



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 2 October 2019



Whitehead Nursing Home

Type of Service: Nursing Home
Address: 15-18 Marine Parade, Whitehead, BT38 9QP
Tel No: 0289335 3481
Inspector: Michael Lavelle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides nursing care for up to 41 persons with residential care for 12 named patients.

3.0 Service details

<p>Organisation/Registered Provider: Whitehead Nursing Home Ltd</p> <p>Responsible Individual(s): Colin Nimmon</p>	<p>Registered Manager and date registered: Sarah Martin – registration pending</p>
<p>Person in charge at the time of inspection: Sarah Martin</p>	<p>Number of registered places: 41</p> <p>A maximum of 12 residential places including 4 identified residents in category RC-DE. The home is also approved to provide care on a day basis only to 2 persons.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.</p> <p>Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH(E) - Physical disability other than sensory impairment – over 65 years. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 36</p>

4.0 Inspection summary

An unannounced inspection took place on 28 October 2019 from 08.30 hours to 17.00 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Whitehead Nursing Home which provides both nursing and residential care

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, adult safeguarding, falls risk management, risk assessment, recording of food and fluid intake and teamwork. Further areas of good practice included the culture and ethos of the home, maintaining patient's dignity and privacy, management of complaints and maintaining good working relationships.

Areas requiring improvement were identified in relation to training, staff supervision, post falls management, wound care and staff meetings.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. Comments received from patients, people who visit them and staff during the inspection are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Sarah Martin, manager, and Colin Nimmon, responsible individual 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.

4.2 Action/enforcement taken following the most recent inspection dated 6 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 6 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 30 September 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- agency staff induction records
- four patient care records
- a selection patient care charts including food and fluid intake charts, personal care records, and reposition charts
- a sample of governance audits/records
- staff supervision and appraisal planner
- nurse in charge competencies
- minutes of staff meetings
- complaints record
- compliments received
- a sample of reports of visits by the registered provider
- evidence of fire drills
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 Stated: First time	The registered person shall ensure that information pertaining to individual patients swallowing needs is kept up to date and communicated accurately to all staff involved in the care of the patient.	Met
	Action taken as confirmed during the inspection: Review of records and discussion with kitchen staff evidenced this area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: First time	The registered person shall ensure that the current practice of transporting food to patients in their rooms is reviewed. Food transported to patients in their rooms should be appropriately stored at all times to ensure temperature is maintained.	Met
	Action taken as confirmed during the inspection: Observation of the midday meal confirmed meals were covered on transfer to patients preferred dining area and were served as and when patients were ready to eat.	
Area for improvement 2 Ref: Standard 39 Stated: First time	The registered person shall ensure that all newly appointed permanent and agency staff receive a structured orientation and induction at the commencement of employment in the home. Records of the induction should be retained.	Met
	Action taken as confirmed during the inspection: Induction records reviewed confirmed this area for improvement has been met.	

Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall ensure that all staff involved in the meal time experience are provided with the relevant level of training regarding the new guidelines on modified diets and fluids for people with swallowing difficulties, International Dysphagia Diet Standardisation Initiative (IDDSI).	Met
	Action taken as confirmed during the inspection: Examination of training records confirmed that IDDSI training was delivered to staff in May 2019.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

We arrived at the home at 08.30 hours and were greeted by the manager who was friendly and welcoming. They 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 duty rota for week commencing 30 September 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. We reminded the manager that the duty rota should be signed by them or a designated representative.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patient's needs. Staff spoken with were generally satisfied that there was sufficient staff on duty to meet the needs of the patients. Some staff discussed the staffing levels in the afternoon time in the home. The manager confirmed this was currently under review. This will be reviewed at a future care inspection. Patients spoken with indicated that the care they received was good and that they felt safe and happy living in Whitehead Nursing Home.

Review of one staff recruitment file confirmed staff were recruited in accordance with relevant statutory employment legislation and mandatory requirements. Appropriate pre-employment checks are completed and recruitment processes included the vetting of applicants to ensure they were suitable to work with the patients in the home.

Staff spoken with said they completed a period of induction alongside a mentor and they would actively support new staff during their induction to the home. Review of records confirmed that a comprehensive induction was given to one recently recruited employee. We reminded the manager to ensure induction records are appropriately dated and signed. Review of records evidenced the manager had a robust system in place to monitor staffs' registrations with their relevant professional bodies.

Discussion with staff and the manager confirmed that systems were in place for staff training, supervision and appraisal. We discussed the low uptake of elements of mandatory training with the manager; particularly infection prevention and control (IPC) and moving and handling training. The manager must ensure that mandatory training for all staff has been completed in a timely manner to achieve 100 percent compliance. This was identified as an area for improvement. We recommended the use of a training matrix to support the manager in monitoring uptake of mandatory training. Most staff received an annual performance appraisal with dates planned for staff who have not completed this to date. Review of staff supervision evidenced that twice yearly supervisions were not being completed for all staff. To ensure supervision requirements are met, an area for improvement was made.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

We reviewed accidents/incidents records since February 2019 in comparison with the notifications submitted by the home to RQIA. Generally records were maintained appropriately. There was evidence that one notification was not submitted in accordance with regulation. This was discussed with the manager who agreed to submit the outstanding notification retrospectively.

Records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. If required, an action plan was devised to address any identified deficits. This information was also reviewed as part of the monthly monitoring visits.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures were generally well adhered to. Most staff were knowledgeable in relation to best practice guidance with regards to hand hygiene and use of personal protective equipment (PPE) and were observed to wash their hands/use alcohol gels and use the correct PPE at appropriate times. We did observe some instances where IPC best practice guidance was not adhered to. These were discussed with the manager for action as required. We discussed the current systems regarding environmental cleaning and cleaning of patient equipment. This will be reviewed at a future care inspection. .

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be clean, warm and well decorated. We observed a sluice door to be unlocked with access to substances hazardous to health; this included cleaning chemicals. We reminded staff of the importance of ensuring the door is locked at all times.

Although rooms had over bed lighting, some of the bedrooms inspected did not have a bedside lamp convenient for patients to use. In addition, some patients were unable use the nurse call bell system due to cognitive impairment. This was discussed with the manager who agreed to audit all bedrooms to ensure those patients who cannot use the nurse call bell system are on an appropriate supervision regime and have access to bedside lighting.

Fire exits and corridors were observed to be clear of clutter and obstruction. Records evidenced that systems were in place to manage and record fire drills and fire alarm tests within the home. The manager should establish a system to ensure all staff participate in a fire evacuation drill at least once a year, training is provided at the start of employment and is repeated at least twice a year. This will be reviewed at a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, adult safeguarding and falls risk management.

Areas for improvement

The following areas were identified for improvement in relation to training and staff supervision.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four patient care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. Care plans for the most part were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of falls, wound care and records of a patient recently admitted to the home. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Deficits were identified in relation to the management of falls. Review of falls for two identified patients confirmed appropriate actions were not consistently taken following their falls in keeping with best practice guidance. This was discussed with the manager and an area for improvement was made.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence, a care plan was developed to guide staff in measures to prevent skin breakdown. Wound care records had been maintained. Review of wound management for one identified patient confirmed appropriate care plans were in place. There was evidence of good oversight of wound assessment, treatment and observation. However, the evaluation of care delivered was not consistently recorded. There was further evidence that dressings had not been changed in keeping with the frequency of planned care. These deficits had been identified during a recent audit and corrective action had been taken. Registered nurses must adhere to care plan directions and appropriately evaluate care. An area for improvement was made.

Training in using new International Dysphagia Diet Standardisation Initiative (IDDSI) indicators to ensure that patients were safely given the correct foods and fluids was implemented. Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home. One patient said that “more fresh vegetables are required.” This was discussed with the manager for action as required.

Reviews of supplementary care charts such as food and fluid intake records evidenced these were well completed. Minor gaps were identified in repositioning records. This was discussed with the manager who agreed to address this with staff. We asked the manager to review the recording of personal care to ensure an accurate record is maintained. Care staff should record when care has been offered but refused and evidence any further attempts that were made for care delivery. This will be reviewed at a future care inspection.

Discussion with staff evidenced they were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they would raise these with the manager or the nurse in charge. When we spoke with staff they had a good knowledge of patients’ abilities and level of decision making; staff knew how and when to provide comfort to patients because they knew their needs well.

All grades of staff consulted with demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the manager and review of records confirmed that staff meetings were not held on at least a quarterly basis for all staff. This was discussed with the manager who agreed to diarise staff meeting for the next 12 months to ensure staff meetings are held on a regular basis. An area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, recording of food and fluid intake and teamwork.

Areas for improvement

The following areas were identified for improvement in relation to post falls management, wound care and staff meetings.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the home evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients said they enjoyed the recent minibus trip and the visitors who come to the home to provide other activities; this included pet therapy. One patient said they particularly excited about the upcoming Halloween party that was planned. The manager confirmed they are reviewing the provision of activities due to the absence of the activity co-ordinator.

The environment in the home had been adapted to promote positive outcomes for the patients. Many of the bedrooms were personalised with possessions that were meaningful to the patients and reflected their life experiences.

We reviewed the compliments file within the home. Some of the comments recorded included:

"We want to express our heartfelt thanks to all of you for the love, care and attention you have shown to our relative."

We spoke with eight patients individually, and with others in smaller groups who told us they were happy and content living in Whitehead Nursing Home. Patients said:

"It is brilliant."

The staff come quickly when I buzz. It's quite good here. The staff are very good. My favourite thing is a cup of tea."

"It is heavenly. There's no problems."

"Any concerns I have are dealt with the minimum of fuss."

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.

We provided questionnaires in an attempt to gain the views of relatives who were not available during the inspection; we had no responses within the timescale specified. We spoke with two relatives during the inspection. One said

"Great. They are very good to their patients."

"Sometimes there is a delay in responding to buzzers but they are very busy."

Staff were asked to complete an online survey; we received no responses within the expected timeframe. Five members of staff were spoken with during the inspection. Some of the comments received included the following:

“We are a great team. I like it here because it is so homely.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and maintaining patient’s dignity and privacy.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff evidenced that the manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

There was evidence of good management oversight of the day to day working in the home. A number of audits were completed to assure the quality of care and services; areas audited included wounds, care records, IPC, hand hygiene, environment and accidents and incidents. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were actioned as required. We discussed ways the manager could enhance the current governance systems particularly with regards to the qualitative element of the care records audit and ensuring action plans have a date for completion. The manager agreed to review this.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with the relevant regulations and standards.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately in line with best practice guidance. Patients spoken with said they would be confident if they raised a complaint that it would be dealt with accordingly.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and maintaining good working relationships.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sarah Martin, manager, and Colin Nimmon, responsible individual as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the persons employed by the registered person to work in the nursing home receive mandatory training appropriate to the work they are to perform. Updates in mandatory training should be delivered in a timely manner.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: A robust training policy is in place for the Home which details the training that staff members must attend and how often these must be completed. A training matrix is kept and this has been reviewed in full to identify any deficits. Further training sessions have been organised where needed and any staff members not attending have been reminded that of their obligations to have up to date training to be able to work in the Home.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that nursing staff carry out clinical and neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. Care plans should accurately reflect what actions are required to be taken post fall for patients on anticoagulant therapy.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Nursing staff and senior care assistants have all been made aware of the CNS observations policy which states that CNS observations must be completed for all residents who have sustained a head injury or who have an unwitnessed fall. Feedback from the findings of the inspection were addressed with staff at two mandatory staff meetings on the 14/10/19. In addition a group supervision was held for all Nursing and senior care staff on this date to ensure that appropriate action is taken for any future falls. Since the time of the inspection, additional guidance has been received and implemented with regard to clients that must be sent to hospital for a CT scan following a head injury. This information has been circulated and a list of all clients on anticoagulant therapy has been displayed in the clinical room for further clarification.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 40.2</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure all staff have a recorded supervision no less than every six months. A supervision schedule shall be in place, showing completion dates and the name of the supervisor.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Supervisions are currently being completed for all staff and are due to be completed no later than the 30/11/19. To ensure timely completion these have now been scheduled for the following year and the manager will ensure that these are completed and recorded using a supervision matrix which can be easily reviewed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2020</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: 2 staff meetings were held for the 14/10/19. These meetings were mandatory and were well attended. A schedule is now in place for the next 4 staff meetings to ensure that these are held at least quarterly. Further staff meetings will be scheduled if needed in addition to the dates planned.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure registered nurses must adhere to wound care plan directions and appropriately evaluate care.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Wound care and the requirements for any corresponding documentation have been addressed as part of a group supervision for Nursing staff. A qualitative wound care audit which ensures that compliance is attained will also be completed by the Manager and any deficits addressed as a matter of urgency.</p>

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



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