



The Regulation and
Quality Improvement
Authority

Wheatfield House
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BT14 7HU

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**Unannounced Care Inspection
of
Wheatfield House**

21 December 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 21 December 2015 from 10.05 to 15.30.

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

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 12 August 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection. However, concerns have been raised with the registered person and the registered nurse in charge at the lack of compliance around the staff duty rota in the home specifically regarding the accurate recording of actual hours worked and in what capacity. The requirement regarding this will be stated for the third and final time.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2*	5**

*One requirement has been stated for the second time and one requirement has been stated for the third time.

**Three recommendations have been stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered nurse in charge, Alice Chisanga, as part of the inspection process. Details of the QIP were also discussed with the registered person, Edward McLoughlin, on the day of inspection via telephone. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Edward John McLoughlin	Registered Manager: Mr Edward John McLoughlin
Person in Charge of the Home at the Time of Inspection: Staff Nurse Alice Chisanga	Date Manager Registered: 1 April 2005
Categories of Care: NH-LD, NH-LD(E)	Number of Registered Places: 22
Number of Patients Accommodated on Day of Inspection: 17	Weekly Tariff at Time of Inspection: £637 - £1083

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

4. Methods/Process

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

- discussion with the registered manager
- discussion with patients
- discussion with staff
- review of a selection of records
- observation during a tour of the premises
- evaluation and feedback

The inspector met with eight patients individually and in small groups, two care staff, one ancillary staff member and one registered nurse.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report

The following records were examined during the inspection:

- a sample of staff duty rotas
- staff training records
- staff induction templates for registered nurses and care assistants
- three care records and a selection of personal care records
- a selection of policies and procedures
- completed audits on minibus cleanliness and infection prevention and control
- guidance for staff in relation to continence care
- records of complaints

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 16 October 2015. The completed QIP was approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 12 August 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: Second time</p>	<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>Action taken as confirmed during the inspection: A review of three patient care records evidenced all assessments including risk assessments had been consistently reviewed monthly or more often as required from the date of the previous inspection. This was viewed as commendable. However, the required annual assessment of patient needs had not been completed consistently. This was discussed with the registered nurse in charge and the registered person. Assurances were immediately given by both persons that all patient care records would be reviewed and any patient requiring an annual assessment of needs would have the assessments completed and documented within their care record.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 19 (2) Schedule 4 (7)</p> <p>Stated: Second time</p>	<p>The staff duty rota must accurately and fully reflect the hours worked by any staff member and in what capacity.</p> <p>Action taken as confirmed during the inspection: A review of two staff duty rotas weeks commencing six and 13 December 2015 evidenced this requirement has not been met. Please refer to section 1.2 and section 5.3.2 for further information.</p>	Not Met

<p>Requirement 3</p> <p>Ref: Regulation 15 (1) (a) (b) (c)</p> <p>Stated: First time</p>	<p>The registered person must ensure that all patient care risk assessments are carried out and where possible involve patients/representatives.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of three patient care records risk assessments evidenced all had been completed and reviewed appropriately.</p> <p>A review of three patient care records evidenced relative involvement in the assessment of patient needs by way of their signature within two care records. The third care record had no evidence of patient/representative involvement in any assessment. This was discussed with the registered manager and the registered nurse in charge. It was agreed where it is not possible to obtain a patient signature or if no next of kin is available; this would be evidenced within the care record.</p>	<p>Partially Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: First time</p>	<p>The registered person must ensure that any identified patient need has a care plan in place and this plan is reviewed and evaluated appropriately.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of three patient care records evidenced, commendably, all identified needs had a corresponding care plan incorporated to meet the needs of the patients.</p>	<p>Met</p>
<p>Last Care Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 12.1</p> <p>Stated: Third time</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: Following an inspection of food products contained in the freezers, it was evident a system of stock rotation has been maintained and relevant foods had been date stamped. Food products had been stored correctly and packaging had been sealed appropriately.</p>	<p>Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 32.1</p> <p>Stated: Third time</p>	<p>The cleanliness of the minibus should be included in the auditing process. Where shortfalls are identified the remedial action taken should be detailed. A timeframe for auditing the cleanliness of the minibus should be decided and adhered to.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A clear monthly audit trail from the date of the previous inspection was evident within the auditing records reviewed. The audit tool used contained a section to include action plans for shortfalls identified and another section for timeframe and signature of completion.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 12.4</p> <p>Stated: Second time</p>	<p>The daily menu should be displayed in a suitable format and in an appropriate location, so that patients, and their representatives, know what is available at each mealtime.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The daily menu was displayed in the dining area in a pictorial format. Discussion with staff evidenced the menu was changed daily to reflect the meals served.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 36 Criteria (1) (2)</p> <p>Stated: First time</p>	<p>The registered person should ensure that a policy on communication is developed which includes reference to current best practice guidelines.</p> <p>A policy on palliative and end of life care and a policy on death and dying should be developed in line with current regional guidance, such as GAIN (2013) Palliative Care Guidelines.</p> <p>A system to implement the policies should confirm that all relevant staff have read the document with evidence of staff signature and date.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The above policies have been developed in September/October 2015 and reflect current guidance. A staff signature list was present to evidence staff who have read the policy and the date it was read.</p>		

<p>Recommendation 5</p> <p>Ref: Standard 20 Criteria (2)</p> <p>Stated: First time</p>	<p>The registered person should ensure that end of life arrangements for patients are discussed and documented as appropriate, and include patients' wishes in relation to their religious, spiritual and cultural needs.</p> <hr/> <p>Action taken as confirmed during the inspection: There were no patients at the end of life on the day of inspection. However, the new end of life policy was clear on details which should be included within the end of life care plan. Discussion with the registered nurse evidenced knowledge on assessing patients' end of life needs, communicating with the patients' family/representatives and documenting actual wishes of the patient/family within the patients' end of life care plan. One patient's care record reviewed had a dignity funeral plan in place.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 46 Criteria (1) (2)</p> <p>Stated: First time</p>	<p>The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of auditing records evidenced monthly infection prevention and control audits had been carried out consistently from the date of the previous inspection using an identified audit tool. Evidence of action plans developed to address shortfalls from the audits was also evident.</p>	<p>Met</p>
<p>Recommendation 7</p> <p>Ref: Standard 39 Criteria (1) (4)</p> <p>Stated: First time</p>	<p>The registered person should ensure the induction programme for newly appointed staff is role specific in meeting the needs to fulfil the post.</p> <hr/> <p>Action taken as confirmed during the inspection: A role specific induction programme was not provided on the day of inspection.</p>	<p>Not Met</p>

<p>Recommendation 8</p> <p>Ref: Standard 21 Criteria (11)</p> <p>Stated: First time</p>	<p>The registered person should ensure that bowel function, reflective of the Bristol Stool Chart is recorded on admission as a baseline measurement and thereafter in the patients'/residents' daily progress records.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Bowel assessments that had been completed included normal bowel pattern on three patient care records reviewed. However, these assessments were not indicative of the patient's normal Bristol stool score. Bowel management records within the progress reports were inconsistently reflective of Bristol stool scores. Bowel movements had been indicated by a tick (✓) under the column heading BO (bowels opened) rather than the actual Bristol Stool Score being recorded to indicate BO.</p>		
<p>Recommendation 9</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person should ensure staff meetings occur at least three monthly.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with staff and the registered manager evidenced staff meetings had not taken place on a three monthly basis. According to staff there had only been one staff meeting in 2015. However, there was no documentary evidence of this meeting provided during or after the inspection.</p>		

Areas for Improvement:

The staff duty rota must accurately reflect the hours worked of all staff members and reflect the capacity in which the hours were worked.

Evidence of patient/representative involvement in the assessment and planning of patients' care must be evident within the patient care records or the reason they are not clearly documented within the patient care record.

Role specific induction booklets should be developed to assist in the induction of new registered nurses and care assistants.

Bowel assessments, care plans and progress notes should make reference to the Bristol stool score when recording bowel management.

Staff meetings should be carried out at minimum three monthly and recorded appropriately to include attendees, dates, outcomes, action plans with timeframe and completion of action plans.

Number of Requirements:	2	Number of Recommendations:	3
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5.3 Additional Areas Examined

5.3.1. Consultation with Patients, Representatives and Staff

During the inspection process, eight patients, four staff, and two patient representatives were consulted with to ascertain their personal view of life in Wheatfield House. The feedback from the patients and staff indicated that safe, effective and compassionate care was being delivered in Wheatfield House.

Those patients who were unable to verbalise their feelings appeared calm and comfortable within their environment.

Some patients' comments received are detailed below:

'It's lovely here.'

'I like it here.'

There were no relatives available to consult on the day of inspection.

The general view from staff was that they took pride in delivering safe, effective and compassionate care to patients.

Some staff comments received are detailed below:

'I really enjoy working here.'

'I love it here.'

'It really is like home here.'

5.3.2. Staff Duty Rota

A review of two staff duty rotas weeks commencing six and 13 December 2015 evidenced shortfalls in the recording. Seven staff had blank lines beside their names on the duty rota. This did not indicate if the staff member worked that week or was off duty on annual leave, maternity or sick leave for example. Other staff members had two different posts relating to their name on the same line of the duty rota such as Kitchen/N/A. The hours worked did not reflect the capacity in which they were worked. The manager's hours did not indicate hours worked in a managerial capacity and hours worked in a nursing capacity. As previously stated in section 1.2 this requirement is now stated for the third and final time.

A recommendation has also been made for the registered person to sign and date all duty rotas as approved on their completion.

5.3.3. Dietary Requirements

A discussion with the cook evidenced she was very knowledgeable regarding the dietary requirements of all the patients within the home. The cook referred to good communication with the speech and language therapist where a change in the dietary requirement of a patient was made. A register was maintained in the kitchen with patients' food preferences. However, the register did not make reference to the specific dietary requirement of the individual patients. A recommendation was made. The cook referred to reference materials relating to specific dietary requirements which could also be displayed appropriately beside the dietary register.

Areas for Improvement

The registered person should sign and date all completed duty rotas as approved on completion.

The patients' dietary register in the kitchen should be further developed to include the actual specific dietary requirement to meet the patient needs.

Number of Requirements:	0	Number of Recommendations:	2
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Edward McLoughlin, registered person and Alice Chisanga, registered nurse in charge, as part of the inspection process. The timescales commence from the date of inspection.

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

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

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

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

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

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 4 (7)</p> <p>Stated: Third time</p> <p>To be Completed by: 4 January 2016</p>	<p>The staff duty rota must accurately and fully reflect the hours worked by any staff member and in what capacity.</p> <p>Ref: Section 1.2, 5.2, 5.3.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The staff duty rota now reflects accurate information in relation to the hours worked by staff and in what capacity. The registered manager has taken over the responsibility for doing this and will sign off the rota. The manager will also document the capacity in which he is in the home, clearly writing the hours he is present as nursing staff and of that as a manager.</p>
<p>Requirement 2</p> <p>Ref: Regulation 15 (1) (a) (b) (c)</p> <p>Stated: Second time</p> <p>To be Completed by: 15 January 2016</p>	<p>The registered person must ensure that all patient care risk assessments are carried out and where possible involve patients/representatives.</p> <p>Ref: Section 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered person ensures that all patient care risk assessments are carried out and where possible will involve patients and or their representatives. A complete review of this is underway in the home.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 39 Criteria (1) (4)</p> <p>Stated: Second time</p> <p>To be Completed by: 28 February 2016</p>	<p>The registered person should ensure the induction programme for newly appointed staff is role specific in meeting the needs to fulfil the post.</p> <p>Ref: Section 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A role specific induction programme is being implemented in the home for newly appointed staff highlighting the roles and responsibilities in order to meet the requirements and duties of the post in full.</p>

<p>Recommendation 2</p> <p>Ref: Standard 21 Criteria (11)</p> <p>Stated: Second time</p> <p>To be Completed by: 31 January 2016</p>	<p>The registered person should ensure that bowel function, reflective of the Bristol Stool Chart is recorded on admission as a baseline measurement and thereafter in the patients'/residents' daily progress records.</p> <p>Ref: Section 5.2</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The bristol stool chart is now used as a reference tool in the monitoring and recording of residents stool patterns in the home. Bowel function reflective of the bristol stool chart will be recorded on admission as a baseline for any new admissions. Residents in the home now have their bowel function recorded in their care notes based on the Bristol Stool Chart reference. Staff in the home have been educated in relation to this and laminated Bristol Stool Charts to comply with infection control procedures have been put in place to aid staff reference in order to support accurate recording and continuity of care.</p>
<p>Recommendation 3</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p> <p>To be Completed by: 28 February 2016</p>	<p>The registered person should ensure staff meetings occur at least three monthly.</p> <p>Ref: Section 5.2</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered manager has taken steps to ensure staff meetings occur at least 3 monthly and all staff employed in the home have been requested to attend same.</p>
<p>Recommendation 4</p> <p>Ref: Standard 41.2.7</p> <p>Stated: First time</p> <p>To be Completed by: 11 January 2016</p>	<p>The registered manager or designated representative should sign the duty rota as reviewed and approved.</p> <p>Ref: Section 5.3.2</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered manager has reminded staff that he is the responsible person for approving and signing the duty rota and will do so from now on.</p>
<p>Recommendation 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be Completed by: 31 January 2016</p>	<p>The patients' dietary register should be updated to include the actual dietary requirement to meet the need of the patient.</p> <p>Ref: Section 5.3.3</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The home is in the process of updating the residents dietary register to include the actual dietary requirements to meet the needs of each resident. All meals in the home are prepared and served in line with the nutritional guidelines and the home has linked in with the trust dietitian in order to ensure each and every resident has their dietary needs met in full.</p>

Registered Manager Completing QIP	Edward McLoughlin	Date Completed	04/02/2016
Registered Person Approving QIP	Edward McLoughlin	Date Approved	04/02/2016
RQIA Inspector Assessing Response	Dermot Walsh	Date Approved	16/02/2016

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address