the delivery of care and services within Whitehead Nursing Home. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. Some areas for improvement were identified and detailed in sections 4.3 and 4.4. No requirements or recommendations were made within this domain.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the QIP within this report were discussed with Mrs Cara Parker, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection on 30 September 2015. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Whitehead Nursing Home Ltd/ Mr Colin Nimmon	<b>Registered manager:</b> Mrs Cara Parker
<b>Person in charge of the home at the time of inspection:</b> Mrs Cara Parker	<b>Date manager registered:</b> 16 January 2015
<b>Categories of care:</b> NH-LD(E), NH-I, NH-PH, RC-DE,RC-I, RC-PH(E), RC-MP(E) A maximum of 12 residential places including 4 identified residents in category RC-DE. One identified patient in category NH-LD(E). The home is also approved to provide care on a day basis for 2 persons only.	<b>Number of registered places:</b> 41

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection the inspector spoke with 13 patients and greeted others in small groups, four care staff, the assistant nurse manager, two catering staff and one member of staff from housekeeping, two relatives and one visitor.

The following information was examined during the inspection:

- three patient care records including repositioning charts
- staff roster 18 April to 1 May 2016
- staff training and planner/matrix for 2015 and 2016
- one staff recruitment record
- complaints record
- incident and accident records
- record of quality monitoring visits carried out on behalf of the responsible individual in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records of audit
- minutes of staff meetings.

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent inspection dated 30 September 2015.

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered person/s, as recorded in the QIP, will be validated at the next medicines management inspection.

##### 4.2 Review of requirements and recommendations from the last care inspection dated 15 June 2015

There were no requirements made as a result of the last care inspection.

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 32.1 <b>Stated:</b> First time	The registered person shall ensure that the care records for patients identified as requiring palliative care or for patients who are dying are reviewed to ensure that the care plans are relevant and reflect current nursing needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of patient care records and discussion with the registered manager confirmed that this recommendation had been met.	

### 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 18 April to 1 May 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. New staff were supported through their induction by a dedicated mentor. Review of one staff member's induction evidenced the record to be completed in full and signed/dated appropriately.

Review of the training planner/matrix for 2016 indicated that training was planned to ensure that mandatory training requirements were met. Review of the record of mandatory training completed in 2015 indicated that compliance with mandatory training requirements had not been achieved. The registered manager, during discussion, confirmed that compliance with mandatory training had already been raised as a concern by both her and the regional manager. An action plan and process had been developed and implemented to actively manage mandatory training compliance. RQIA were assured that this issue had been recognised, addressed and would be monitored through audits undertaken by the registered and regional manager. Progress with the new process will be reviewed during the next care inspection.

Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since June 2015 confirmed that these were generally managed appropriately. Audit records reviewed from the 1 November 2015 to the end of March 2016 evidenced that two accidents had not been referred to RQIA as required by Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Following discussion with the registered manager and review of records, it was confirmed that the appropriate actions had been taken immediately following these incidents in relation to patient health, safety and wellbeing. The registered manager was also referred to RQIA guidance on the website: 'Statutory Notification of Incidents and Deaths: Guidance for Registered Providers and Managers of Regulated Services, July 2015'

It was agreed that the two accidents would be retrospectively notified to RQIA and a recommendation was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

### Areas for improvement

It was recommended that the registered person ensures that any notifiable event occurring in the nursing home is reported to RQIA in line with legislative requirements and RQIA procedural guidance.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.4 Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. Supplementary care charts such were in place for patients identified as being at risk of developing pressure ulcers, becoming dehydrated or at risk of weight loss.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. There was evidence of regular communication with representatives within the care records and in discussion with representatives during the inspection.

A review of repositioning charts in relation to the prescribed care and the delivery of care was reviewed for three patients. It was good to confirm from the review that specific care plans were in place prescribing specific care including the frequency of repositioning required for each patient. However, review of repositioning charts evidenced that the record of the care delivered did not support the care prescribed. For example,

- gaps of up to eight hours were evidenced in all the records reviewed
- records did not indicate the position of the patient before or after the position change as staff generally only recorded "RePo"
- staff recorded food and fluid intake and the delivery of personal care on the repositioning charts despite other charts for recording food, fluids and personal care also being in place.

This was discussed with the registered manager, staff and patients who gave assurances that this was a recording error rather than a deficit in the care delivered. For example, one patient stated “they turn me every two hours”

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner’s (GP), SALT, dietician, TVN.

Staff confirmed that they were kept informed of changes or concerns regarding patients’ needs through the handover reports at the beginning of their shift. Staff also confirmed that regular staff meetings were held, that they contributed to the agenda and that minutes were made available. The last staff meeting was held on 29 March 2016 and minutes were available.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff stated that there was “effective teamwork”; this was also evidenced through discussion and observation of interactions throughout the inspection process. Staff stated they were “proud” to be a part of their team and to “make a difference”. Each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager, the registered manager, and/or the regional manager or the registered person for the provider. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

Representatives/relatives spoken with confirmed they were kept informed of any changes in their loved ones care and that relatives meetings had been held previously. However, they had not felt the need to attend “as the manager was on duty most days”. Patients and representatives expressed their confidence in raising concerns with the home’s staff and management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

**Areas for improvement**

A recommendation was made in relation to contemporaneous recording of repositioning records.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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**4.5 Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and they were confident that their concern would be addressed appropriately. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.



Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, patient relatives/representatives and staff on the running of the home.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and relatives also confirmed that an activity programme was in place. This was confirmed from the information displayed on the notice board in the foyer. Activities planned/undertaken in April 2016 included; hairdressing, church services and musical entertainment.

Consultation with patients individually, and with others in smaller groups, confirmed that living in Whitehead Nursing was a good experience and patients were very complimentary regarding the home, staff and management. Patients comment included:

"Staff are very good"

" I am happy here"

"I am content"

"It is so clean, the girls are lovely, we have everything we need".

Relatives/representatives consulted commented positively regarding the home's environment, the delivery of care and the staff attitude and friendliness/homeliness of the home. The registered manager confirmed that senior management within the Wilson group had developed a client/relative feedback questionnaire for person using the home for a period of respite care.

In addition to consultation during the inspection questionnaires were left for patients (8), relatives/representatives (10) and staff (10). Two staff and two relatives returned their questionnaire within the specified timeframe.

Relatives indicated a high level of satisfaction within the well led domain. In relation to the questions is care safe/effective/compassionate; responses varied between 'very satisfied' and 'satisfied'.

Staff responses varied between 'very satisfied' and 'satisfied' for each domain. One staff respondent while indicating that care was satisfactory indicated that while induction programmes were 'ongoing' the skill mix of staff could perhaps be improved

There were no patient questionnaires returned at the time of writing this report. Any received will be reviewed and if required, discussed with the registered manager.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager, observations and discussions with patients and staff evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since June 2015 confirmed that these were generally managed appropriately and a system and process was in place to monitor these. A recommendation was made as detailed in section 4.3 in relation to the management of notifiable events.

Discussion with the registered manager and regional manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with The Nursing homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. Copies of the reports were available, in the home, for patients, their representatives, staff and Trust representatives.

Discussions with staff and observations of staff interactions with patients, relatives and colleagues confirmed that there were good working relationships. Staff patients and relatives also confirmed that management were responsive to any suggestions or concerns raised with them.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Cara Parker, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 35.9

**Stated:** First time

**To be completed by:**  
Immediate action required.

The registered person should ensure that any notifiable accident or incident occurring in the nursing home is reported to RQIA in line with legislative requirements and RQIA procedural guidance.

Refer to RQIA's guidance entitled; 'Statutory Notification of Incidents and Deaths: Guidance for Registered Providers and Managers of Regulated Services, July 2015' available on the web site [www.rqia.org.uk](http://www.rqia.org.uk)

Ref: Section 4.3

**Response by registered person detailing the actions taken:**

The Registered Person will ensure that all notifiable accidents and incidents are reported accordingly. Staff nurses have been made aware of their responsibilities and legal requirements via an internal memo which has been signed by all relevant staff.

#### Recommendation 2

**Ref:** Standard 4.9

**Stated:** First time

**To be completed by:**  
Immediate action required.

The registered person should ensure the detailed and contemporaneous recording of repositioning records.

Ref: Section 4.4

**Response by registered person detailing the actions taken:**

All relevant staff have been made aware and their responsibilities regarding the recordings on Repositioning Charts have been clarified via an internal memo which has been signed by the relevant staff.

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
@RQIANews