



Unannounced Care Inspection Report 1 July 2019



Whiteabbey

Type of Service: Nursing Home

Address: 104 – 106, Doagh Road, Newtownabbey, BT37 9QP

Tel No: 028 9085 3021

Inspectors: James Lavery

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 nursing home which is registered to provide nursing care and residential care for up to 59 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager and date registered: Telma Pinto Registration pending
Person in charge at the time of inspection: Telma Pinto	Number of registered places: 59 Category RC-I for one identified individual only. The home is also approved to provide care on a day basis only to one person.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years	Number of patients accommodated in the nursing home on the day of this inspection: 41

4.0 Inspection summary

An unannounced inspection took place on 1 July 2019 from 09.15 to 17.15 and was undertaken by the care inspector.

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 inspection assessed progress with 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: the reporting of notifiable incidents, monitoring the professional registration of staff, wound care, management of distressed reactions and the repositioning of patients. Further areas of good practice were also noted in regard to activities, staff communication with patients, staff recruitment and complaints management.

Areas for improvement were identified in regard to: the environment, fire safety, nutritional care, the management of patients at risk of self-harm, and the dining experience of patients.

Patients described living in the home in positive terms. One patient stated “The staff treat me well.” Another patient told us “The nurses are very good.”

Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff received during and after the inspection, are also 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	*4

*The total number of areas for improvement includes one area for improvement under regulation and one under the standards which have each been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Telma Pinto, Manager, and Ruth Burrows, Head of Operational Quality, 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 19 September 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 19 September 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

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

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. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined and/or discussed during the inspection:

- staff training records for the period 2019/20
- accident and incident records
- three patients' care records including relevant supplementary repositioning / nutritional care records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- staff selection and recruitment records
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- management of medicines on admission and medication changes
- medicines records

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

The findings of the inspection were provided to the management team at the conclusion of the inspection.

6.0 The inspection

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

Areas of improvement identified at previous estates inspection have been reviewed. Of the total number of areas for improvement one was met and one was partially met.

Areas for improvement identified at the previous care inspection have been reviewed. Of the total number of areas for improvement five were met and one was partially met.

No areas for improvement from the previous finance inspection were reviewed during this inspection. These have been carried forward to be reviewed as part of the next care inspection.

Areas for improvement identified at the previous medicines management inspection have been reviewed. Of the total number of areas for improvement all were met.

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.

Upon arrival to the home we were greeted by several patients who were waiting within the foyer area for staff to assist them into the dining room. The breakfast routine is discussed in more detail in section 6.5. Patients enthusiastically greeted the inspector although appeared keen to be assisted to the breakfast area. The main entrance is secured by use of an electronic keypad; appropriate instructions are located beside this keypad for patients to refer to if needed.

Staffing levels within the home were discussed and reviewed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. No patients or staff expressed any concerns in regard to staffing levels.

We were told by staff that they received regular mandatory training to ensure they knew how to provide the right care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. Fire training for staff is referenced further below.

The way in which staff are supported in their roles was considered. Staff spoke positively about the support they receive from the manager; one staff member told the inspector "Telma is a nice woman ... I [can] speak to her." Governance records confirmed that staff received regular supervision and appraisal. An area for improvement identified at the previous care inspection was validated as met.

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). The manager advised that the home now uses an electronic 'live' system ('Home view') to monitor the professional registration of staff twice monthly. The manager was encouraged to ensure that she clearly evidences her validation of these checks at all times.

Discussion with the manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. Appropriate governance arrangements were in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice. The manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. Feedback from staff who were spoken with provided assurances that they knew how to recognise and respond to any potential incidents of abuse.

We observed the interior of the home and this included a range of areas such as patients' bedrooms, communal lounges, storage areas and dining rooms. The home was neat and tidy throughout and patients appeared relaxed and comfortable in their bedrooms or communal areas. Review of the ground floor smoke room and flooring within the laundry room highlighted the need for further improvement. It was also noted that cupboard doors in the domestic store were in poor repair. One area for improvement was made and a further area for improvement was restated for a second time. A robust action plan was submitted to RQIA following the inspection outlining how these deficits will be addressed.

The ground floor also features 'The Old Vintage Tea Room' which was noted to be tastefully decorated for both patients and their visitors. This is commended.

Discussion with the registered 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. Following this review an action plan was devised to address any identified deficits.

It was noted that one of two pressure alarm mats which were in use were not working. This was brought to the immediate attention of the manager who ensured that the faulty equipment was replaced. The need to ensure that all such alarmed mats are working correctly was agreed.

The way in which Control of Substances Harmful to Health (COSHH) regulations are adhered to throughout the home was considered – no concerns were noted. An area for improvement from the previous care inspection was validated as met.

Review of governance records highlighted that staff training records relating to fire safety training were poorly maintained and evidenced that some staff were overdue such training. It was further noted in discussion with the manager that there was currently no maintenance person employed within the home. While interim arrangements were in place to help address this, certain fire safety checks were found to be overdue. These shortfalls were discussed with both the manager and Ruth Burrows during the inspection and it was confirmed the day following the inspection that these matters were being urgently addressed. The need for the manager to effectively manage and monitor fire safety practices throughout the home was stressed. An area for improvement was made. A robust action plan was submitted to RQIA following the inspection outlining how these deficits will be addressed.

Management of medicines

Areas for improvement identified at the previous medicines management inspection were reviewed. Medicines records which were sampled evidenced that no inappropriate abbreviations relating to the use of insulin were used and that medicine charts/administration records were accurately and effectively maintained. Staff feedback also demonstrated good awareness of when to replace liquid antibiotics. All areas for improvement identified at the previous medicines management inspection were validated as met following discussion with the pharmacy inspector.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the reporting of notifiable incidents and monitoring the professional registration of staff.

Areas for improvement

Two new areas for improvement were noted in regard to the ground floor smoking room and fire safety practices.

A second area for improvement relating to the environment was restated.

	Regulations	Standards
Total numb 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.

Staff told the inspector that there was effective communication at the commencement of each shift which allowed them to discuss and review the ongoing needs of patients.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the manager. One staff member told us “The manager has an open door policy ... I can go to her.”

A review of patients’ care records evidenced that nursing staff regularly engaged with members of the multi-professional team; this included regular contact with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

Regular contact with patients’ families is also a vital aspect of care delivery. Care records which were viewed demonstrated that staff regularly communicated with patients’ families or representatives as they used/reviewed a range of risk assessments to help inform the care being provided.

We looked at the assistance given to patients who require help with repositioning. Care records for one such patient evidenced that comprehensive risk assessments and care plans were in place. Supplementary care records further demonstrated that the patient was regularly assisted with maintaining a comfortable position in keeping with their prescribed care. An area for improvement identified at the previous care inspection was validated as met.

The provision of wound care to patients was also considered. Nursing staff advised that there were no patients within the home requiring wound care at the time of the inspection. Discussion with nursing staff evidenced a consistent and thorough knowledge of both the basic principles of wound care and the home’s internal policies and procedures relating to this aspect of care delivery. An area for improvement identified at the previous care inspection was validated as met.

The care delivered to those patients who may at times, display distressed reactions was reviewed. The care records for one such patient contained a very detailed and personalised care plan. Staff who were spoken with also demonstrated a good awareness of how to effectively manage such situations if they were to arise. An area for improvement identified at the previous care inspection was validated as met.

The care records for one patient who was at risk of self-harm were also reviewed. A comprehensive and accurate risk assessment and care plan was in place. While feedback from staff indicated that they regularly observed the patient due to this risk, this was not recorded in a sufficiently robust manner in either daily nursing notes or supplementary records. In addition, one staff member who was spoken to demonstrated limited knowledge of this patient’s care plan. This was discussed with the manager who stated that the management of this patient in relation to certain emotional needs, required review by the multiprofessional team. It was agreed that the manager would address this as a matter of priority. An area for improvement was stated for a second time.

At times, some patients may require assistance with a modified diet. The care records for one such patient were reviewed. It was noted that the relevant care plan required updating and that nursing staff did not effectively monitor fluids served to the patient on one occasion during the inspection – this was immediately brought to the nurse’s attention and that of the manager who ensured that the correct dietary recommendations were effectively adhered to. Kitchen records for this patient also required updating. An area for improvement was made.

While the majority of staff who provided manual handling assistance to patients did so safely and appropriately, one staff member did not. This was highlighted to the manager who agreed to address the matter directly with the staff member involved.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to wound care, management of distressed reactions and the repositioning of patients.

Areas for improvement

A new area for improvement was highlighted in regard to the nutritional care of patients. A further area for improvement was restated in relation to the management of patients at risk of self-harm.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Throughout the inspection, staff interactions with patients were observed to be compassionate and friendly. One patient told the inspector “I’m very well looked after ... the nurses are very nice.”

Staff demonstrated a good knowledge of patients’ wishes, and preferences as identified within the patients’ care plan. Staff were also aware of the requirements regarding patient information and confidentiality.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussions with staff provided evidence that they considered the manager to be supportive and approachable and they felt confident that they could raise concerns if they arose.

As referenced in section 6.3, we observed the serving of breakfast on the first day of the inspection. Upon our arrival into the home, 10 patients were seated in the foyer area awaiting staff to assist them into the dining room. However, observation of staff and feedback from the manager highlighted that staff would not commence such assistance until they were finished assisting other patients from bed. This resulted in a significant delay for patients accessing the dining area and enjoying one another's company over breakfast. This was brought to the attention of the manager and Ruth Burrows who agreed to review the morning routine as a matter of priority. An area for improvement was made.

Feedback from patients also evidenced that a range of activities are regularly provided to patients and which are reflective of their individual tastes and wishes.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to activities and staff communication with patients.

Areas for improvement

An area for improvement was highlighted in relation to the dining experience of patients.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Discussion with the manager evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. 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 and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. We discussed the current application to RQIA for registration of the manager and it was agreed following the inspection that outstanding documents would be forwarded to RQIA as soon as possible.

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

Selection and recruitment records were examined and we were assured that all the necessary pre-employment checks had been carried out.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. Records confirmed that all complaints were reviewed on a monthly basis by the manager.

A review of records evidenced that monthly monitoring reports were completed. The most recent available report had been compiled on 12 June 2019 and was available for inspection. As part of an action plan submitted to RQIA following the inspection, it was noted that fire safety books are to be reviewed by the regional manager on a monthly basis as part of the monthly monitoring visit until and new maintenance person is employed. The ongoing refurbishment of the home is also to form part of this monthly visit.

A review of records evidenced that robust systems were in place to monitor and report on the quality of nursing and other services provided. It was evident that the registered manager regularly and consistently audited various aspects of care delivery, such as, housekeeping; information governance; and Health and Safety.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks had been carried out as required.

Discussion with the manager confirmed that staff meetings were held on a regular basis and that minutes/records of attendance were maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and complaints management.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 Telma Pinto, manager, and Ruth Burrows, Head of Operational Quality, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regards to the provision of care to patients who are at risk of self-harm:</p> <ul style="list-style-type: none"> • A comprehensive and accurate risk assessment in relation to the assessed risk • A comprehensive, person centred and accurate care plan which details how the assessed risk should be managed • Staff shall adhere to the prescribed care as detailed within the relevant care plan at all times • Staff will document any observational checks of the patient using an appropriate and risk specific pro forma • A process will be in place to ensure that the assessed risk of self-harm is effectively communicated to staff, as appropriate. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Resident at risk of self harm reassessed and care plan updated as no self harm been expressed in the past two years.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (b) (d) (f)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.</p> <p>Ref: 6.3.</p>
	<p>Response by registered person detailing the actions taken: Effective plan in place to ensure fire checks to be done weekly by a responsible person attributed for the task until new maintenance person in place.</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 44.10</p> <p>Stated: Second time</p> <p>To be completed by: 1 September 2019</p>	<p>The registered person shall ensure that the floor finishes in the laundry room and the cupboard doors in the identified domestic store are replaced in a timely manner.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Domestic store in both floors under refurbishment at present, cupboards and floor. Already requested authorization to replace laundry floor as part of an upgrade in that area.</p>

<p>Area for improvement 2</p> <p>Ref: Standard N15</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2019</p>	<p>The registered person shall ensure that the deficits highlighted within the ground floor smoke room are affectively addressed.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Smoking room wall damage fixed and room fully painted.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation the management of those patients requiring a modified diet:</p> <ul style="list-style-type: none"> • an accurate and comprehensive care plan will be in place which outlines the patient's assessed nutritional needs • staff will consistently comply with the patient's prescribed nutritional needs as per the care plan and/or multiprofessional recommendations • corresponding kitchen records for such patients will be maintained in an accurate and contemporaneous manner <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All diet notification forms have been checked and updated. Care plans in line with recommendations and resident nutritional needs.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the dining experience of patients are in keeping with best practice standards. This relates specifically to the timely assistance of patients to the dining area and the subsequent serving of meals.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Residents are now taken directly to dining room as they are ready for breakfast in the morning, kitchen and care staff start to serve breakfast as they come to dining room.</p>

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



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