



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	IN021396
<b>Establishment ID No:</b>	1438
<b>Name of Establishment:</b>	Whitehead Nursing Home
<b>Date of Inspection:</b>	30 March 2015
<b>Inspector's Name:</b>	Mr Gavin Doherty

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Whitehead Nursing Home
<b>Address:</b>	15-18 Marine Parade Whitehead BT38 9QP
<b>Telephone Number:</b>	9335 3481
<b>Registered Organisation/Provider:</b>	Mr Desmond Wilson Whitehead Nursing Home Ltd.
<b>Registered Manager:</b>	Mrs Cara Parker
<b>Person in Charge of the Home at the time of Inspection:</b>	Mrs Cara Parker
<b>Other person(s) consulted during inspection:</b>	Mr David Wharry
<b>Type of establishment:</b>	Nursing Home
<b>Number of Registered Places:</b>	41 NH-LD(E), RC-DE, RC-I, RC-PH(E), RC-MP(E), NH-I, NH-PH
<b>Date and time of inspection:</b>	30 March 2015 from 10:30am – 12:30pm
<b>Date of previous inspection:</b>	23 April 2013
<b>Name of Inspector:</b>	Mr Gavin Doherty

## **2.0 INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

## **3.0 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- Nursing Homes Minimum Standards (DHSSPS, 2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

## **4.0 METHODS/PROCESS**

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge
- Examination of records
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback.

Any other information received by RQIA about this registered provider has also been considered by the inspector in preparing for this inspection.

## **5.0 CONSULTATION PROCESS**

During the course of the inspection, the inspector spoke to Mrs Cara Parker, Registered Manager and Mr David Wharry, responsible for premises maintenance.

## **6.0 INSPECTION FOCUS**

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

### **Standards inspected:**

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

## **7.0 PROFILE OF SERVICE**

Whitehead Private Nursing Home was a former hotel which has been extended and adapted to provide accommodation for the provision of nursing and residential care. The home is situated in a quiet residential area with excellent views of Belfast Lough. Public transport is easily accessible, as are the facilities and amenities of Whitehead. Accommodation is on three floors, the first and second floors are accessed by stairs and two passenger lifts. Bedroom accommodation is in single and double rooms, several with en-suite facilities. Bathroom, shower and toilet facilities are interspersed throughout the home. Communal lounges and dining facilities are located on the ground floor. Car parking is available to the front of the home.

## **8.0 SUMMARY**

Following the Estates inspection of Whitehead Nursing Home on 30 March 2015, no issues or shortcomings were identified which would require improvements to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in six requirements and no recommendations. These are outlined below and in the Quality Improvement Plan appended to this report. The estates inspector would like to acknowledge the assistance and hospitality of Mrs Cara Parker, Mr David Wharry and the home's staff throughout the inspection process.

## 9.0 INSPECTOR'S FINDINGS

### 9.1 Recommendations and requirements from previous inspection

It is good to note that the issues raised in the report of the previous estates inspection on 23 April 2013 have been substantially addressed. However, one requirement has been partially restated.

No	Regulation Ref.	Requirement	Action taken - as confirmed during this inspection	Inspector's Comments
1	Regulation 27 (2)(b)(d)	Ensure that the current plans to refurbish the laundry area and the Ground Floor Toilets within the home are completed to a standard which takes account of current infection control best practice.	All communal sanitary accommodation throughout the home has been completely refurbished. The refurbishment of the laundry is in hand but is not yet completed.	Requirement partially fulfilled.  Refer to section 9.2.2 below and item 1 in the Quality Improvement Plan.
2	Regulation 27 (2)(a)	It is important that access to the Sluice Rooms throughout the home is suitably controlled to ensure that they cannot be accessed by patients.	Appropriate locks being placed to the top of sluice doors.	Requirement fulfilled.
4	Regulation 14 (2)(a)(c)	Fully implement the monitoring of the hot and cold water temperatures as required in the current legionella risk assessment. Suitable records must be maintained and available for inspection.	Hot and cold temperatures are recorded appropriately. File is maintained in office. Dead end plumbing removed from new store area. Taps are being purged twice weekly. Legionella inspection due and maintenance person will be instructed on how to carry out necessary water tank checks.	Requirement fulfilled.

5	Regulation 14 (2)(a)(c) 27 (2)(q)	Ensure that the overhead tracked bath hoist is placed on a suitable program for maintenance and thorough examination in line with the Lifting operations lifting equipment regulations as issued by the Health & Safety Executive NI.	Overhead hoist has since been Loler tested. Further testing has been arranged to coincide with the testing of other lifting equipment.	Requirement fulfilled.
6	Regulation 14 (2)(a)(c) 27 (2)(q)	Forward copies of all current Gas Safe inspection certificates to RQIA for verification purposes.	'Gas Safe' certificates inspected.	Requirement fulfilled.
7	Regulation 27 (4)(b)	Ensure that clearly defined and accurate mimic drawings of the home are clearly displayed at the fire panel.	Fire alarm and detection company have provided same.	Requirement fulfilled.
8	Regulation 27 (4)(b)	Fit suitable smoke seals to all fire hazard room doors, including bedrooms, in accordance with NIHTM84.	Confirmed during inspection.	Requirement fulfilled.
<b>No</b>	<b>Standard Ref.</b>	<b>Recommendation</b>	<b>Action taken - as confirmed during this inspection</b>	<b>Inspector's Comments</b>
3	Standard 32.8	The use of trailing electrical sockets should be avoided within the home. If the need for additional sockets is identified, then suitable fixed socket outlets should be installed at the point of use.	Trailing electrical sockets removed and double sockets placed in room.	Requirement fulfilled.
9	Standard 36.1	With regards to the home's fire risk assessment, it is recommended that the registered manager records the date on which each requirement has been implemented for auditing purposes.	Fire risk assessments revisited, rechecked and dated appropriately.	Requirement fulfilled.

**9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose***

9.2.1 There was good evidence of maintenance activities within the home, and the home appeared clean and very well kept. Maintenance procedures for the building and engineering services are in place and appear to comply with this standard. At the time of the inspection a major redecoration and refurbishment scheme throughout the home was coming to completion. Extensive works have been carried out to the exterior of the property including the replacement of windows. Internally, extensive works have also been undertaken in the dining area and communal lounges. All bedrooms have been completely redecorated and all communal sanitary accommodation has been fully refurbished. New lighting has also been provided throughout many areas of the home. This commitment to improving the quality of the premises is to be commended. One issue however, was identified for attention by the registered manager. This is detailed below and in the section of the attached Quality Improvement Plan titled **Standard 32, 'Premises and grounds'**.

9.2.2 The registered manager confirmed that the home's laundry facility was to be refurbished in the coming months as part of the current refurbishment program outlined above. Confirmation should be forwarded to RQIA on completion of this work to enable the Quality Improvement Plan from the previous estates inspection on 23 April 2013 to be signed-off as completed.  
(Item 1 in the attached Quality Improvement Plan)

**9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner***

9.3.1 By in large, safe and healthy working practices appear evident in the home in accordance with this standard. The fixed electrical installation was inspected on 3 December 2013 and was assessed to be in a 'satisfactory' condition. Portable appliance testing was undertaken on 18 August 2014 and no failures were identified. All gas appliances were inspected within the last 12 months and confirmed to be in a 'satisfactory' condition. The top score of '5' was awarded by the local council during their most recent inspection by their Environmental Health Department. The patient lifting equipment and passenger lifts in the home are subject to regular maintenance and suitable 'Thorough Examination'. The risk assessment in relation to the control of legionella bacteria in the home's hot and cold water systems was reviewed on 23 July 2013. Suitable control measures continue to be maintained in relation to this assessment. However, three issues were identified for attention by the registered manager. These are detailed below and in the section of the attached Quality Improvement Plan titled **Standard 35, 'Safe and healthy working practices'**.

9.3.2 The windows throughout the home are fitted with robust window restrictors which cannot be overridden by residents. However, these are fitted with a standard star headed screw which could easily be removed. These screw fixings should be

replaced with a suitable security fixing which cannot be removed without the use of a specialist tool or drive bit.

(Item 2 in the attached Quality Improvement Plan)

9.3.3 The inspector discussed the need to have a suitable program in place for the servicing and cleaning of the thermostatic mixing valves installed extensively throughout the home. Mr David Wharry confirmed that this was in hand and was programmed for completion in April 2015. Confirmation should be forwarded to RQIA confirming the completion of this work.

(Item 3 in the attached Quality Improvement Plan)

9.3.4 The 'Gas Safe' inspection undertaken on 29 October 2014 indicated that improvement works were required in relation to the pipework associated with the gas installation. Mr David Wharry confirmed that this work was in hand. Once these works are completed, the 'Gas Safe' certificate indicating that the installation is in a 'satisfactory' condition should be forwarded to RQIA for information.

(Item 4 in the attached Quality Improvement Plan)

**9.4 Standard 36: Fire safety** - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

9.4.1 Fire Safety procedures in the home are, in the main, generally in line with this standard. A fire risk assessment was undertaken by an accredited Fire Risk Assessor on 8 December 2014 and the significant issues recorded had been assessed and are currently being implemented by the registered manager. Records inspected during the inspection demonstrated good attention to fire safety matters. The fire alarm and detection system, emergency lighting installation and portable fire-fighting equipment are suitably maintained in accordance with current best practice. The in-house checks of these systems are also maintained and records were available for inspection. Fire safety training was provided to staff on 20 October 2014 and further training is programmed to take place between the 7 and 16 April 2015. An evacuation exercise was carried out as part of this training. However, two issues were identified for attention by the registered manager. These are detailed below and in the section of the attached Quality Improvement Plan titled **Standard 36, 'Fire safety'**.

9.4.2 Provide confirmation that the significant findings highlighted in the most recent fire risk assessment have been programmed to be completed within the stipulated timescales.

(Item 5 in the attached Quality Improvement Plan)

9.4.3 Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should



be made to the latest correspondence issued by RQIA to all registered homes on 2 April 2015 and the guidance contained therein.  
(Item 6 in the attached Quality Improvement Plan)

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Mrs Cara Parker and Mr David Wharry as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the nursing home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the Quality Improvement Plan.

## **11.0 ENQUIRIES**

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority**  
**9<sup>th</sup> Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**BELFAST**  
**BT1 3BT**

## Quality Improvement Plan

- for -

## Announced Estates Inspection

- of -

## Whitehead Nursing Home

- on -

**30 March 2015**

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.		✓		Gavin Doherty	1/7/2015
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.					

**NOTES:**

The details of the quality improvement plan were discussed with Mrs Cara Parker and Mr David Wharry as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the Nursing home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the Quality Improvement Plan.

The quality improvement plan is to be signed below by the registered provider and registered manager and returned to:

**Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	A Dorrian (in the absence of the Registered Manager - C Parker)
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Desmond Wilson

Announced Estates Inspection to Whitehead Nursing Home on 30 March 2015

**Informing and Improving Health and Social Care**

**Standard 32 – Premises and grounds.**

The following requirements and recommendations should be noted for action in relation to Standard 32 – Premises and grounds

<b>Item</b>	<b>Regulation Reference</b>	<b>Restated Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
1	27 (2)(b)(d)	Confirmation should be forwarded to RQIA on completion of this work to enable the Quality Improvement Plan from the previous estates inspection on 23 April 2013 to be signed-off as completed. (9.2.2 in the report)	12 Weeks	Laundry refurbishment commenced on 04.05.15. The work should be completed by 05.06.15. We will confirm with you when completed.

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**Informing and Improving Health and Social Care**

**Standard 35 – Safe and healthy working practices.**

The following requirements and recommendations should be noted for action in relation to Standard 35 – Safe and healthy working practices

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
2	14 (2)(a)(c)	The screw fixings used to install the window restrictors throughout the home should be replaced with a suitable security fixing which cannot be removed without the use of a specialist tool or drive bit. (9.3.2 in the report)	8 Weeks	Within one week of inspection the standard star headed screws in the new window restrictors were removed and replaced by security screws as recommended by the Inspector.
3	27 (2)(q)	Confirmation should be forwarded to RQIA confirming the completion of the servicing of the thermostatic mixing valves installed throughout the home. (9.3.3 in the report)	8 Weeks	The servicing of the thermostatic mixing valves should be completed by 29.05.15. A certificate will be forwarded once received.
4	27 (2)(q)	A 'Gas Safe' certificate should be forwarded to RQIA upon completion of the improvement works required in relation to the gas pipework, indicating that the installation is in a 'satisfactory' condition. (9.3.4 in the report)	8 Weeks	As discussed at the inspection we are liaising with Calor Gas and will be removing the gas pipework as the cookers will be replaced with electric appliances. We will confirm with you when this has been completed.

Announced Estates Inspection to Whitehead Nursing Home on 30 March 2015

**Informing and Improving Health and Social Care**

**Standard 36 – Fire safety.**

The following requirements and recommendations should be noted for action in relation to Standard 36 – Fire safety

<b>Item</b>	<b>Regulation Reference</b>	<b>Requirement</b>	<b>Timescale</b>	<b>Details Of Action Taken By Registered Person (S)</b>
5	Regulation 27 (4)(a)	Provide confirmation that the significant findings highlighted in the most recent fire risk assessment have been programmed to be completed within the stipulated timescales. (Refer to 9.4.2 in the report)	8 Weeks	The findings highlighted in the most recent fire risk assessment should be completed by 29.05.15. Confirmation will be forwarded to you on completion.
6	Regulation 27 (4)(a)	Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to the latest correspondence issued by RQIA to all registered homes on 2 April 2015 and the guidance contained therein. (Refer to 9.4.3 in the report)	Upon next review of fire risk assessment	The Fire Risk Assessor had the relevant certification at the time of the Inspection and a copy will be forwarded along with the QIP.

Announced Estates Inspection to Whitehead Nursing Home on 30 March 2015

**Informing and Improving Health and Social Care**