



Unannounced Care Inspection Report 24 September 2018



Whitehead Nursing Home

Type of Service: Nursing Home (NH)
Address: 15-18 Marine Parade, Whitehead, BT38 9QP
Tel No: 028 9335 3481
Inspector: Kieran McCormick

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 41 persons.

3.0 Service details

Organisation/Registered Provider: Whitehead Nursing Home Ltd Responsible Individual(s): Mr Colin Nimmon	Registered Manager: Louise Hamilton - Acting
Person in charge at the time of inspection: Louise Hamilton – Acting Manager	Date manager registered: Application not required
Categories of care: NH-I, NH-PH, RC-DE, RC-I, RC-PH(E), RC-MP(E) A maximum of 12 residential places including four identified residents in category RC-DE. The home is also approved to provide care on a day basis for two persons only.	Number of registered places: 41

4.0 Inspection summary

An unannounced inspection took place on 24 September 2018 from 09.50 hours to 16.20 hours.

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 Care Standards for Nursing Homes 2015.

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 any areas for improvement identified during and 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 the holistic culture and ethos of care delivery, communication between staff and patients, staff awareness relating to adult safeguarding and teamwork.

Areas requiring improvement were identified and include the impact on patient experience when domestic and catering staffing issues occur, specific environmental and IPC concerns, the safe storage of prescribed thickening agents and supplements and the management of pressure relieving equipment.

Patients appeared relaxed and content in their environment displaying confidence in the ability and willingness of staff to meet their care needs. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	3	1

Details of the Quality Improvement Plan (QIP) were discussed with Louise Hamilton, manager and Angela Dorrian, regional 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.

4.2 Action/enforcement taken following the most recent inspection dated 16 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 16 January 2018. 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

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection the inspector met with seven patients, two patients' relatives and ten staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A lay assessor was present during the inspection and their comments are included within this report.

A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- duty rota for all staff from 17 September 2018 to 30 September 2018
- 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
- two staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake records and reposition records
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 16 January 2018

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last care inspection dated 20 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Requirement 1 Ref: Regulation 27 (4) Stated: First time To be completed by: Immediate action required.	<p>The registered provider must ensure that fire safety practices are adhered to at all times and that compliance monitoring is in place. Any deficits identified must be reported to the person in charge of the home at the time and addressed immediately.</p> <hr/> <p>Action taken as confirmed during the inspection: Fire safety practices on the day of inspection were in keeping with fire safety best practice guidance.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Recommendation 1 Ref: Standard 46 Stated: First time To be completed by: 31 May 2017	<p>The registered provider should review infection prevention and control measures in relation to storage and the cleaning of patient equipment. Any identified deficits in practice should be addressed.</p> <hr/> <p>Action taken as confirmed during the inspection: Patient equipment observed was noted to be clean and stored in accordance with best practice infection control measures.</p>	Met

6.3 Inspection findings

6.4 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home. A review of the staffing rota from 17 September 2018 to 30 September 2018 evidenced concerns regarding the planned staffing levels. This included concerns identified regarding the provision of domestic staff on the week prior and week of the inspection. Similarly, the arrangements for the provision of catering

staff on the day of inspection was not ideal and resulted in patients experiencing a service that was below the expected standards. Staffing issues identified were discussed with the manager and information was provided to the inspector regarding a particular set of circumstances that had arisen, appropriate assurances were provided. An area for improvement regarding the impact on patients' experiences when staffing is not met has been made. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of nursing and care staff on duty and that staff attended to patients needs in a timely and caring manner.

All staff who met with us expressed concerns regarding staffing levels in the home. This information was shared with the manager and regional manager for their attention. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Whitehead.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. 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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff who met with the inspector were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of 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. From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining room and storage areas. A number of environmental and infection prevention and control (IPC) issues were identified, this included an identified room that required cleaning, unlocked areas of risk, rising damp in an identified bedroom, identified faulty foot operated bins, areas of the home where door architraves were heavily marked, identified

loose toilet seats and a badly rusted shower chair. The information for each issue identified was discussed with the manager for their immediate attention and an area for improvement under the regulations was made. Evidence of a programme of ongoing refurbishment within the home was reviewed which provided assurances of ongoing investment to enhance the environment. Fire exits and corridors were observed to be clear of clutter and obstruction.

During review of the home’s environment we observed a room used for the storage of prescribed thickening agents and supplements to be open and unlocked. This was brought to the attention of the manager and an area for improvement, under the regulations was made. The aligned pharmacy inspector has been made aware of the area for improvement identified.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to the impact on patient experience when domestic and catering staffing issues occur, specific environmental and IPC concerns and the safe storage of prescribed thickening agents and supplements.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

Review of three patients care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process. Care plans and risk assessments were reviewed monthly by the named nurse. The inspector reviewed the use of pressure relieving mattresses in the home and noted in the case of an identified patient the relevant care plan did not reflect the setting required to be used on the individual patient’s pressure relieving mattresses. An observation of the equipment highlighted that the settings on the pressure relieving mattress was not in keeping with the actual body weight of the individual patient. This was discussed with the manager and an area for improvement under the regulations was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained.

Discussion with staff evidenced that nursing and care staff 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 could raise these with the manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff were able to describe the arrangements for staff/team meetings provided in the home.

There was evidence of regular communication with representatives within the care records.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to liaising with other members of the multi-professional team, teamwork and communication between patients and staff.

Areas for improvement

The following area was identified for improvement in relation to the management of pressure relieving equipment.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 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.

The inspector arrived in the home at 09.50 hours and was greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

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 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.

Ten patient and ten relative questionnaires were issued at the time of inspection, four questionnaires were returned from patients that stated being very satisfied across the domains of safe, compassionate, effective and well led care. Comments from patients who met with the inspector and lay assessor included the following statements:

“I am very content here, I feel safe and well cared for, I would like to have the opportunity to go shopping or go on outings.”

“The days are long, not enough activity.”

“Feels like there is not always enough staff.”

“I am very happy and content with my care, I like living in this home”.

One relative questionnaire returned had a response of being very satisfied across all four domains. A relative who met with us stated “Best care my mother has ever received”.

Cards and letters of compliment and thanks were displayed in the home.

We met with seven staff. A poster inviting staff to complete an online survey was provided. No responses were received within the timeframe for inclusion in this report.

Any comments received from patients, relatives and staff were shared with the manager for their consideration and action as required. Any questionnaire responses received after the issue of this report will be reviewed by RQIA and forwarded to the relevant persons if necessary.

Observation of the lunch time experience and discussion with patients evidenced that patients enjoyed a pleasurable dining experience. Staff were observed wearing appropriate personal protective equipment (PPE) and were offering and providing assistance in a discreet and sensitive manner when necessary. Food was observed to be covered when being transferred from the heated trolley to patients who were not in the dining room. The tables were appropriately set with cutlery and condiments. However, due to catering staffing issues the planned menu had not been adhered to and there was no choice available for those on a modified diet, a previous area for improvement regarding the impact of staffing on the patient experience has been made, see section 6.4.

Information was displayed that evidenced activities were available to patients in the home. On the day of inspection activities were observed being delivered in the afternoon.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and listening to and valuing patients.

Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

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

Since the last inspection the registered manager has resigned and a new manager has recently been appointed who will take on the role of registered manager. The deputy manager is currently acting as home manager. 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, patients and representatives 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.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

Discussion with the manager and a review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. In addition the regional manager completed a written report for every occasion that they visited the home.

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.

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 governance arrangements, management of complaints/incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified within 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 Louise Hamilton, manager and Angela Dorrian, regional manager, 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 provider 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	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that prescribed thickening agents and food supplements are securely stored at all times whilst in the home.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Thickening agents and food supplements are now securely stored at all times.</p>
Area for improvement 2 Ref: Regulation 27 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The environmental and infection control issues identified during the inspection have in the main now been addressed. Contractors are currently carrying out the external work which should be finished shortly - this will complete all issues identified.</p>
Area for improvement 3 Ref: Regulation 13 (1)(a)(b) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that pressure relieving equipment used is appropriately set in regards to manufacturer's guidance and patient weight. The settings required should be appropriately recorded in care plans and reviewed as required.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Auditing of pressure relieving equipment now reviewed - weekly checks in place and careplans reflect equipment settings.</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 41</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that staffing issues/deficits regarding the provision of domestic and catering staff are robustly managed so to minimise and avoid any impact on the patient experience.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>At the time of the inspection a relief housekeeper had been recruited and was awaiting Access NI before commencing employment - since then contracted hours have now been given. We are currently in the process of recruiting a cook/chef - the shortfall in catering hours are currently being covered by our own staff within the Wilson Group. The impact of these temporary staffing issues is being managed so as to have the minimum impact on the patient experience.</p>

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



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