

Unannounced Care Inspection Report 2 March 2017



Wheatfield House

Type of Service: Nursing Home
Address: 20 Wheatfield Gardens, Belfast, BT14 7HU
Tel no: 028 9039 1555
Inspector: Dermot Walsh

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Wheatfield House took place on 2 March 2017 from 09.40 to 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A safe system for monitoring compliance in attending mandatory training was in place. A requirement and recommendation was made on ensuring compliance with best practice infection prevention and control (IPC). A recommendation has been made to ensure accidents and incidents are reviewed to identify any patterns or trends.

Is care effective?

Risk assessments had been conducted and informed subsequent care plans. Staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. Staff meetings were held regularly. There was evidence of engagement with patients' representatives. One recommendation was made in this domain in relation to repositioning.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report. One recommendation has been made in regards to a mealtime review.

Is the service well led?

Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display. No requirements or recommendations were made in this domain.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Edward McLoughlin, Registered Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 19 December 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

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

2.0 Service details

Registered organisation/registered person: Mr Edward John McLoughlin	Registered manager: Edward John McLoughlin
Person in charge of the home at the time of inspection: Edward John McLoughlin	Date manager registered: 1 April 2005
Categories of care: NH-LD, NH-LD(E) Associated physical disablement	Number of registered places: 22

3.0 Methods/processes

Prior to inspection we analysed the following information:

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

During the inspection we met with eight patients individually and others in small groups, four care staff, the registered manager and two ancillary staff members.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspectors.

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

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- competency and capability assessments for nurse in charge
- duty rotas for the period 19 February to 4 March 2017.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 December 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector and will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 21 April 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (1)(a) Stated: First time	<p>The registered person must ensure that key staff are aware of the whereabouts of patients under their care at all times.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that 'whereabouts charts' were updated twice daily and this was overseen by the nurse in charge.</p>	Met
Requirement 2 Ref: Regulation 21 Stated: First time	<p>The registered person must ensure that a robust system is in place to evidence the registration status of registered nurses and carers in their employ. Checks must occur, at minimum, the date of expiry from NMC or NISCC registration.</p> <p>Action taken as confirmed during the inspection: A review of records evidenced that a robust system was in place to review NMC and NISCC registrations.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 21</p> <p>Stated: First time</p>	<p>The registered person must ensure two written references have been obtained on any person applying to work in the home including a reference from their present or most recent employer if any.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of two recruitment files evidenced appropriate references had been obtained.</p>	Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 38 Criteria (2)</p> <p>Stated: First time</p>	<p>The registered person should ensure that evidence of an interview or other suitable tool to determine the persons suitability to post, is maintained within the recruitment file of the candidate.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of two recruitment files confirmed evidence that an interview had been conducted.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 37 Criteria (4)</p> <p>Stated: First time</p>	<p>The registered person should ensure that photographs within patients' care records are up to date with evidence of date taken.</p> <hr/> <p>Action taken as confirmed during the inspection: Photographs had been updated with evidence of date taken.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 17</p> <p>Stated: First time</p>	<p>The registered person should ensure a system is in place to manage urgent communications, safety alerts and notifications.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered person confirmed that systems were now in place to manage urgent communications.</p>	Met

4.3 Is care safe?

A review of the staffing rota for the period 19 February to 4 March 2017 and discussion with the registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the numbers and skill mix of staff on duty.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for inducting the new employee.

Discussion with the registered manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. The majority of staff were compliant with mandatory training requirements. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

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

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of notifications forwarded to RQIA from 21 April 2016 confirmed that these were appropriately managed. However, a recommendation was made to ensure that accidents and incidents were reviewed monthly to identify any potential patterns or trends in order to prevent reoccurrence.

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

The following issues were not managed in accordance with best practice guidelines in infection prevention and control (IPC):

- inappropriate storage in identified rooms
- patients' chairs not effectively cleaned and/or in disrepair
- shower chair not effectively cleaned after use
- pull cords in use without appropriate covering
- un-laminated signage.

The above issues were discussed with the registered manager and an assurance was provided by the registered manager that these areas would be addressed with staff and measures taken to prevent recurrence. A requirement was made. A recommendation was made for a more robust management system to be put in place to ensure compliance with best practice in IPC (see section 4.6 for further information).

During a review of the environment damage was observed to walls and paper towel holders in identified areas within the home. This was discussed with the registered manager and a recommendation was made to ensure that these identified areas were repaired/replaced as appropriate.

Areas for improvement

It is recommended that accidents and incidents reported in the home are reviewed monthly to identify any potential patterns or trends.

It is required that the registered person ensures the infection control issues identified on inspection are managed to minimise the risk and spread of infection.

It is recommended that a more robust system is put in place to ensure compliance with infection prevention and control procedures.

It is recommended that the damage observed on inspection in the identified areas is repaired/replaced as appropriate.

Number of requirements	1	Number of recommendations	3
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4.4 Is care effective?

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

Repositioning records were recorded well in relation to evidencing skin checks but did not always comply with requested frequency of repositioning. For example, one patient was care planned as requiring two to three hourly repositioning. A review of repositioning records indicated a gap of six hours between repositioning on two separate days. One day indicated that no repositioning had occurred between 10.00 and 22.00 hours. This was discussed with the registered manager and a recommendation was made to ensure that patients were repositioned as directed within their individualised care plans and were repositioning did not occur/was not possible; the reason for this was recorded.

Discussion with the registered manager and a review of records confirmed that general staff meetings had been conducted in August 2016 and January 2017. Minutes of the meetings were available and included details of attendees; dates; topics discussed and decisions made. There was also evidence that a patients' meeting had been conducted on 5 December 2016. A further patients' meeting had been scheduled for 6 March 2017.

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

An annual relative questionnaire had been sent to patients' relatives on 30 October 2016. All returned data was collated and feedback was given to staff through staff meetings. The registered manager also confirmed that the feedback would be included in the Annual Quality Report.

Staff consulted knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager.

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

Areas for improvement

It is recommended that patients are repositioned as directed within their individualised care plans and were repositioning did not occur/was not possible; the reason for this is recorded.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The registered manager was the nurse on duty on the day of inspection. Four carers and two ancillary staff members were consulted to ascertain their views of life in Wheatfield. Staff consulted confirmed that when they raised a concern, they were happy that the home's management would take their concerns seriously. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Eight of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

"I love it here. Really enjoy my work."

"It's grand here."

"The atmosphere is good and the residents are all happy."

"It's really good here."

"It's absolutely fine here."

Eight patients were consulted during the inspection to ascertain their views on life in Wheatfield. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Five patient questionnaires were left in the home for completion. One patient questionnaire was returned.

Some patient comments were as follows:

"It's great here."

"It's really nice here."

No patient representatives were consulted with on the day of inspection. Nine relative questionnaires were left in the home for completion. One relative questionnaire was returned. The respondent indicated that they were very satisfied with the care provided in the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

The serving of lunch was observed in the main dining room and an adjoining room. Lunchtime commenced at 12.30 hours. Patients were seated around tables which had been appropriately laid out for the meal. Food was plated in the kitchen and transferred uncovered on a trolley to the dining room. The plated food was then served when patients were ready to eat or be assisted with their meals. Food appeared nutritious and appetising. The mealtime was well supervised. Staff were observed to encourage patients with their meals. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors were required. Patients were observed to be assisted in an unhurried manner.

Condiments were not available on tables and were not observed to be offered to patients. Drinks were offered to the patients at 12.45 hours when some patients had finished their meal. Patients appeared to enjoy the mealtime experience. The mealtime experience was discussed with the registered manager and a recommendation was made to review the findings from the inspection and to ensure that the mealtimes are conducted in accordance with the DHSSPS Care Standards for Nursing Homes 2015 and best practice guidance such as the PHA Nutritional Guidelines and Menu Checklist for residential and nursing homes 2014.

The provision of activities was reviewed. The outside activity facility continued with the dedicated arts and crafts person providing three hours of activity four days per week. In addition to this, the registered manager confirmed that they had recently employed a second dedicated activity therapist for an additional 19 hours per week. Discussion with the activities therapist confirmed that a new hair and beauty room had been created to facilitate one to one beauty treatments and/or relaxation. The room was equipped with a nail bar and a bed. Other activities provided in the home included cooking, armchair aerobics, movie nights with popcorn, disco nights, outings and church attendance. Daily records were maintained of activities conducted and plans were in place to arrange training in aromatherapy and reflexology to extend the range of activities within the home.

Areas for improvement

It is recommended that the patients' mealtime experience is reviewed to ensure that it is in accordance with DHSSPS Care Standards for Nursing Homes 2015 and best practice guidance.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

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

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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

"I cannot get to see ... as often as I would like but I know he is well cared for."

"Management and staff are brilliant."

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to care records and infection prevention and control. Although, where recommendations had been made at the end of the IPC audit, there was no evidence of any review of the recommendations made to ensure that these had been actioned. A recommendation has been made in section 4.3 to ensure that a more robust management system was put in place to ensure compliance with best practice in IPC.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Edward McLoughlin, Registered Person, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: 4 March 2017	<p>The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The issue pertaining to the shower chair has now been resolved. The shower chair has been replaced. Staff have been reminded not to leave boxes on the floor in any part of the building and that all stock is stored away appropriately. Plastic tubing that can be wiped clean now covers the emergency pull cords in all rooms where applicable. All meals are covered when being transported from the kitchen to the dining area. All signage/notices within the home have been laminated.</p>
Recommendations	
Recommendation 1 Ref: Standard 35 Stated: First time To be completed by: 2 April 2017	<p>The registered person should ensure that accidents and incidents reported in the home are reviewed monthly to identify any potential patterns or trends.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: All accidents/incidents in the home are reviewed on a monthly basis in order to identify any potential patterns / trends. A file is now in place in the main office which records and reviews same.</p>
Recommendation 2 Ref: Standard 46 Stated: First time To be completed by: 2 April 2017	<p>The registered person should ensure that a more robust system is put in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The Homes infection control auditing tool has been amended to reflect on shortcomings and addresses action to be taken where standards are not at the required level.</p>

<p>Recommendation 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 2 May 2017</p>	<p>The registered person should ensure that the damage to the premises identified on inspection is repaired/replaced as appropriate.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Any of the damage highlighted during the inspection on the premises has been repaired/replaced.</p>
<p>Recommendation 4</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be completed by: 3 March 2017</p>	<p>The registered person should ensure that patients are repositioned as directed within their individualised care plans and were repositioning did not occur/was not possible; the reason for this is recorded.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: All staff have been reminded that if patients are away from the home or at day care that this is noted on the repositioning charts and not left blank. Staff have also been reminded to ensure that repositioning charts are completed and kept up to date regularly during their shift.</p>
<p>Recommendation 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 9 March 2017</p>	<p>The registered person should ensure that the patients' mealtime experience is reviewed to ensure that it is in accordance with DHSSPS Care Standards for Nursing Homes 2015 and best practice guidance.</p> <p>The following areas should be reviewed:</p> <ul style="list-style-type: none"> • transfer of food from kitchen to dining room • storage of food in dining room prior to serving • availability of condiments • management of fluids during mealtimes <p>Ref: Section 4.5</p> <hr/> <p>Response by registered provider detailing the actions taken: All meals are covered when being transferred from the kitchen to the dining room. The cover is only removed when the resident is seated and ready to eat. New caddys have been purchased for each table and a variety condiments are available/ offered to residents at each meal. All residents have a drink of their choice provided prior to eating their meal. All staff have been advised of this recommendation and advised that compliance is compulsory.</p>

Please ensure this document is completed in full and returned via web portal



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