



Unannounced Care Inspection Report 16 December 2019



Whiteabbey

Type of Service: Nursing Home
Address: 104-106 Doagh Road, Newtownabbey, BT37 9QP
Tel No: 028 9085 3021
Inspector: Caroline Rix

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 registered nursing home which provides care for up to 59 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: 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 The home is also approved to provide care on a day basis only to 1 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: 43

4.0 Inspection summary

An unannounced care inspection took place on 16 December 2019 from 09.45 hours to 15.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought 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 staffing, training, risk management, record keeping, the culture and ethos, dignity and privacy, listening to patients, communication, governance arrangements and teamwork.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during the inspection, are included in the main body of this report.

An area for improvement in respect of a previous medicines management inspection has also been reviewed and validated as required.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Telma Pinto, 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.

4.2 Action/enforcement taken following the most recent inspection dated 1 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 1 July 2019. 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 including pharmacy issues, registration information, and any other written or verbal information received.

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

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

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. No questionnaires were returned to RQIA.

A poster was provided for staff detailing how they could complete an electronic questionnaire; no surveys were received by RQIA.

The following records were examined during the inspection:

- duty rota for all staff from 18 November 2019 to 12 January 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident, accident and notification records
- one staff recruitment and induction file
- two patients' care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints records
- compliments received
- monthly monitoring reports for October and November 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</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>Met</p>

	<p>Action taken as confirmed during the inspection: The inspector reviewed records that confirmed detailed risk assessments had been completed with care plans updated as required. Staff communication and observation tools have been implemented to ensure effective sharing of patients' current needs are met.</p>	
<p>Area for improvement 2 Ref: Regulation 27 (4) (b) (b) (d) (f) Stated: First time</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>Action taken as confirmed during the inspection: The inspector viewed the records of fire safety checks completed and verified by the manager/area manager in line with best practice guidance. The induction of their new maintenance person is currently ongoing that includes this area.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 44.10 Stated: Second time</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>Action taken as confirmed during the inspection: The inspector viewed new storage cupboards and flooring in domestic stores and new cupboards in the treatment room. The flooring in the laundry room has not yet been replaced as the home plan to carry out a larger refurbishment of this area.</p>	Met
<p>Area for improvement 2 Ref: Standard N15 Stated: First time</p>	<p>The registered person shall ensure that the deficits highlighted within the ground floor smoke room are affectively addressed.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed the ground floor smoke room wall damage had been repaired and the smoke room repainted.</p>	Met

<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: The inspector reviewed records to verify that patients care plans relating to modified diets and nutritional needs have been updated. Staff are informed of patients' needs at handover each day and a copy of each patients individual needs is available for catering staff.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the dining experience of patients is 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>Action taken as confirmed during the inspection: The inspector observed the timely assistance of patients to the dining area and the subsequent serving of their meal and found that it was satisfactory.</p>	Met

Areas for improvement from the last medicines management inspection on 10 May 2018		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the necessary improvements are made in relation to medication administration records.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed medication administration records that were accurately maintained and are audited by the manager on a regular basis.</p>	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.

The manager confirmed that the planned staffing levels for the home were subject to weekly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. We also sought staff opinion on staffing via the online survey; no responses were received.

Patients and patients' visitors spoken with during the inspection were satisfied with staffing levels in the home. The opinion of patients and patients' visitors on staffing levels were sought via questionnaires; however no responses were received.

The inspector observed that staff were responsive to patients' needs, assistance was provided in a timely manner and call bells were answered promptly.

The agency's staff recruitment processes was discussed with the manager who was knowledgeable in relation to safe recruitment practices. The manager confirmed that a number of new staff have been appointed in the last year to fill vacant posts with a vacancy for a part time activity person advertised recently. A review of the recruitment records for one care assistant confirmed all pre-employment information had been obtained and reviewed in keeping with regulations. Staff spoken with stated they had completed a period of induction and review of records confirmed this process.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff spoken with demonstrated their knowledge of how to deal with any potential safeguarding issue; they were also aware of their duty to report concerns. Staff were knowledgeable regarding their own roles and responsibilities and were familiar with the home's whistleblowing policy.

Staff confirmed 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. The manager confirmed that staff compliance with mandatory training was monitored and that they were prompted when training was due.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room and storage areas. Patients' bedrooms, lounges and dining room were found to be warm, comfortable clean and tidy. Bedrooms were personalised to suit the tastes and preferences of individual patients.

The maintenance officer was working in the home during the inspection; the inspector noted a hole in a bathroom wall covering which the manager confirmed was being repaired and it did not cause any disruption to patients. Discussion with the manager confirmed that an ongoing schedule of repair and redecoration was maintained.

The inspector saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. This had been an area for improvement previously. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients’ needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector observed the daily routine and the care given to patients in the home and was satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients’ care needs and any changes to these. Staff spoken with were knowledgeable about the patients’ care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered and if the patients’ needs had changed.

Review of two patient’s care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. A range of risk assessments had been completed to inform care planning for the individual patients. There was evidence that the care planning process included input from the patient and their representative. There was evidence of regular communication with representatives within the care records.

The inspector reviewed records to verify that patients care plans relating to modified diets and nutritional needs have been updated. Staff are informed of patients’ needs at handover each day and a copy of each patients individual nutritional needs is available for catering staff.

Falls and post falls management to patients was also examined. Evidence was present of a risk assessment regarding falls and that following a recorded fall the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present.

Where practices were in use that could potentially restrict a patient’s choice and control, for example, bedrails or alarm mats, the appropriate risk assessments and care plans had been completed and reviewed at regular intervals.

There was evidence of referrals having been made to relevant health care professionals, such as the dietician or speech and language therapist (SALT), where necessary. Patients care plans included recommendations from the dietician and/or SALT if required and were regularly reviewed.

Feedback from patients’ relatives and visitors included the following comments:

- “I am very comfortable here. Lovely to see the smiling face of Telma.”
- “I like it fine here. The staff know my needs and my moods. My family take me out every week shopping, I’ve just been wrapping some Christmas gifts today. “
- “I find the staff are always helpful, welcoming, and professional.”

Staff were observed engaging with patients and visitors in an open and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. The inspector noted that call bells were answered promptly.

Staff comments received included:

- “The care is very good. Our resident’s choices are respected. I enjoy working here.”
- “Team work is very good and rewarding. We have time to do the little things that residents like.”

The inspector observed the serving of lunch in the dining room. The menu choices were displayed and patients’ choices had been sought in advance. Patients were offered clothing protectors and staff were wearing aprons. A nurse was overseeing the meal and the atmosphere was calm, unhurried and relaxed. Christmas music was playing in the background, with one patient and a staff member singing along together. Patients were offered a selection of drinks throughout the meal time. Staff demonstrated their knowledge of how to thicken fluids if necessary and which patients required a modified diet. The food smelled appetising and was well presented. It was obvious that staff knew the patients well and were aware of their likes and dislikes. Staff assisted patients as required and/or independent eating was encouraged.

Patients spoken with expressed their satisfaction with the quality and variety of food provided in the home. A record of patients’ food and fluid intake was maintained; records reviewed were up to date.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

The inspector spoke with six patients about their experience of living in Whiteabbey care home. Patients were complimentary about life in the home, they commented:

- “I’m am happy living here, my family can come any time. My room is lovely.”
- “I think living here is ok. The food is good but I’m not always hungry. I am looked after fine here.”
- “I enjoy the company of these friends. But it isn’t as good as living in Canada.”

Patients’ visitors spoken with were satisfied that the care provided was caring and compassionate, they commented:

- “No problems at all, they are very good. I can raise any concern and am sure it would be sorted out immediately - although have never needed to do so.”
- “I couldn’t ask for better care for my relative. The staff know their needs inside out.”
- “I am happy with standard of care being provided, I visit twice every day and there is a friendly and relaxed atmosphere in this home.”

Observation of care delivery evidenced that staff treated patients with dignity and respect. We observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy. Staff stated that “we get to know the patients very well”.

Patients and patients’ visitors spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home.

A number of compliments were noted and logged from thank you cards received by the home and feedback from a district nurse and social worker; comments included:

- “The family are very happy with their mum in the home; they feel she is very well looked after.’
- ‘Praise to the staff and the home for being so good to the patients relative, as well as the patient, they are helping the relative maintain independence.’

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

There had been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

Review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, infection prevention and control, complaints and medication records and care plans.

Discussions with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was also a system in place to ensure complaints were managed appropriately. The inspector reviewed records of complaints received since the previous inspection in July 2019 and found all had been investigated and managed appropriately with all now resolved.

Monthly quality monitoring reports were reviewed for October and November 2019. These reports had been completed by the regional manager and were very detailed with a wide range of information included and an action plan to address any issues identified.

Discussions with staff evidenced that they felt there were good working relationships within the home and they felt supported in their role. Comments included:

- "It's good here; I find the training is good and the manager is very approachable."
- "The teamwork and support is very good. We have the opportunity to raise ideas or issues and these do get listened to by the manager."
- "I love working here; the residents are great, it can be sad when they deteriorate or when they pass away, we miss them and their families."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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