

Unannounced Secondary Care Inspection

Name of establishment:	Wheatfield House
RQIA number :	1307
Date of inspection:	5 February 2015
Inspector's name:	Heather Sleator
Inspection number:	21169

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of establishment:	Wheatfield House
Address:	20 Wheatfield Gardens Belfast BT14 7HU
Telephone number:	02890391555
Email address:	wheathouse1@tiscali.co.uk
Registered organisation/ registered provider:	Mr Edward John McLoughlin
Registered manager:	Mr Edward John McLoughlin
Person in charge of the home at the time of inspection:	Ms Maritia Pollard
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:	26 September 2014 09:40 – 16:30 hours
Date and time of inspection:	5 February 2015 10:00 – 13:30 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 are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being 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.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

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 Method/process

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

- discussion with the clinical nurse manager
- discussion with staff
- discussion with patients individually and to others in groups
- review of a sample of staff duty rotas
- review of catering arrangements
- review of cleaning schedules
- evaluation and feedback
- observation during a tour of the premises

5.0 Inspection Focus

RQIA undertook this inspection following a review of issues identified from a complaint which had been shared with RQIA. Concerns identified were as follows:

- management of catering arrangements
- sufficient finances had not be made available to the person in charge of the home in the absence of the registered provider/registered manager
- the safety of patients when using the home's minibuses

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the commissioners of care. However, if RQIA is notified of any breach of regulations associated standards, it will review the issues and take whatever appropriate action is required; this may include an inspection of the home. On this occasion an inspection was undertaken. The inspector reviewed information relating to the identified issues together with a review of the cleanliness and hygiene standards of the home.

6.0 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. An outbuilding has recently been converted to provide day care activities for patients of the home.

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

7.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Wheatfield House. The inspection was undertaken by Heather Sleator on 5 February 2015 from 10:00 to 13:30 hours.

The inspector was welcomed into the home by Maritia Pollard, clinical nurse manager who was available throughout the inspection. . The registered manager was on leave at the time of the inspection. Verbal feedback of the issues identified during the inspection was given to Maritia Pollard at the conclusion of the inspection.

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

The requirements and recommendations made as a result of the previous inspection of 26 September 2014 were not reviewed on this occasion. The requirements and recommendations are carried forward for review at the next inspection.

7.1 Inspection Findings

The inspector undertook a tour of the home and viewed the majority of the patients' bedrooms, bathrooms, shower and toilet facilities and communal areas. The atmosphere in the home was relaxed and a number of patients were attending day care and not in the home during the inspection. The inspector did not identify any issues of serious concern with the delivery of care in the home.

Concerns were identified in relation to:

- the cleanliness of the home;
- nutrition and the absence of a menu and of staff not adhering to the nutritional guidelines for residential and nursing homes;
- accessibility to the home's finance in the absence of the registered provider/registered manager; and
- safety aspects and cleanliness of the minibus used by patients.

These concerns are detailed in the main body of the report.

7.2 Post Inspection

As a result of the inspection RQIA were concerned that the quality of care and service within Wheatfield House was below the minimum standard expected. The findings were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting with the registered provider, Mr Edward McLoughlin, who is also the registered manager of the home. The inspection findings were communicated in correspondence to the registered provider, Edward McLoughlin, who was invited to attend a serious concerns meeting at RQIA on 20 February 2015.

Mr McLaughlin and Ms Maritia Pollard, clinical nurse manager, attended the meeting and they confirmed that some of the areas of concern had been addressed and submitted a robust action plan to address the identified deficits. A follow-up monitoring inspection will be undertaken to monitor the progress made.

Four requirements and 10 recommendations were made as a result of this inspection. One requirement and one recommendation of the previous inspection of 26 September 2014 have been carried forward for review at the next inspection. Details can be found in the main body of the report and attached quality improvement plan (QIP).

The inspectors would like to thank the patients, management and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on previous issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
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.	Not reviewed on this occasion.	Carried forward to the next inspection.

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
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.	Not reviewed on this occasion.	Carried forward to the next inspection.

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

Since the previous care inspection of 26 September 2014 RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Wheatfield House.

9.0 Additional Areas Examined

9.1 Nutrition and catering arrangements

Catering arrangements were discussed with the assistant cook. The assistant cook stated the cook was on leave and catering cover was being provided by the assistant cook and care staff. On 4 February 2015 a care assistant acted as cook to enable the assistant cook to have a day off. The care assistant had been trained in basic food hygiene; the certificate was viewed and was awarded to the care assistant in September 2014.

Food stocks were examined. Five freezers were well stocked as were the fridges. However, the dry goods store was poorly stocked. The home buys dry goods on a weekly basis. The assistant cook stated that Mr McLoughlin provides sufficient funds per week for dry goods and had left money with the cook before going on leave. The assistant cook stated she was going shopping on the day of inspection.

Issues arose in relation to:

- stock rotation; meat and frozen goods in the freezers were not date stamped
- the inappropriate storage of food in freezers. Frozen goods which had been partially used were not resealed after using;
- there was no menu available;
- a record of variation of meals served was not available;
- staff did not use trays to take food to patients;
- the midday meal was taken into the dining room on a two tier trolley. Meals were not covered and as not all the patients were at the dining tables there was no method of ensuring patients meals were served at the correct temperature; and
- two dish clothes were sitting on the countertop having been brought there from the laundry. The dishcloths were very discoloured. The assistant cook stated they were discoloured from being laundered. The stocks of clean dishcloths in the cupboard were viewed and were also very discoloured. The assistant cook was advised to purchase new dishcloths.

The assistant cook was unable to find the menu at the time of the inspection. The inspector was shown the table of patients likes and dislikes in relation to food which was retained in the kitchen. The assistant cook informed the inspector of the range of meals provided on a daily basis to meet the individual food preferences of patients. However, records were not available to evidence the meals served to patients on any given day.

The Nursing Homes Regulations (Northern Ireland) 2005 require records of the food provided for patients in sufficient detail to enable any person inspecting the home to determine whether the diet is satisfactory, in relation to nutrition and otherwise, and of any special diets prepared for individual patients. This was discussed with the clinical nurse manager and a requirement has been made.

The serving of the midday meal was observed. Staff did not use trays to transport meals to patients who did not come to the dining room. Meals should be covered and a tray used at all times by staff when transporting meals and fluids to patients. A recommendation has been made.

The midday meal for patients was transported from the kitchen to the dining room on a trolley, again meals were uncovered. The trolley was brought to the dining room before all of the patients were either seated at the table or a staff member was available to assist patients with their meal. Meals should be served at the correct temperature. Meals should not be served until patients are seated at the dining table or staff are available to assist patients, who require aide, to have their meal. A recommendation has been made.

In accordance with food hygiene principals' meat and frozen goods kept in freezers should be date stamped so as effective stock rotation can take place. Similarly, if frozen goods are not fully used packaging should be resealed and then returned to the freezer. A recommendation has been made. The requirements and recommendations made as a result of the review of nutrition and catering arrangements were discussed with the clinical nurse manager.

9.2 Cleanliness and hygiene standards, including infection control measures

The inspector undertook a tour of the home and reviewed the majority of the patients' bedrooms, bathrooms, shower and toilet facilities and communal areas. Areas of the home were malodorous, in particular one toilet was extremely malodorous and due to this the corridor and patients bedrooms in this area were affected. The review of the home's cleaning schedules did not evidence that a robust and systematic approach to the cleanliness and hygiene of the home was in place as cleaning schedules had been stored in a disorganised manner. Audits of the cleanliness of the home were not available for review. Requirements and a recommendation have been made that the home is kept free of malodours and that the cleanliness of the home is monitored on a regular basis.

The housekeeper was on leave at the time of inspection. The review of the staff duty rota evidenced that 12 hours housekeeping duties had been allocated. However, the review of the duty rota did not clearly demonstrate the duties worked by staff in specific grades as 'mixed' duties were being undertaken by staff. Staff worked as care assistants and housekeeping or catering assistants. The duty rota should accurately and clearly reflect the hours worked by staff in any role. A recommendation has been made. The inspector observed other areas of the home which required cleaning. The entrance hall evidenced extensive debris on the mat at the front door and skirting boards and dado rails in the home were very dusty.

Staff should be reminded of their responsibilities regarding infection control. Two used towels were observed lying on the floor at the door of the laundry. A recommendation has been made that staff undertake refresher training in respect of infection control. The trolley used by housekeeping staff was in a poor state of repair and a chair in one of the lounges had torn fabric and the 'wingbacks' on the chair were broken. Again, these issues are in contravention of infection control guidelines.

9.3 Accessibility to the home's finance in the absence of the registered manager

The registered provider/manger was on leave at the time of the inspection. The finance arrangements in the absence of the registered provider/manager were discussed with the clinical nurse manager. The financial arrangements for catering were satisfactory as either goods were delivered to the home on a standing order or sufficient money had been made available to catering staff to purchase dry goods, as needed. However an issue arose regarding extraordinary payments, for example the servicing of the minibus.

The clinical nurse manager stated that there had been difficulty starting the minibus. On 4 February 2015 the driver of the minibus, took the minibus to a garage for repair. The bill was paid by the clinical nurse manager as she didn't have access to the home's money. The registered person and registered manager, Edward McLoughlin was unavailable to arrange the payment of the bill.

The minibus was viewed by the inspector during the inspection. The minibus was extremely dirty inside and two seats had torn fabric. A first aid kit was present and viewed by the inspector and was well stocked. The clinical nurse manager was requested to get the minibus cleaned and torn seats mended before patients used the bus again. Confirmation was received from the clinical nurse manager that the minibus had been cleaned and torn seat covers repaired. The MOT certificate was viewed and was in date until 25 September 2015.

A requirement has been made to ensure that the home can operate in the absence of the registered provider/manager and the person in charge of the home has access to adequate finances.

9.4 Privacy and dignity of patients

A health care professional was in the home at the time of inspection. The health care professional was attending to patients in the lounge. Any aspect of personal care being afforded to patients should be undertaken in private. Staff must ensure a private area is made available to health professionals when they are visiting patients and a recommendation has been made.

The inspector observed a number of patients were wearing 'dignity protectors'. These were observed as being soiled and wet and were being worn at a time when no meals or fluids were available for patients. When dignity protectors are in use they should be used at mealtimes or when tea and snacks are being given to patients. The dignity protectors should be used once and removed as soon as possible. Dignity protectors should also only be used where need has been assessed. A recommendation has been made.

10. Quality improvement plan

The details of the quality improvement plan appended to this report were discussed with Maritia Pollard, clinical nurse 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**



Quality Improvement Plan

Secondary Unannounced Care Inspection

Wheatfield House

5 February 2015

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 Maritia Pollard, clinical nurse manager, at the conclusion of 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	12 (4) (b), (c), (d) and (e)	Menus should be developed and followed. Menus should be rotated over a three week period and revised at least six monthly. Menus should take into account patients views and preferences. Ref: 9.1	One	Menus take into account the collective and individual needs of Residents. Likes, dislikes and preferences are considered at all meal times and all menus are rotated every three weeks and revised over a six monthly period.	One month
2	13 (7)	Suitable arrangements must be made to minimise the risk of infection and toxic conditions in the home and the spread of infection between patients and staff. Ref: 9.2	One	Wheatfield House has never had an outbreak of infection or toxic conditions and will continue to maintain a high standard of infection control practices. An additional cleaning trolley for house cleaning and domestic duties has been purchased and in use in the home.	One month
3	18 (2) (j)	Arrangements must be put in place to keep the home free from offensive odours. Ref: 9.2	One	A new cleaning schedule has been put in place in the home and electronic airfresheners have been checked and replenished. The toilets are checked regularly on an hourly rota basis. There is an increased schedule cover in place when any of the cleaning	One month

				staff are on annual leave.	
4	13 (1) (a) and (b)	<p>A system must be in place to ensure that the home can operate in the absence of the registered person/manager and adequate finances are available to the person in charge of the home.</p> <p>Ref:9.3</p>	One	There are systems in place ensuring that the Home can operate in the absence of the registered manager. The home employs a clinical manager and any Nurse on duty have signed and agreed that they are competent to act in the absence of the registered manager. Adequate finances are left available in the home on the absence of the manager.	One month
5	15 (2) (a) and (b)	<p>The registered person is required to ensure the assessment of need of any patient, including risk assessments evidenced regular review by a registered nurse.</p> <p>Carried forward from the previous inspection report.</p>	One	The registered person ensures that the assessment of need of any resident including risk assessments are evidenced regularly and reviewed by a registered nurse.	One month

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	12.14	Variations to the planned menu should be recorded. A record should be kept and available, of the meals provided, in sufficient detail to enable any person inspecting it to judge whether the diet for each person is satisfactory. Ref: 9.1	One	A diary is kept of any alternatives or variations to the menu that is requested by any resident in the home. A record is kept of the meals available and provided in sufficient detail that allows any person inspecting the meals to judge whether the diet for each person is satisfactory.	One month
2	12.1	When staff are transporting meals and/or fluids to patients a tray should be used and meals remain covered until they are served to patients. Ref: 9.1	One	Staff have been reminded that when they are transporting meals or fluids to any resident that they are transported on a tray and remain covered until they are served to residents.	One month
3	12.1	Meals should be maintained at the correct temperature until patients are either seated or ready for their meal or staff are able to assist any patient with their meal. Ref: 9.1	One	All staff have been reminded and ensure that all meals are maintained at the correct temperature until either residents are seated or ready for their meal or when staff are able to assist any resident with their meal.	One month

4	12.1	<p>Staff should implement a system of stock rotation in freezers and fridges by date stamping all foods and products.</p> <p>Staff should ensure food products are stored correctly and packaging is sealed after use.</p> <p>Ref: 9.1</p>	One	A system has been implemented in the home where food and products are dated and rotated in the fridge and the freezer. Staff are reminded that food products must be stored correctly and that packaging is sealed after each use.	One month
5	30.7	<p>The duty rota should accurately reflect staff working over a 24 hour period and the capacity in which they were working.</p> <p>Ref: 9.2</p>	One	The clinical Nurse Manager is responsible for the duty work rota and ensures that it accurately reflects staff working over a 24hr period and the capacity in which they are working.	One month
6	34.2	<p>Staff should undertake refresher training in infection control procedures. Evidence should be available in the home of the date this occurred and the names of staff who have completed the training.</p> <p>Ref: 9.2</p>	One	Staff will be undertaking refresher training in infection control procedures. This will be documented in the training file in the home including the names of staff that undertake the training.	One month

7	32.1	<p>The home should be kept clean at all times. Audits of the cleanliness and hygiene standards in the home should be completed on a regular basis. The cleanliness of the minibus should be included in the auditing process. Where shortfalls are identified the remedial action taken should be detailed.</p> <p>Ref:9.2</p>	One	<p>The home is kept clean at all times and all staff have been reminded of their responsibility in ensuring this is maintained. Audits of the cleanliness and hygiene standards in the home is carried out regularly by the clinical nurse manager and same is documented. The cleanliness of the minibus is included in this and where shortfalls are identified the remedial action taken will also be documented.</p>	One month
8	32.1	<p>The housekeeping trolley should be replaced and kept in a good state of repair, at all times.</p> <p>Ref:9.2</p>	One	<p>The home has purchased a brand new housekeeping cleaning trolley and staff are reminded that this should be kept in a good state of repair and any issues/faults reported immediately so same can be actioned.</p>	One month

9	9.3	<p>Any treatment afforded to a patient by other health care professionals or by staff should be done in a private area and not in communal areas, unless expressly wished by the patient.</p> <p>Ref: 9.4</p>	One	Any care or treatment provided to any resident is done so in a way to ensure privacy and dignity is maintained. This is always carried out in a private area, and not communal areas unless expressly wished by the patient or in an emergency situation.	One month
10	34.1	<p>Dignity protectors should only be used at mealtimes or when patients are drinking. Dignity protectors should then be removed, The exception is if the need for the prolonged use of a dignity protector has been identified through the assessment process and has been detailed in nursing care records.</p> <p>Ref: 9.4</p>	One	Dignity protectors are used at meal times when patients are eating and drinking and removed afterwards. In the exception where the need has been identified for a dignity protector, then same will be assessed and detailed in nursing care records.	One month

11	5.6	<p>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.</p> <p>Carried forward from the previous inspection report.</p>	One	<p>All residents nursing care records reflect the most current information in respect of any patient. When a patient is weighed the actual weight is transferred to the nursing care records so an actual determination of the residents wellbeing can be made by a registered nurse.</p>	One month
----	-----	---	-----	---	-----------

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:

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	09/04/15
Further information requested from provider			