

Unannounced Secondary Care Inspection

Name of establishment:	Wheatfield House
RQIA number :	1307
Date of inspection:	23 March 2015
Inspector's name:	Heather Sleator
Inspection number:	021169

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:	5 February 2015 10:00 – 13:30 hours Unannounced secondary inspection
Date and time of inspection:	23 March 2015 10:15 – 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

This inspection was to monitor the level of compliance with the requirements and recommendations made as a result of the inspection of 5 February 2015 and the action plan provided to RQIA by Mr McLoughlin at the serious concerns meeting of 20 February 2015.

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 23 March 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 unavailable 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.

RQIA undertook an inspection of Wheatfield House on 5 February 2015 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 minibus

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.

Aspects of the complaint were substantiated during the inspection which included catering arrangements, cleanliness of the minibus and fiancé arrangements in the absence of the manager.

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.

The requirements and recommendations made as a result of the previous inspection of 5 February 2015 were reviewed. Five requirements and 11 recommendations had been made. The requirements were found to be compliant. Seven recommendations were either compliant or substantially compliant. Three recommendations were not compliant. These recommendations are have become requirements of this report. One requirement and one

recommendation were not inspected and have been 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. All areas of the home were found to be clean and there were no evident malodours. 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:

- staffing arrangements; and
- catering arrangements, specifically the storage of provisions in fridges and freezers and the rotation of stock.

Further information is detailed in section 9.0 of the report.

7.2 Post Inspection

The findings of the inspection were reported to senior management in RQIA. Following this a decision was taken to require Mr McLoughlin to confirm, in writing, as to whether he was able to continue to fulfil the responsibilities as the registered manager. If not, arrangements must be made to appoint a registered manager for the home.

Conclusion

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 staffing arrangements.

Therefore, four requirements and six recommendations have been 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, the clinical nurse manager, registered nurses 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	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.	<p>A three weekly rotational menu was in operation. Discussion with the cook confirmed that the menu is being monitored and changes made according to patients preferences.</p> <p>A list of patients likes/dislikes is retained by the catering staff and the information is updated as and when necessary</p>	Compliant
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.	<p>Infection control audits had been completed for February and March 2015 and detailed any remedial action required and when completed.</p> <p>A PPE unit on the ground floor outside the dining room did not have a supply of disposable aprons. The clinical nurse manager stated it was the responsibility of the registered nurse and care staff on duty to ensure adequate supplies were available at all times. The clinical nurse manager also stated the stock in the PPE unit may have been used that morning. Stock should be replenished frequently and PPE units remain stocked at all times. A recommendation has been made.</p>	Compliant

3	18 (2) (j)	Arrangements must be put in place to keep the home free from offensive odours.	A tour of the premises evidenced the home to be clean and fresh smelling. A more robust cleaning schedule had been developed and was being monitored by the clinical nurse manager. Discussion with the housekeeper confirmed that the cleaning schedule was effective and housekeeping hours had been increased to maintain the standard of cleanliness and hygiene in the home.	Compliant
4	13 (1) (a) and (b)	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.	A system has been put in place to ensure funds are available to the person in charge of the home in the absence of the registered provider/registered manager. However, a recording system was not present to record the financial transactions in respect of the new arrangements. A recommendation has been made.	Compliant
5	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.	This requirement is carried forward for review at the next inspection.	Not Inspected

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
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.	<p>Variations to the planned menu were recorded on a daily basis. A small number of patients have meals provided which are not on the planned menu but is their preference. The menu variation record reflected patients' choice.</p> <p>Nutrition and fluid records are maintained by care staff and detail patients' nutritional and fluid intake at each mealtime and include mid-morning and mid-afternoon snacks and drinks.</p>	Compliant
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.	The inspector observed meals being taken to patients, not in the dining room, on trays. The meals were covered during transportation.	Compliant
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.	<p>Meals were not served until patients were seated at the table. Meals were covered until the point of service.</p> <p>Patients who required assistance from staff with their meal did not have their meal served until staff were able to provide assistance.</p>	Compliant

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>A stock rotation system in fridges and freezers was not in evidence as date stamping of frozen goods was not present.</p> <p>Partially used foods in the freezers were not sealed.</p>	Not Compliant
5	30.7	The duty rota should accurately reflect staff working over a 24 hour period and the capacity in which they were working.	<p>The duty rota was not being accurately maintained and did not reflect the staff on duty on a daily basis, the hours worked by staff and in what capacity of staff who have mixed duties and the hours worked by the registered manager were partially completed.</p> <p>The duty rota must accurately reflect the names, grades and hours worked by staff on a daily basis. A requirement has been made.</p>	Not Compliant
6	34.2	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.	Training records were unavailable at the time of inspection to confirm that staff had completed refresher training. A requirement has been made.	Not Compliant

7	32.1	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>Monthly cleaning audits were in evidence for February and March 2015. All areas of the home, viewed at the time of the inspection were clean and fresh.</p> <p>A weekly cleaning audit of the minibus had been implemented. However, review of the audits evidenced the audit in respect of the minibus had not been completed from 9 March 2015. If a weekly audit is unattainable an alternative timescale should be implemented.</p>	Substantially Compliant
8	32.1	The housekeeping trolley should be replaced and kept in a good state of repair, at all times.	A new housekeeping trolley had been purchased and was being used.	Compliant
9	9.3	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.	The clinical nurse manager stated all treatments and services provided by other health professionals to patients are undertaken in the privacy of the patient's bedroom.	Compliant

10	34.1	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.	The inspector observed the appropriate use of patients' dignity protectors during the inspection. Dignity protectors were observed to be clean and used at appropriate times.	Compliant
11	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.	This recommendation is carried forward for review at the next inspection.	Not Inspected

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 cook. The cook stated that catering cover was provided by a cook, an assistant cook and a relief cook had been appointed and works two days per week. These arrangements were working well and catering staff were on duty seven days per week.

Food stocks were examined. Five freezers were well stocked as were the fridges. However, the dry goods store was poorly stocked. The home continues to buy dry goods on a weekly basis. The cook stated this arrangement worked well for the home and she was able to 'shop' twice weekly and this ensured sufficient stock was maintained.

A three weekly rotational menu had been implemented. The menu is being monitored and adapted as and when a menu choice is not popular with patients. A record of variation to the planned menu was maintained. The record had been maintained diligently and in detail. A record of patients' nutritional and fluid intake was completed by care staff on a daily basis. This record was being maintained in sufficient detail to judge if nutritional and fluid intake of patients was satisfactory.

The serving of the midday meal was observed. Staff used trays to transport meals to patients who did not come to the dining room. Meals were covered and remained so until the point of service.

The midday meal for patients was transported from the kitchen to the dining room on a trolley, meals were covered. The trolley was brought to the dining room when the patients were either seated at the table or a staff member was available to assist patients with their meal.

The day's menu was not displayed for patients in the dining room. A recommendation has been made that the menu is displayed on a daily basis in a format suitable for the needs of patients.

Issues arose in relation to:

- stock rotation; meat and frozen goods in the freezers were not date stamped; and
- the inappropriate storage of food in freezers. Frozen goods which had been partially used were not resealed after using.

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 restated regarding this. The 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. The home was clean and fresh. There were no malodours evident.

The review of the home's cleaning schedules evidenced that a robust and systematic approach to the cleanliness and hygiene of the home had been developed and implemented. Audits of the cleanliness of the home were available for review.

In discussion with the housekeeper it was confirmed that a new cleaning trolley had been purchased, housekeeping hours had been increased to enable a thorough clean of the home to take place and the cleaning schedule had been reviewed, updated and monitored by the clinical nurse manager.

The review of the staff duty rota did not evidence that housekeeping hours were fully identified. 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. This was a recommendation of the previous inspection and is now a requirement of this report.

The minibus was viewed and it was clean internally and externally. The inspector was informed the minibus was audited for cleanliness on a weekly basis. However, the review of the cleaning audits did not verify this was being completed on a weekly basis as the last recorded audit was 6 March 2015. A timeframe should be identified which will be adhered to. A recommendation has been made.

The clinical nurse manager was unable to access the staff training records to verify that staff had completed training or refresher training in infection control. A requirement has now been made to ensure staff have knowledge of the infection control guidelines. Infection control audits were being undertaken on a monthly basis. The audits evidenced that where a shortfall had been identified remedial action had been taken.

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

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. The clinical nurse manager stated that finance had been provided for any other purchases which may be required in the absence of the manager. However, no recording system had been established to audit/account for any expenditure and a recommendation has been made to ensure a traceable record is maintained. A recommendation has been made in this regard.

9.4 Staffing arrangements

The staffing arrangements for the home were reviewed and the duty rotas from week commencing 8 March 2015 to 4 April 2015 were examined.

Concerns were identified in relation to the following:

- the duty rota's were incomplete;
- catering staff hours were not fully detailed;
- housekeeping hours were not fully detailed;
- where staff undertake mixed duties i.e. housekeeping and care this was not clarified on the rota;
- the hours worked by the laundress were not fully detailed;
- the nurse in charge, in the absence of the registered manager was not identified; and
- the hours worked by the registered manager was not fully detailed.

It was concerning that the registered manager had not, according to the duty rota worked more than two shifts per week during the time period reviewed. Staff contacted the registered provider/manager during the inspection by telephone. Assurances were verbally given to the inspector by Mr McLoughlin that he would be in the home a minimum of 30 hours per week. . The registered manager is required to ensure that the nursing home delivers services effectively on a day-to-day basis in accordance with legislative requirements and the DHSSPS Minimum Standards and has a key role in respect of patient care in the home. Requirements have been made regarding the staff duty rota. Firstly that the duty rota accurately reflects the hours worked and the grade worked by staff on a daily basis and secondly that the registered manager fulfils his legislative responsibility.

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

23 March 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	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: carried forward for review from the previous inspection report.	One	All risk assessments in place and evaluated monthly by registered nurse.	One month
2	19 (2) Schedule 4 (7)	The staff duty rota must accurately and fully reflect the hours worked by any staff member and in what capacity. Ref: 9.4	One	All hours are documented on the off-duty accurately and fully reflect the hours worked by any staff member including their capacity	One month
3	8 (1) (b) (iii)	The registered manager must be in day to day control of the management of the home. The duty rota must reflect the hours worked by the registered manager, in the home. Ref: 9.4	One	As per minimum standards the registered manager is in day to day control of the home. The off duty reflects the hours worked by the registered manager.	One month
4	19 (2) Schedule 4 (21)	Staff training records, in accordance with regulation 20 (1) (c) (i) must be available to for the purpose of inspection, at all times. Ref:9.2	One	staff training records are available for the purpose of the inspection at all times.	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	12.1	<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>This recommendation has been restated from the previous inspection report.</p>	Two	All food is sealed dated and signed. There is a system of stock rotation in freezers and fridges and staff ensure that food products are stored correctly and packaging is sealed after use.	One month
2	32.1	<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>This recommendation has been restated from the previous inspection report.</p>	Two	monthly audits continue including auditing of the minibus. Where shortfalls are identified remedial action taken is recorded.	One month
3	12.4	<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>Ref: 9.1</p>	One	A daily menu is displayed in a suitable format and in an appropriate format and location so that patients and their representatives know what is available at each mealtime.	One month

4	34.3	<p>A system should be put in place to ensure that staff have the availability of protective clothing i.e. disposable aprons and gloves, throughout the home, at all times.</p> <p>Ref:9.2</p>	One	checked daily and replaced as required. stock levels in store checked weekly and re-ordered when needed	One month
5	25.16	<p>There should be written accounting and financial control procedures that meet professional standards of good practice and legislative requirements operational in the home. Records should be present of all financial transactions in the home.</p> <p>Ref: 9.3</p>	One		One month
6	5.6	<p>Patients' nursing care records should 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>Ref: carried forward for review from the previous inspection report.</p>	One	<p>POINT 5 ABOVE 25.16 (UNABLE TO DOCUMENT IN BOX) There are written accounting and financial control procedures that meet professional standards of good practice and legislative requirements operational in the home. Records are present of all financial transactions in the home</p>	One month

				POINT 6 - 5.6 The home has systems in place and all records are up-dated monthly.	
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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	13/05/15
Further information requested from provider			