



The Regulation and
Quality Improvement
Authority

Whiteabbey
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**Unannounced Care Inspection
of
Whiteabbey**

16 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 16 February 2016 from 10.10 to 16.55 hours.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved.

For the purposes of this report, the term 'patients' will be used, to describe those living in Whiteabbey, which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 23 September 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care/ Dr. Maureen Claire Royston	Registered Manager: Aleyamma George
Person in Charge of the Home at the Time of Inspection: Aleyamma George	Date Manager Registered: 20 May 2011
Categories of Care: RC-I, NH-I, NH-PH, NH-PH(E)	Number of Registered Places: 59
Number of Patients Accommodated on Day of Inspection: 43	Weekly Tariff at Time of Inspection: £593 to £604

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- 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 returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with five patients, four care staff, two registered nursing staff and six patients' representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff training records
- competency and capability assessments of registered nurses
- patient emergency evacuation plans
- policies for communication and end of life care
- policies for dying and death and palliative and end of life care

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Whiteabbey was an unannounced finance inspection dated 6 October 2016. The completed QIP was returned and approved by the finance inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 23 September 2015.

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that staff are proactive in assessing when a patient's condition is deteriorating or when they may be entering end of life so that effective communication pathways can be put in place.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of the staff training records confirmed that training had been provided regarding the care of the deteriorating patient and prognostic indicators used to identify when patients may be entering end of life care. A communication tool had also been developed, based on a protocol for disclosing unfavorable information "breaking bad news". Discussion with the manager and staff did not evidence any concerns regarding the end of life care that patients had received.</p>	<p>Met</p>

<p>Requirement 2</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that written care plans are completed by registered nurses, in consultation with the patient and/or their representative, to inform care delivery during the last days of life.</p> <p>This must include any specific religious or cultural beliefs and arrangements.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>There were no patients identified as receiving palliative care. A review of the palliative and end of life care folder evidenced that a sample care plan had been developed, to be used to assist staff in developing person-centred end of life care plans.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that all staff receive training in the care of the deteriorating patient, as relevant to their roles and responsibilities.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of staff training records confirmed that 26 carers, 9 registered nurses and 9 ancillary staff had completed training in respect of the care of the deteriorating patient and in recognising the prognostic indicators of imminent death.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered persons must evidently review the staffing levels in the home, to ensure that the recommended skill mix of at least 35% and up to 65% care assistants is maintained, as specified in the DHSSPS Care Standards for Nursing Homes, April 2015.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of the patients' dependency levels evidenced that the recommended skill mix of at least 35% and up to 65% care assistants was not being maintained, as specified in the DHSSPS Care Standards for Nursing Homes, April 2015. However, the home was utilising two pre-registered nurses, to provide support on the first floor, in addition to support provided by the manager. RQIA were satisfied with this arrangement on this occasion.</p>		

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 19.1 and 19.4 Stated: Second time	Consideration should be given to the appointment of a continence link nurse to undertake regular audits of the management of incontinence. Follow up on previous issue.	Met
	Action taken as confirmed during the inspection: There was a nominated continence link nurse appointed within the home. A review of the continence audits confirmed that continence assessments and care plans were reviewed on a regular basis. The audits focused on identifying whether information included on the continence assessments was reflected in the care plans, the evaluation of the care plan and the effectiveness of the incontinence aids used.	
Recommendation 2 Ref: Standard 39 Stated: First time	The content of all staff training provided should be maintained in the home.	Met
	Action taken as confirmed during the inspection: A review of the staff training records confirmed that the content of training was maintained within the home. Content of training that was provided via e-learning was accessible on the day of the inspection.	
Recommendation 3 Ref: Standard 32.1 Stated: First time	A system should be implemented to evidence and validate staffs' knowledge of the policies and procedures, newly issued by the organisation, in respect of communicating effectively; and palliative and end of life care.	Met
	Action taken as confirmed during the inspection: A review of the staff training records confirmed that seven registered nurses and 13 carers had read the newly issued policy. Discussion with the registered manager confirmed that the system to evidence and validate staffs' knowledge of the policies and procedures was still in progress.	

<p>Recommendation 4</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>Relevant information on support services should be further developed, to ensure that patients and their relatives have access to support services that are based in Northern Ireland.</p> <p>Action taken as confirmed during the inspection: There were several information leaflets available regarding palliative and end of life care.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered managers hours worked should be included on the duty rota and identify either management duty or working as lead nurse.</p> <p>Action taken as confirmed during the inspection: A review of the staff duty rota clearly identified the hours the manager had worked as lead nurse on the first floor.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 35.16</p> <p>Stated: First time</p>	<p>The registered manager should audit the call bell response times on a regular basis. This audit should include response times at or nearing change of shifts. Actions requiring follow up should be clearly indicated with evidence of matters addressed.</p> <p>Action taken as confirmed during the inspection: Call bell audits were conducted on a regular basis. There were no concerns identified regarding the staffs' response times. One patients' representative reported improvements in this regard. The registered manager was advised to vary the times that the audits were conducted, in response to patients' and patients' representatives' feedback.</p>	<p>Met</p>

<p>Recommendation 7</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered manager should audit the consent forms for use of lap belts, to ensure that consent forms are accurately completed and any deficits evidently addressed.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager confirmed that there were no patients who required the use of a lap belt for restraint purposes, other than those who required a lap belt to be fastened during transit. One patient's lap belt had remained fastened, following transit. This was brought to the attention of the manager and appropriate action was taken immediately.</p> <p>A review of four patient care records confirmed that consent forms were accurately completed and no deficits were identified. A review of patient care plans confirmed that the use of lap belts for use during transit was included.</p>		

5.3 Additional Areas Examined

5.3.1. Staff, Patients and Patients' Representative Comments

All comments on the returned questionnaires were in general positive. Some comments received are detailed below:

Staff

'It is brilliant here'

'I am happy enough'

'I have no concerns. We work hard'

'They are good here and yes, I am very happy'

Patients

'(The staff) would be good alright'

'It is all fine here. They are good enough'

'It is very good. I have no complaints'

'I am perfectly happy with the care I get'

'I think they are brilliant'

'There are a couple of things that could improve, but I will bring them up (to the manager) myself'

Patients' Representatives

'I have no negative comments to make, other than it's brilliant'

'We are happy enough'

'The attention (my relative) is receiving is satisfactory'

'I have no concerns now. Concerns reported several months ago were dealt with'

'My (relative) is happy, so we are happy'

'My (relative) is very well cared for'

One patients' representative commented that the tea/coffee was cold when it was served. This was reported to the manager to address.

5.3.2. Staff Training and Development

A review of the staff training records identified that mandatory training was being monitored by the registered manager. Competency assessments had been completed for all registered nurses, who had the responsibility for being in charge of the home. However, a review of the registered nurse competency assessments regarding wound care and medicine management identified that three out of ten registered nurses had not been assessed as being competent in these areas. This was discussed with the registered manager. A recommendation has been made in this regard.

5.3.3. Care Records

A review of four patient care records evidenced that patients risk assessments and care plans were generally in place. However, one patient care record confirmed with a diagnosis of dementia did not have a care plan in place to address their dementia needs. For example, the care plan did not include any reference to communication, methods of managing resistive behaviour and or the indicators for using medications that were prescribed, to manage periods of agitation. A recommendation has been made in this regard.

In addition, there was no care plan in place regarding the management of angina, despite three medications being prescribed to manage the symptoms of angina. In two patient care records, the continence assessments did not include the patients' normal bowel pattern. There was no reference made to prescribed medication. For example, one patient was prescribed a stool softener and was also prescribed medication, that is used in treating contraction of overactive bladder with associated problems such as increased urination frequency and urge incontinence. This information was not included in the patient's continence assessments or care plan. These matters were discussed with the registered manager and a recommendation has been made in this regard.

A review of the incidence of accidents and incidents within the home confirmed that all accidents and incidents were accurately recorded. Discussion with the registered manager confirmed that analysis of the records was completed on a monthly basis. However, there was no documented evidence that the falls analysis had been completed since 4 December 2015. The registered manager ensured that the falls analysis was completed on the day of inspection.

5.3.4. Meal time Experience

The interactions between patients, and staff were appropriate, and good relationships were evident. The serving of the mid-day was observed. One patient was observed to be seated, with their uncovered dinner plate placed in front of them. Staff consulted stated that they normally used plate covers but that the plate cover was removed to allow the meal to cool down sufficiently, whilst waiting for assistance to eat. One staff member who was assisting a patient to eat a modified diet, was observed mixing all elements of the meal together. This was not attractive or appealing to the patient.. A review of the manager's audits confirmed that a dining audit had last been completed on 31 August 2015. This was discussed with the registered manager and given the observations on the day of inspection, the manager agreed to increase the frequency with which the audits were conducted. A recommendation has been made in this regard.

5.3.5. Environment

A general tour of the home was undertaken which included review of a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout.

Areas for Improvement

The registered manager should ensure that wound care and medicines competency assessments for registered nurses are completed and updated on an annual basis. A recommendation has been made in this regard.

All patient care plans should be developed following a comprehensive, holistic assessment. 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. Patients care plans should also reflect the assessed needs of patients. Two recommendations were made in this regard.

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. A recommendation has been made in this regard.

Number of Requirements:	0	Number of Recommendations:	4
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6. Quality Improvement Plan

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

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.3. Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.4. Recommendations

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

6.5. Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 39.9</p> <p>Stated: First time</p> <p>To be Completed by: 15 April 2016</p>	<p>The registered manager should ensure that wound care and medicines competency assessments for registered nurses are completed and updated on an annual basis.</p> <p>Ref: Section 5.3.2</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: All Wound Care and Nurse in Charge Competency assessments have now been updated. A matrix is in place to show when these were completed and when they require to be updated.</p>
<p>Recommendation 2</p> <p>Ref: Standard 26</p> <p>Stated: First time</p> <p>To be Completed by: 15 April 2016</p>	<p>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.</p> <p>Ref: Section 5.3.3</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: All residents who have a diagnosis of Dementia have their communication and mental health needs addressed in a care plan. Care plans for those who require Benzodiaepines to manager periods of agitation have been updated to reflect current assessed needs..</p>
<p>Recommendation 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be Completed by: 15 April 2016</p>	<p>Patients' care plans should reflect the assessed needs of the patients.</p> <p>Ref: Section 5.3.3</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Weekly Audits continue on all Care Pofiles to ensure the Care plans reflect the current needs of the resident. From Jan - March 16 at least half the resident files have been audited and any issues identified are being addressed.</p>
<p>Recommendation 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be Completed by: 15 April 2016</p>	<p>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.</p> <p>Ref: Section 5.3.4</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Dinning audits are currently being completed monthly. The presentation of modified diets has now improved. Staff are now allocated appropriately to ensure adequate supervision and assistance is provided.</p>

Registered Manager Completing QIP	Aleyamma George	Date Completed	07.04.16
Registered Person Approving QIP	Dr Claire Royston	Date Approved	07.04.16
RQIA Inspector Assessing Response	Aveen Donnelly	Date Approved	15.04.2016

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