

Unannounced Care Inspection Report 6 September 2016



Whiteabbey

Type of Service: Nursing Home

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

Tel No: 028 9085 3021

Inspector: Dermot Walsh

1.0 Summary

An unannounced inspection of Whiteabbey Nursing Home took place on 6 September 2016 from 09.45 to 18.45 hours

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

Safe systems were in place for monitoring the registration status of current nursing and care staff. Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. One recommendation was made regarding a review of staffing.

Is care effective?

Staff were aware of the local arrangements for referral to health professionals and communications with health professionals were recorded within the patients' care records and recommendations were adhered to. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. Two recommendations have been made in this domain on the management of care plans no longer relevant and the completion of repositioning charts.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report. One recommendation was made around the patients' mealtime experience.

Is the service well led?

Monthly monitoring visits were conducted consistently and reports were available for review. Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display.

The term 'patients' is used to describe those living in Whiteabbey Nursing Home which provides both nursing and residential care.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Aleyamma George, registered 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced estates inspection undertaken on 26 July 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered provider: Four Seasons Healthcare Dr Maureen Claire Royston	Registered manager: Mrs Aleyamma George
Person in charge of the home at the time of inspection: Mrs Aleyamma George	Date manager registered: 20 May 2011
Categories of care: RC-I, NH-I, NH-PH, NH-PH(E) Category RC-I for 1 identified individual only. The home is also approved to provide care on a day basis only to 1 person.	Number of registered places: 59

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP
- pre inspection assessment audit

During the inspection we met with 11 patients individually and others in small groups, two patient representatives, four care staff, two registered nurses, one overseas nurse programme participant and one ancillary staff member.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- a staff recruitment file
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for week commencing 5 September 2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 26 July 2016

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector and will be validated at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 16 February 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 39.9 Stated: First time	The registered manager should ensure that wound care and medicines competency assessments for registered nurses are completed and updated on an annual basis.	Met
	Action taken as confirmed during the inspection: A review of the competencies completed on the registered nurses on duty evidenced that this recommendation has been met.	
Recommendation 2 Ref: Standard 26 Stated: First time	Patients who have a diagnosis of dementia should have their communication and mental health needs addressed in the care plan. This refers specifically to patients who are resistive to care intervention and those who are prescribed benzodiazepines to manage periods of agitation.	Met
	Action taken as confirmed during the inspection: Two patient care records reviewed evidenced that this recommendation has been met.	
Recommendation 3 Ref: Standard 4 Stated: First time	Patients' care plans should reflect the assessed needs of the patients.	Met
	Action taken as confirmed during the inspection: Assessed needs were reflected in the care plans of three patient care records reviewed.	
Recommendation 4 Ref: Standard 12 Stated: First time	The registered manager should increase the frequency with which dining audits are completed, to focus specifically on the presentation of modified diets and the length of time patients wait for assistance with eating.	Met
	Action taken as confirmed during the inspection: The dining audits had been increased to monthly for here months and then two monthly.	

4.3 Is care safe?

The registered manager 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. Discussion with patients and representatives evidenced that there were no concerns regarding staffing levels. One staff member was of the opinion that there was an insufficient staffing level on night duty. Observation of the delivery of care evidenced that the medicine rounds on both floors did not finish until 11.30 and 12.00 hours. This was discussed with the registered manager who confirmed that an overseas nurse programme (ONP) participant was acting as a second nurse on the morning shift although they could not dispense medications alone. An extra care assistant has been rostered to work on the morning shift until the ONP becomes registered with the Nursing and Midwifery Council. A recommendation was made for a review of the staffing skill mix for the am shift given the medicine rounds are continuing up to 12.00 and the lunchtime medicine round commences at 14.00. The aligned pharmacy inspector for the home was informed for action as required.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for inducting the new employee. The registered manager was observed welcoming and orientating a new staff member on their first day of employment.

Discussion with the registered manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Compliance in mandatory training had been achieved in the following areas: moving and handling (85%), fire (88%), adult safeguarding (98%) and infection prevention and control (94%). Observation of the delivery of care evidenced that training had been embedded into practice. Overall compliance with training was at 76%. This was discussed with the registered manager who confirmed that additional modules had recently been added to the training list for completion and as a result the overall compliance numbers have dropped as staff have not had the opportunity to complete the new modules.

Competency and capability assessments of the nurse in charge of the home in the absence of the manager had been completed appropriately. The completed assessments had been signed by the registered nurse and verified by the registered manager as successfully completed.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of current nursing and care staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) were appropriately managed.

A review of the recruitment process evidenced a safe system in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of three patient 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.

Review of a random selection of records pertaining to accidents, incidents and notifications forwarded to RQIA since 25 January 2016 confirmed that these were appropriately managed. Accidents and incidents were reviewed monthly.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Rooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control compliance was well maintained.

Areas for improvement

It is recommended that the staffing skill mix is reviewed for the am shift to ensure patients' needs are met in a timely manner.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had largely been personalised to meet the individual needs of the patients and had been reviewed monthly. However, a recommendation was made to ensure that care plans are discontinued and archived when they are no longer relevant to current assessed care needs.

Repositioning charts were recorded inconsistently in two of three patient care records reviewed with regards to evidencing skin checks at the time of repositioning and identifying the position the patient was repositioned too. A recommendation was made.

Registered nurses were aware of the local arrangements and referral process to access relevant healthcare professionals, for example General Practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse (TVN).

Discussion with the registered manager and a review of records confirmed that three staff meetings had been conducted from the date of the previous care inspection. Minutes of these meetings were available for review and include dates, attendees, topics discussed and decisions made.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a recorded daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

A 'Quality of Life' (QOL) feedback system was available at the entrance to the home. The registered manager confirmed that the home aimed to achieve service feedback from a variety of staff; visiting professionals; patients and patient representatives and the goal was to achieve feedback from three staff on a weekly basis and one of either of the other groupings on a daily basis.

Patients' meetings were conducted twice yearly. The registered manager confirmed that they, along with the cook and the activities therapist, would visit patients unable to attend the meeting in their rooms or communal area to provide them with information from the meeting agenda and listen to their opinions. This was viewed as good practice.

Relatives/representatives meetings were also conducted twice yearly. Minutes were available of a meeting conducted on 26 April 2016. Notices to inform relatives/representatives of upcoming meetings were displayed on a 'relatives' noticeboard'. It was acknowledged that a relative/representative meeting scheduled for 30 August 2016 had no attendees.

Confirmation was also provided that a survey inviting feedback from patients/relatives regarding the services the home provided was conducted annually.

Staff consulted knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and representatives were confident in raising any concerns they may have with the staff and/or management.

Areas for improvement

It is recommended that care plans, which no longer meet current patient needs, are discontinued and archived.

It is recommended that repositioning charts are completed in full and include the patients' skin condition at the time of repositioning and the position the patient was repositioned too.

Number of requirements	0	Number of recommendations	2
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

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.

On inspection two registered nurses, one ONP participant, four carers and one ancillary staff member were consulted to ascertain their views of life in Whiteabbey Nursing Home. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Two of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

"I like it. I'm very happy here."

"I've always loved my job."

"I really love taking care of older people."

"It's fine. I've no problem working here."

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with 11 patients individually, and with others in smaller groups, confirmed that, in their opinion, the care was safe, effective, compassionate and well led. Nine patient questionnaires were left in the home for completion. Seven of the patient questionnaires were returned within the timeframe for inclusion in the report. All respondents were very positive in their feedback.

Some patient comments were as follows:

"The staff are very attentive."

"I like it here."

"It's alright. The care is wonderful."

"The care is very good."

"It's fine here."

Two patient representatives were consulted with on the day of inspection. Seven relative questionnaires were left in the home for completion. Four of the relative questionnaires were returned within the timeframe for inclusion within the report.

Some relative comments were as follows:

"The carers are very attentive. The quality of food could be better."

"It's dead on here. I've no problems."

Results from surveys conducted were displayed on noticeboards within the home and included within the Annual Quality Report. The registered manager also confirmed that results of the surveys would be discussed through general day to day conversation with staff, patients and/or relatives and included on the agenda of staff, patient and relative meetings.

The serving of lunch was observed in two dining rooms. Food was served in an organised manner; when patients were ready to eat or to be assisted with their meals. Staff wore appropriate aprons when serving or assisting with meals and patients were provided with clothing protectors. A selection of condiments was available on the tables and a range of drinks were offered to the patients. A menu was on display on a noticeboard in the dining room with the day's meal selection. Staff advised that patients who were not satisfied with the meal selection were offered alternatives. However, patients were observed to be drinking from clear plastic cups. These cups were observed to be worn and clouded and three patients at a table confirmed that they would prefer 'a proper drinking glass' to drink from. The patients also expressed dissatisfaction at the length of time they had to wait for food to be served once they were seated in the dining room. At another table a patient was assisted by a care assistant with their meal. The care assistant's own drinks bottle and an empty thickening agent container identified for a patient seated at a different table was on the table beside the patient's meal. A recommendation was made to ensure the patients' mealtimes were reviewed to ensure patients' satisfaction and to ensure the DHSSPS Care Standards for Nursing Homes (2015) are met in relation to nutrition, meals and mealtimes.

Discussion with staff confirmed that the religious needs of patients were met through members of the clergy coming to the home to visit patients. Communion was administered by Eucharistic ministers and those patients, who wished to be involved, would sing hymns with staff.

Areas for improvement

It is recommended that the patients' mealtime experience is reviewed to ensure patients' satisfaction and ensure the experience is in line with the DHSSPS Care Standards for Nursing Homes (2015).

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The complaints procedure was appropriately displayed in several locations in the home and was included within the 'patients' guide'.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

"Thank you so much for all the love and care shown to ... and also to us as a family. We will never forget your kindness."

"Thank you for the very special time you gave us for our 50th wedding anniversary and for the tea and the lovely home baked cake."

"I thank god every day for having found a home that really cared for the people in its care and made it feel like home."

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, falls, medicines management, complaints, restraint, bed rails, hand hygiene, personal protective equipment, hoists/slings, health and safety and incidents/accidents.

Online 'TRaCA' audits were conducted to assess standards in housekeeping, medications management, health and safety, resident care, weight loss and the home's governance arrangements. All TRaCA audits demand an 'actions taken' section to be completed for every audit; even if the audit had achieved 100 percent compliance. For example, the action taken could be confirmation that the information was shared with staff. All actions taken are documented online by the registered manager. The system would notify the registered manager of any audit that had not been actioned.

A care record audit was reviewed. The audit had been completed by the registered manager and an action plan to address shortfalls identified within the audit was in place. The registered manager would verify the actions as completed. The registered manager confirmed that audit results would be discussed at staff meetings. The auditing process was overseen by the regional manager and informed the monthly monitoring visits.

Urgent communications, safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. A system was in place to ensure that all relevant staff had read the communication or had been notified about it.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Aleyamma George, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be Completed by: 7 September 2016</p>	<p>The registered person should ensure that staffing levels are reviewed to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: The staffing skill mix is maintained depending on the resident's assessed needs. The RN and care staff are allocated appropriately and is monitored by the RM/ FSHC .</p>
<p>Recommendation 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be Completed by: 20 September 2016</p>	<p>The registered person should ensure that care plans, which are no longer reflective of the current patient needs, are discontinued and archived. Were relevant, new care plans should be developed.</p> <p>Ref: Section 4.4</p>
	<p>Response by registered provider detailing the actions taken: The care plans / short term care plans such as care plans during chest infection etc which are not reflective of current needs are already removed and archived and where relevant, new care plans are developed depending on the assessed needs of the patient/Resident.</p>
<p>Recommendation 3</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be Completed by: 13 September 2016</p>	<p>It is recommended that repositioning charts are completed in full and contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning and the position that the patient has been repositioned too.</p> <p>Ref: Section 4.4</p>
	<p>Response by registered provider detailing the actions taken: The repositioning charts are completed appropriately and specifies the skin condition at every repositioning regime.</p>
<p>Recommendation 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 20 September 2016</p>	<p>The registered person should ensure that the mealtime experience is reviewed to ensure that patients' dissatisfaction identified on inspection is reviewed and actioned as appropriate and to ensure the mealtime experience is in line with the DHSSPS Care Standards for Nursing Homes (2015).</p> <p>Ref: Section 4.5</p>
	<p>Response by registered provider detailing the actions taken: The areas that was identified is addressed already. The Residents/patient's choice of crockery /glasses etc are used as per their preference .</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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