Unannounced Primary Inspection

Name of establishment:	**Wheatfield House**
Establishment ID No:	**1307**
Date of inspection:	**26 September 2014**
Inspector's name:	**Heather Sleator**
Inspection No:	**IN017013**

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Wheatfield House
Address:	20 Wheatfield Gardens Belfast BT14 7HU
Telephone Number:	02890391555
Email Address:	wheathouse1@tiscali.co.uk
Registered Organisation/ Registered Provider / Responsible Individual	Mr Edward John McLoughlin
Registered manager:	Mr Edward John McLoughlin
Person in Charge of the Home at the Time of Inspection:	Mr Edward McLoughlin
Categories of Care:	NH - LD - Nursing Home, learning disability NH - LD(E) - Nursing Home, learning disability, over 65yrs
Number of Registered Places:	22
Number of Patients Accommodated on Day of Inspection:	17
Scale of Charges (per week):	£577 - £981
Date and Type of Previous Inspection:	Primary Unannounced Inspection 19 December 2013
Date and Time of Inspection:	26 September 2014 09:40 – 16:30 hours
Name of Inspector:	Heather Sleator

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year is required.

This is a report of an unannounced primary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008).

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 Methods/Process

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the DHSSPS Nursing Homes Minimum Standards 2008.

The inspection process has three key parts; self-assessment (including completion of self- declaration), pre-inspection analysis and inspection visit by the inspector.

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

- analysis of pre-inspection information
- discussion with the registered manager
- observation of care delivery and care practices
- discussion with staff
- examination of records

- consultation with patients individually and with others in groups
- tour of the premises
- evaluation and feedback.

Any other information received by RQIA about this registered provider has also been considered by the inspector in preparing for this inspection.

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients	**8**
Staff	**5**
Relatives	**0**
Visiting Professionals	**0**

Questionnaires were provided, during the inspection, to staff seeking their views regarding the service. Matters raised from the questionnaires were addressed by the inspector either during the course of this inspection or within the following week.

Issued To	**Number issued**	**Number returned**
Patients / Residents	**0**	**0**
Relatives / Representatives	**0**	**0**
Staff	**4**	**3**

6.0 Inspection Focus

The inspection sought to establish the level of compliance achieved regarding the selected DHSSPS Nursing Homes Minimum Standards.

Criteria from the following standards are included;

- management of nursing care – Standard 5
- management of wounds and pressure ulcers –Standard 11
- management of nutritional needs and weight Loss – Standard 8 and 12
- management of dehydration – Standard 12

An assessment on the progress of the issues raised during and since the previous inspection was also undertaken.

The inspector will also undertake an overarching view of the management of patient's human rights to ensure that patients' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered persons and the inspector have rated the home's compliance level against each criterion of the standard and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Guidance - Compliance statements	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Wheatfield House is situated off the Crumlin Road in North Belfast. It is a two storey detached red brick house which has been adapted and extended to provide accommodation for twenty two patients.

The garden and grounds are well maintained and there are car parking spaces provided within the grounds of the home.

The Home has a range of single and double bedrooms. Toilets, bath and shower facilities are located appropriately throughout the home. Two lounges are provided on the ground floor at the front of the Home and a dining room is also provided in this area. A multi-sensory/activity room is provided for patients on the first floor.

The Home is near to local amenities on the main Crumlin Road and a mini bus is available for patients.

Respite is also offered if a bed is available.

Mr Edward John McLoughlin is the registered manager for the facility.

The Certificate of Registration was displayed and accurately reflected the categories of care being accommodated on the day of the inspection

The home is registered to provide care for persons under the following categories of care:

Nursing Home Care

NH - LD, Nursing Home, learning disability
NH - LD (E), Nursing Home - learning disability, over 65yrs

8.0 Summary of Inspection

This summary provides an overview of the services examined during an unannounced primary care inspection to Wheatfield House Nursing Home. The inspection was undertaken by Heather Sleator on 26 September 2014 from 09:40 to 16:30 hours.

The inspector was welcomed into the home by Mr Edward McLoughlin registered manager who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Mr McLoughlin and Maritia Polland, clinical nurse manager, at the conclusion of the inspection.

Prior to the inspection, the registered persons completed a self-assessment using the criteria outlined in the standards inspected. This self-assessment was received by the Authority on 5 June 2014.

The comments provided by the responsible individual/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

During the course of the inspection, the inspector met with patients and staff. The inspector observed care practices, examined a selection of records, issues staff questionnaires and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 19 December 2014 5 requirements and 12 recommendations were issued.

These were reviewed during this inspection. The inspector evidenced that all requirements and recommendations had been addressed and compliance had been attained. Details can be viewed in the section immediately following this summary.

Standards Inspected:

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed. (Selected criteria)

Standard 8: Nutritional needs of patients are met. (Selected criteria)

Standard 11: Prevention and treatment of pressure ulcers. (Selected criteria)

Standard 12: Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them. (Selected criteria)

Inspection findings

- **Management of nursing care – Standard 5**

The inspector can confirm that at the time of the inspection there was sufficient evidence to validate that patients received safe and effective care in Wheatfield House.

There was evidence of comprehensive and detailed assessment of patient needs from date of admission. This assessment was found to be updated on a regular basis and as required. A variety of risk assessments were also used to supplement the general assessment tool. The assessment of patient need was evidenced to inform the care planning process. However, the review of three patients' care records did not evidence a consistent approach to the regular evaluation of risk assessments and care plans. The inspector observed that from February 2014 to August 2014 there was no evidence that care plans and risk assessments in two patients' care records had been evaluated. A requirement has been made.

There was evidence that the referring health and social care trust (HSCT) maintained appropriate reviews of the patient's satisfaction with the placement in the home, the quality of care delivered and the services provided.

The review of three patients' care records did not evidence a consistent approach in respect of confirming consultation with the patient and/or their representative had taken place regarding the planning of care. This has been reviewed by the inspector in the past. The registered manager had informed the inspector difficulty had been experienced with this area as a number of patients do not have contact with relatives. It was agreed the registered manager would ensure the patient's representative from the referring Health and Social Care Trust would be informed of care needs/plans at the annual review. Evidence of the annual reviews were present in patients' care records. The registered manager provided the inspector with evidence that he had written to representatives regarding care planning. A small number of representatives responded.

Compliance Level: Substantially Compliant

- **Management of wounds and pressure ulcers – Standard 11 (selected criteria)**

The inspector was informed there had been no wound care interventions required this year. The inspector was therefore unable to review the current procedures regarding wound management.

This standard was not assessed on this occasion.

Compliance Level: Not Applicable

- **Management of nutritional needs and weight loss – Standard 8 and 12 (selected criteria)**

The inspector reviewed the management of nutrition and weight loss within the home. Initially the inspector had concern regarding the monitoring of one patient's weight, care records had identified the patient was at risk. The patient's care records did not reflect a diligent approach to monitoring of the patient's weight. This was discussed with the

clinical nurse manager and evidence was made available that the individual's weight was being monitored on a weekly basis. This information was retained in the weights book and not the patient's care records. A recommendation has been made that care records reflect the current state of wellbeing of patients. Information should be transferred to care records so as to assist nursing staff with accurate monitoring of patient need.

Robust systems were evidenced with risk assessments and appropriate referrals to General Practitioners (GP's), speech and language therapists (SALT) and or dieticians being made as required.

The inspector also observed the serving of the lunch time meal and can confirm that patients were offered a choice of meal and that the meal service was well managed and supervised by registered nurses.

Patients were observed to be assisted with dignity and respect throughout the meal.

Compliance Level: Substantially Compliant

- **Management of dehydration – Standard 12 (selected criteria)**

The inspector examined the management of dehydration during the inspection which evidenced that fluid requirements and intake details for residents were recorded and maintained for those patients assessed at risk of dehydration.

Residents were observed to be able to access fluids with ease throughout the inspection. Staff were observed offering residents additional fluids throughout the inspection. Fresh drinking water/various cordials were available to residents in lounges, dining rooms and bedrooms.

Compliance Level: Compliant

Staff questionnaires

Some comments received from staff:

"there is good teamwork in the home and patients receive the best care"
"patients interact well with staff and staff can then identify someone who is unwell"
"patients in Wheatfield receive excellent care"
"in my job I don't like patients to think of me as a member of staff, rather a friend and helper"
"I feel everyone is treated very well and receive plenty of food and drinks"

A number of additional areas were also examined.

- records required to be held in the nursing home
- guardianship
- Human Rights Act 1998 and European Convention on Human Rights (ECHR) DHSSPS and Deprivation of Liberty Safeguards (DOLS)
- Patient and staff quality of interactions (QUIS)
- Complaints
- patient finance pre-inspection questionnaire

- NMC declaration
- staffing and staff comments
- comments from representatives/relatives *and visiting professionals*
- environment

Full details of the findings of inspection are contained in section 10 of the report.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard. There were processes in place to ensure the effective management of the themes inspected.

The home's general environment was generally well maintained and patients were observed to be treated with dignity and respect. However, areas for improvement were identified in relation to nursing care records.

Therefore, one requirement and one recommendation are made. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 19 December 2013

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
1	20 (1) (3)	The registered person shall ensure that at all times a nurse working at the nursing home and that the registered manager carries out a competency and a capability assessment with any nurse who is given the responsibility of being in charge of the home for any period in his absence. The competency and capability assessment is to include safeguarding vulnerable adults' procedures.	The inspector verified this requirement had been addressed. The inspector reviewed the competency and capability assessments for all registered nurses employed in the home. The inspector verified that all the competency assessments were current, had been signed by both the registered nurse and the registered manager. There was a final statement of competency verified by the registered manager.	Compliant

2	13 (1) (a)	The registered person shall ensure that the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients. A robust system for the auditing of patients' care records must be implemented and maintained.	The inspector verified this requirement had been addressed. The inspector reviewed the audits completed, at the time of inspection, in relation to care records. The inspector verified that a system had been implemented and three care records are audited per month. The audits identified shortfalls and action to be taken to address the shortfalls. A timescale for completion was stated and evidence was present that the remedial action had been taken and was signed off by the clinical nurse manager.	Compliant
3	16 (1)	The registered person shall ensure that a written plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met. Where risk has been assessed as high a corresponding plan of care should be written and evaluated.	The inspector verified this requirement had been addressed. The registered manager had written to all known relatives/representatives asking them to meet with staff to discuss care plans. Staff had also commenced a communication record so as any discussion regarding a patient's wellbeing was evidenced. The clinical nurse manager informed the inspector that as some patients do not have a next of kin; care plans would be discussed and minuted at the annual care review with the Health and Social Care Trust.	Compliant

4	20 (1) (c) (i)	The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients- (c) ensure that the persons employed by the registered person to work at the nursing home receive – (i) appraisal, mandatory training and other training appropriate to the work they are to perform	The inspector verified this requirement had been addressed. The registered manager had implemented a new staff training programme. Evo Learning on a range of mandatory and best practice areas had been completed by staff. Staff completed the module and an assessment on completion of the module. The inspector reviewed staff training records; the records evidenced training requirements had been met.	Compliant
5	19 (2) Schedule 4, 21	The registered person shall maintain a record of training as referred to in regulation 20 (1) (c) (i)	The inspector verified this requirement had been addressed. The inspector reviewed staff training records. An individual record is maintained per staff member detailing the training topic completed, the module assessment had been completed and the date the training was completed.	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	28.4	It is recommended the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. Training should include; - nutritional screening - swallowing assessment - management of nutritional supplements - specialised diets - assistance to eat	The inspector verified this recommendation had been addressed. The inspector reviewed staff training records in relation to nutrition. Records evidenced that 15 care and nursing staff had completed training re: diet and nutrition in September 2014. The content of the training was reviewed and included the areas specified, for example, specialised diets, assistance with eating and management of nutritional supplements.	Compliant
2	28.8	It is recommended staff maintain a reflective learning log following the receipt of any training. The effect of training on practice should be evaluated as part of quality improvement.	The inspector verified this recommendation had been addressed. Staff complete an assessment following any training undertaken. The assessment record is retained in the home.	Compliant

3	28.1	It is recommended the induction training programme provided by the home is robust. Individuals induction training record should be validated by the registered manager on completion.	The inspector verified this recommendation had been addressed. The clinical nurse manager informed the inspector a new staff induction training programme had been introduced. The inspector reviewed an induction training record of a newly appointed staff member which confirmed safeguarding of vulnerable adults and whistleblowing was included at the time of induction.	Compliant
4	25.11	It is recommended the frequency of auditing nursing care records is increased. A more robust approach to auditing of infection control procedures in the home should be implemented.	The inspector verified this recommendation had been addressed. The inspector reviewed the audits available in respect of care records and infection control. Three care records are audited by the clinical nurse manager on a monthly basis. Evidence of remedial action having been taken was present where shortfalls had been identified. Infection control procedures are audited on a monthly basis	Compliant
5	25.11	It is recommended a system to re-evaluate any shortfalls noted during audits undertaken in the home is introduced. The registered manager should confirm shortfalls have been addressed in a timely manner.	The inspector verified this recommendation had been addressed. A system to re-evaluate any shortfalls identified during auditing had been implemented. The outcome of any audit undertaken will be monitored at the monthly monitoring visit and reported on in accordance with regulation 29, The Nursing Homes regulations (Northern Ireland) 2005.	Compliant

6	28.3	It is recommended mandatory training requirements are met. The registered manager should ensure all staff undertake training in relation to safeguarding vulnerable adults at least annually and/or within recommended timescales.	The inspector verified this recommendation had been addressed. The reviews of staff training records evidenced mandatory training requirements were up to date. The review of staff training in relation safeguarding vulnerable adults evidenced 15 out of 22 staff had completed this training in September 2014. The clinical nurse manager stated the remaining staff had been informed they must complete the module by January 2015.	Compliant
7	5.3	It is recommended patients' care plans evidence consultation with the patient and or their representative.	The inspector verified this recommendation had been addressed. The registered manager had written to all known relatives/representatives asking them to meet with staff to discuss care plans. Staff had also commenced a communication record so as any discussion regarding a patient's wellbeing was evidenced. The clinical nurse manager informed the inspector that as some patients do not have a next of kin; care plans would be discussed and minuted at the annual care review with the Health and Social Care Trust.	Compliant

8	26.1	It is recommended the policy on quality assurance for the home includes information/arrangements for the regulation 29 monthly monitoring reports and the completion of the annual quality report. Information should also be detailed that these reports are available in the home and patients and/or their representatives may read the reports if they so wish.	The inspector verified this recommendation had been addressed. The inspector reviewed the policy on quality assurance and verified the recommended information had been included.	Compliant
9	25.12 and 25.13	It is recommended patients and their representatives should be made aware of the availability of the regulation 29 reports and the annual quality report in the home, should they wish to read them.	The inspector verified this recommendation had been addressed. Information in relation to the availability of the annual quality report and regulation 29 reports had been posted on the notice board in the home.	Compliant

10	10.4	It is recommended all staff undertake training on restraint, restrictive practices and physical interventions.	The inspector verified this recommendation had been addressed. The review of staff training evidenced the module had been completed on' e' learning. The clinical nurse manager also informed that further training is being made available by the Trust early in 2015. Supporting policies were available and had been signed by individual staff member to evidence they had read the policy.	Compliant
11	16.1	It is recommended the following documents are available in the home; • Safeguarding Vulnerable Adults Policy and Procedural Guidance • Safeguarding Vulnerable Adults, A Shared Responsibility (1st Edition) • Regional and Local Partnership Arrangements	The inspector verified this recommendation had been addressed. Regional and best practice guidance documents, as detailed were available and retained alongside the safeguarding of vulnerable adults policy.	Compliant

12	28.1	It is recommended that in the absence of the registered manager the nurse in charge has access to information which may be required by anyone authorised to inspect the home.	The inspector verified this recommendation had been addressed. The clinical nurse manager informed that all nursing staff, when in charge of the home, have access to any information required by persons authorised to inspect the home.	Compliant

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There have been no notifications to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents since the previous inspection.

10.0 Additional Areas Examined

10.1 Records Required to be Held in the Nursing Home

Prior to the inspection a check list of records required to be held in the home under Regulation 19(2) Schedule 4 of The Nursing Homes Regulations (Northern Ireland) 2005 was forwarded to the home for completion. The evidence provided in the returned questionnaire confirmed that the required records were maintained in the home and were available for inspection.

10.2 Patients/Residents Under Guardianship

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

There were no patients under guardianship currently resident at the time of inspection in the home.

10.3 Human Rights Act 1998 and European Convention on Human Rights (ECHR) DHSSPS and Deprivation of Liberty Safeguards (DOLS)

The inspector discussed the Human Rights Act and Human Rights Legislation with the registered manager and one of the registered nurses. The inspector can confirm that copies of these documents were available in the home.

The registered manager and registered nurse demonstrated an awareness of the details outlined in these documents.

The registered manager informed the inspector that these documents will be discussed with staff during staff meetings and that staff will be made aware of their responsibilities in relation to adhering to the Human Rights legislation in the provision of patients care and accompanying records.

The inspector also discussed the Deprivation of Liberty Safeguards (DOLs) with the registered manager and registered nurses including the recording of best interest decisions on behalf of patients. A copy of DOLS was also available in the home**.**

10.4 Complaints

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

The inspector reviewed the complaints records. There were no complaints recorded as received from the date of the previous inspection.

10.5 Patient Finance Questionnaire

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

10.6 NMC Declaration

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC. This was also evidenced by the inspector on the day of inspection.

10.7 Questionnaire findings

10.7.1 Staffing/Staff Comments

Discussion with the registered manager and a number of staff and review of a sample of staff duty rosters evidenced that the registered nursing and care staffing levels were found to be in line with the RQIA's recommended minimum staffing guidelines for the number of patients currently in the home.

Staff were provided with a variety of relevant training including mandatory training since the previous inspection.

During the inspection the inspector spoke to5 staff. The inspector was able to speak to a number of these staff individually and in private. On the day of inspection three staff completed questionnaires. The following are examples of staff comments during the inspection and in questionnaires;

"there is good teamwork in the home and patients receive the best care"
"patients interact well with staff and staff can then identify someone who is unwell"
"patients in Wheatfield receive excellent care"
"in my job I don't like patients to think of me as a member of staff, rather a friend and helper"
"I feel everyone is treated very well and receive plenty of food and drinks"

10.7.2 Patients' Comments

During the inspection the inspector spoke with 8 patients individually and with a number in groups. Patient questionnaires were not used on this occasion due to the communication limitations of patients. The inspector observed patient/staff interaction, the serving of the midday meal and spoke with patients.

The following are examples of patients' comments made to the inspector;

"staff are good to me"
"we go out in the bus, I like that"
"I like it here"

Patient Representative/Relatives' Comments

There were no resident representatives available during the inspection visit.

Professionals' Comments

There were no professional visits made to the home during the inspection visit.

10.8 Review of Nursing Care Records

The inspector examined three patients' care records as part of the inspection process to validate the provider's self-assessment. Records were evidenced to be maintained to a generally satisfactory standard.

Records were evidenced to be person centred and comprehensive.
The inspector was unable to assess wound care records as the registered manager stated there had been no wound interventions required this year.

However, the review of patients' care records highlighted a small number of areas which require attention. These were discussed with the registered manager and were as follows;

- Nursing care records must evidence the regular review of the assessment of patient need including risk assessments
- Nursing care records must detail all current and relevant information in relation to the wellbeing of any patient. This information is required to ensure registered nurses have the necessary information to review patients' response to planned care. i.e. when a patient is weighed the information should be available in the patient's nursing care records.

10.9 The Environment

The inspector undertook a tour of the premises. It was evident areas of the home had been redecorated, for example, the two lounges on the ground floor. These areas looked fresher and more homely.

The home was clean and tidy at the time of inspection and a good standard of cleanliness and hygiene was evident. There were no malodours in the home.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Edward McLoughlin, registered manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Heather Sleator
The Regulation and Quality Improvement Authority
9th Floor, Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.1 • **At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment.** **Criterion 5.2** • **A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission.** **Criterion 8.1** • **Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent.** **Criterion 11.1** • **A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations12(1)and (4);13(1); 15(1) and 19 (1) (a) schedule 3**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Wheatfield House is compliant with all criterion listed above in ensuring that all patients receive safe, effective nursing care based on a holistic assessment of their needs that commences prior to admission to the home and continues following admission. Nursing care is planned, and where possible agreed with the patient as the Home is registered for clients with learning disabilities, involving Care Managers, Key Workers and next of kin etc.	Compliant

Section B	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.3 • **A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.** **Criterion 11.2** • **There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.** **Criterion 11.3** • **Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.** **Criterion 11.8** • **There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.** **Criterion 8.3** • **There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations13 (1);14(1); 15 and 16**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
With reference to the criterion above in respect of criterions 5.3, 11.2, 11.3, 11.8 and 8.3, the Home is fully compliant in all areas in relation to tissue viability, and have effective referral process in place in the event a resident may need access to a Tissue Viability Nurse, whom we contact in the RVH. Where patients are deemed at being at risk of	Compliant

developing pressure ulces, a documented pressure ulcer prevention and treatment programme that meets the needs of the individuals and comfort is drawn up and agreed with the relevant health care professionals. The home has referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration. The home liases with the dietitian,chiropidist, G.P, podiatrist, diabetic nurse specialist, O.T and physio etc in relation to this and in managing the prevention of same.	

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 • **Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Re-assessment is an on-going process in Wheatfield house and is carried out on a daily basis. Re-assessment is also carried out at agreed time intercals, or as the need arises if before the agreed interval. This includes care planning.	Compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.5 • **All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.** **Criterion 11.4** • **A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented.** **Criterion 8.4** • **There are up to date nutritional guidelines that are in use by staff on a daily basis.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
All nursing interventions used in the home are in line with evidence based practice and adhering to guidelines e.g NICHE and as defined by professional bodies and national standard setting organisations. The home uses a validated pressure ulcer grading tool and is used to screen patients who have skin damage and an appropriate treatment plan is implemented. The home has multiple copies of up to date nutritional guidelines that are used by staff ona daily basis. The residents meals and menues are prepares in accordance with the nutritional guidelined and all meals have been approved by the dietitian.	Compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.6 • **Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.** **Criterion 12.11** • **A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.** **Criterion 12.12** • **Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed.** **Where a patient is eating excessively, a similar record is kept.** **All such occurrences are discussed with the patient are reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
The home ensures that accurate records at the time of event or occurance are kept in line with the NMC guidleines. These records include outcomes for patients. The home keeps a record of the meals provided that is a menue that works on a three weekly cycle, and has been deemed satisfactory by the dietition and prepared with reference to the nutritional guidelined.Records off all food and drink either consumed , not consumed and alternatives given are recorded in the home.Where a patient is either eating excessivley or refusing food, where possible this is discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the appropriate relevant professionals such as G.P, dietitian etc and a record is also kept of the outcomes and follow up of this.	Compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 • **The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
The home ensures the outcome of care delivered is monitored and recorded on a day-to-day basis, and in addition is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. This includes accurate documentation in each of the residents files and care plan and includes care management reviews etc. The home also carries out audits of clients care plans in the home and ensures they are all up to date.	Compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.8 • **Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate.** **Criterion 5.9** • **The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Where possible, patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend or contribute to, formal multidisciplinary review meetings arranged by the local HSC Trusts as appropriate. This includes Care Management Reviews. The results of all reviews and the minutes of review meetings are recorded and , where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients and their representatives are kept informed of progress towards agreed goals.	Compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 12.1 • **Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences.** **Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines.** **Criterion 12.3** • **The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided.** **A choice is also offered to those on therapeutic or specific diets.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Patients meals, snacks and menues have been designed and prepared in accordance with the nutritional guidelines, and screened and approved by a dietitian. This includes implementing and incorperating any recommendations made by the dietitian to ensure that patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs in full. Full account is taken of the relevant guidance documents and guidance given by the dietitian and any other professionals and disciplines. The menu always offers the patient a choice of meals and if an alternative is requested this is always provided. A choice is also offered to those on therapeutic and specific diets.	Compliant

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 8.6 • **Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.** **Criterion 12.5** • **Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.** **Criterion 12.10** • **Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:** o **risks when patients are eating and drinking are managed** o **required assistance is provided** o **necessary aids and equipment are available for use.** **Criterion 11.7** • **Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
With reference to criterions 8.6, 12.5, 12.10, and 11.7, Wheatfield House is compliant in all these areas and in relation to Nursing Home Regulations (Northern Ireland) 2005 13(1) and 20. The Nurses in Wheatfield House have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to. The Home also ensures that meals are	Compliant

provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times. The home also ensures that staff are aware of any matters concerning patients eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure that risks when patients are eating and drinking are managed,required assistance is provided and necessary aids and equipment are available for use. Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.	

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	**COMPLIANCE LEVEL**
	Compliant

Quality Improvement Plan

Unannounced Primary Inspection

Wheatfield House

26 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Edward McLoughlin, registered manager, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	15 (2) (a) and (b)	The registered person is required to ensure the assessment of need of any patient, including risk assessments evidenced regular review by a registered nurse. **Ref: section 10.8, review of nursing care records**	One	Discussed at staff nurses meeting and implemented immediately.	From the time of this inspection

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	5.6	It is recommended patients' nursing care records reflect the most current information in respect of any patient. When a patient is weighed the actual weight should be transferred to the patient's nursing care record so as an accurate determination of the patient's wellbeing can be made by a registered nurse. **Ref: section 10.8, review of nursing care records**	One	Discussed at staff nurses meeting and implemented immediately. This is on-going and reviewed regularly in care plan audits.	From the time of this inspection.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing QIP	Edward McLoughlin
Name of Responsible Person / Identified Responsible Person Approving QIP	Edward McLoughlin

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable	X	Heather Sleator	28/01/2015
Further information requested from provider			