

Announced Premises Inspection Report 04 January 2017



Whitehead Nursing Home

Type of Service: Nursing Home
Address: 15-18 Marine Parade, Whitehead, BT38 9QP
Tel No: 028 9335 3481
Inspector: Gavin Doherty

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Whitehead Nursing Home took place on 04 January 2017 from 10:30 to 13:00 hours.

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

Is care safe?

On the day of the inspection the premises supported the delivery of safe care.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Cara Parker, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent premises inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service Details

Registered organisation/registered provider: Whitehead Nursing Home Ltd/Mr Colin Nimmon	Registered manager: Mrs Cara Parker
Person in charge of the home at the time of inspection: Mrs Cara Parker	Date manager registered: 16 January 2015
Categories of care: RC-DE, RC-I, RC-PH(E), RC-MP(E), NH-I, NH-PH	Number of registered places: 41

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mrs Cara Parker, Registered Manager, and Mr David Wharry, maintenance person for the premises.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 24/11/16

The most recent inspection of the nursing home was an unannounced medicines management inspection. The completed QIP is still to be returned and be approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 30/03/15

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2)(b)(d) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Inspector confirmed work had been completed at the time of inspection.	
Requirement 2 Ref: Regulation 14 (2)(a)(c) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Inspector confirmed through spot checks that this work had been undertaken at the time of inspection.	
Requirement 3 Ref: Regulation 27 (2)(q) Stated: First time	Confirmation should be forwarded to RQIA confirming the completion of the servicing of the thermostatic mixing valves installed throughout the home.	Met
	Action taken as confirmed during the inspection: Inspector confirmed at the time of inspection.	
Requirement 4 Ref: Regulation 27 (2)(q) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Current Gas Safe certification was available and up to date at the time of inspection.	

Requirement 5 Ref: Regulation 27 (4)(a) Stated: First time	Provide confirmation that the significant findings highlighted in the most recent fire risk assessment have been programmed to be completed within the stipulated timescales.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that a current fire risk assessment was available and up to date at the time of inspection.	
Requirement 6 Ref: Regulation 27 (4)(a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that an accredited fire risk assessor had been used at the time of inspection.	

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises. This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Extensive redecoration and refurbishment of the home has been undertaken since the last estates inspection including day spaces, bedrooms, bathrooms and utility spaces. This ongoing commitment to improve the standard of the home is to be commended.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 provider from their responsibility for maintaining compliance with the regulations and standards.



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

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)