



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 27 February 2020



## Whitehead Nursing Home

**Type of Service: Nursing Home**  
**Address: 15-18 Marine Parade, Whitehead, BT38 9QP**  
**Tel No: 0289335 3481**  
**Inspector: Joanne Faulkner**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 28 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Whitehead Nursing Home Ltd  <b>Responsible Individual:</b> Colin Nimmon	<b>Registered Manager and date registered:</b> Sarah Martin 21 October 2019
<b>Person in charge at the time of inspection:</b> Sarah Martin	<b>Number of registered places:</b> 28
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 25

### 4.0 Inspection summary

An unannounced inspection took place on 27 February 2020 from 09.50 hours to 15.00 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Whitehead which provides nursing care.

The inspection assessed progress with all areas for improvement identified in the homesince the last care inspection and determined if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- adult safeguarding
- complaints
- accident/incidents
- governance arrangements

Evidence of good practice was found in relation to staff attentiveness to patients and the delivery of care which took into account personal preferences/choices of patients. Staff demonstrated that they had a good understanding of the individual needs of the patients and worked well as a team to deliver care to patients' in an individualised manner. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

Three areas for improvement were identified in relation the safe storage of medicines, the environment, and patients' safety.

Patients described living in the home as being a good experience/in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the homewith the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	*3

\*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Sarah Martin, Registered Manager and the Regional Manager, 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 2 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 2 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. No patient/relative’s questionnaires were returned to RQIA prior to the issuing of this report. A poster was provided for staff detailing how they could complete an electronic questionnaire.No responses were received within the relevant timescales.

The following records were reviewed during the inspection:

- duty rota information for all staff from 17February to 1 March 2020
- incident and accident records
- two patient care records
- a sample of governance audits/records
- complaints records
- adult safeguarding records
- staff training records
- the monthly monitoring reports for January and February 2020
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as partially met or met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from previousinspection**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (i)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the persons employed by the registered person to work in the nursing home receive mandatory training appropriate to the work they are to perform. Updates in mandatory training should be delivered in a timely manner</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Staff training record indicated that the majority of staff had completed the required mandatory training. There was evidence that outstanding training updates had been scheduled. In addition, a training plan has been developed for the full year.</p>		

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) 9a (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that nursing staff carry out clinical and neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. Care plans should accurately reflect what actions are required to be taken post fall for patients on anticoagulant therapy.</p> <p><b>Action taken as confirmed during the inspection:</b> From records viewed it was identified that appropriate clinical and neurological observations had been completed for patients following a fall occurring. Actions taken are recorded in individual patient care records.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 40.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure all staff have a recorded supervision no less than every six months. A supervision schedule shall be in place, showing completion dates and the name of the supervisor.</p> <p><b>Action taken as confirmed during the inspection:</b> Records viewed evidenced that a number of staff had received supervision. However, it was noted that a number of staff had not received appropriate supervision in the previous six months.</p> <p>A supervision schedule has been developed.</p> <p>This area for improvement was assessed as partially met and will be stated for a second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p><b>Action taken as confirmed during the inspection:</b> Records viewed evidenced that staff meetings had taken place on a quarterly basis.</p>	<p><b>Met</b></p>



<b>Area for improvement 3</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> First time	The registered person shall ensure registered nurses must adhere to wound care plan directions and appropriately evaluate care.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> From individual patient care records viewed it was noted that staff had adhered to the wound care plan and there was evidence that care had been evaluated.	

There were no areas for improvement identified as a result of the last medicines management inspection.

## 6.2 Inspection findings

### 6.2.1 Staffing

We reviewed staffing arrangements within the home. Discussions with the manager indicated that they were knowledgeable in relation to their responsibilities with regard to the Regulations. There was evidence of a clear organisational structure within the home. The manager is supported by a deputy manager and a team of registered nurses and healthcare assistants. In addition, there is a team of support staff which includes administrative, housekeeping, laundry, maintenance and kitchen staff, and an activities co-ordinator.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager, staff and patients, and rota information viewed provided assurances that the home endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. The manager stated that they are in the process of recruiting additional registered nurses for night duty shifts. Discussions with a number of patients during the inspection identified that they had no concerns about the level of care and support received.

The manager stated that staffing levels were subject to regular review to ensure the assessed needs of the patients were appropriately met. The duty rota information viewed, reflected the staffing levels discussed with the manager during inspection. Observation of the delivery of care provided evidence that patients' needs were met by the levels and skill mix of staff on duty. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs. Staff stated that they are allocated responsibilities whilst on shift such as regularly check the patients on bedrest.

Staff rota information viewed indicated that the care is provided by a core staff team which includes agency staff as required; staff felt that this supports them in ensuring continuity of care to patients. Staff described how continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect. The inspector discussed with the manager the need to ensure that the staff rota information clearly records the full name of all staff provided.

Staff who spoke with the inspector had a clear understanding of their roles and responsibilities. Discussions with patients demonstrated that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

Discussions with staff and observations made demonstrated that they had a good understanding of the individual assessed needs of patients; staff could describe the importance of respecting patients' personal preferences and choices. Throughout the inspection patients' needs and requests for assistance were observed to have been met in a timely, respectful and caring manner.

Interactions between staff and patients were observed to be compassionate and appropriate and evidenced that patients were offered choice. We observed staff taking time to chat to patients.

Patients spoke positively in relation to the care provided. Patients who could not verbalise their feelings in respect of their care they received were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

### **6.2.2 Environment**

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction.

The entrance area to the home was welcoming and well decorated; there was information available relating to infection control, hand hygiene, raising concerns, and activities planned within the home. In addition, a number of shared areas viewed were noted to be warm, clean and uncluttered. The sample of patients' bedrooms viewed were clean, warm and welcoming and had been personalised to the individual interests, preferences and wishes of patients. Bathrooms/toilets were observed to be clean and fresh.

Compliance with best practice on infection prevention and control (IPC) had been well adhered to. A supply of gloves and aprons were readily available to staff throughout all units in the home; it was noted that staff used these appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised. Information relating to IPC issues such as hand hygiene was available for patients and their visitors.

We identified a number of areas that required attention; they included curtains in one of the lounge areas noted to be hanging off the rail, a toilet door that had no lock and damage to a windowsill area. These matters were discussed with the manager and an area for improvement identified.

We observed the radiators in a number of patients' bedrooms to be hot; radiator covers were not in place. This was discussed with the manager and it was identified that risk assessments had not been completed in relation to this matter. An area for improvement was identified.

### **6.2.3 Care records**

Care records were noted to be retained electronically. The review of care records for two patients identified that they were individualised to the needs of the person. Records viewed included referral information received from a range of Health and Social Care Trust (HSCT) representatives and in addition included individualised risk assessments and care plans. The electronic system highlights when matters such as care plans and risk assessments require to be reviewed.



Care plans viewed were noted to provide details of the care required by individual patients. Staff record at least twice daily the care provided to patients and record when patients refuse aspects of their care such as bathing/showering. We observed staff imputing information electronically relating to the care that had been delivered.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. Discussions with staff and patients, and observations made provided assurances that care is provided in a person centred manner.

There is a process for monitoring patients with significant weight loss or those patients identified to be at risk of malnutrition. Patients have their weight monitored monthly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) is utilised to determine the risk of weight loss or weight gain. There was evidence of speech and language therapy (SALT) and dietetic input into the assessment and care planning of patients as required.

#### **6.2.4 Dining experience**

We observed the serving of mid-morning tea and the mid-day meal; staff serving the mid-morning refreshments did so in a relaxed manner taking time to chat to the patients, support patients who required assistance and ensuring they were satisfied with their choice.

We observed the serving of the midday meal, the atmosphere in the dining room was calm and relaxed. Dining tables were clean and well presented; napkins, condiments and cutlery were provided. We observed that adequate portions of food were served and that it was warm and well presented. Staff were observed offering and providing assistance in a discreet and sensitive manner when necessary and were wearing appropriate clothing protection. Food was covered when being transferred to those patients who had chosen to eat in their bedrooms.

A number of patients spoken with stated that the food was good and confirmed that they had a choice of menu.

It was identified that patients prescribed nutritional supplements were stored in an unlocked fridge located in the dining room. We discussed with the manager the risk of patients having access to the supplements prescribed for other patients. An area for improvement was identified.

#### **6.2.5 Complaints**

A review of complaints received since the previous inspection, evidenced that they had been managed appropriately. Complaints are audited monthly as part of the quality monitoring audit. It was identified from records viewed that information relating to the investigation of the complaint, the actions taken are retained. We discussed with the manager the need for the records to contain details of the outcome of the complaint.

#### **6.2.6 Adult safeguarding**

A review of adult safeguarding information and discussions with the manager provided evidence that referrals made in relation to adult safeguarding since the last care inspection had been managed appropriately. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting concerns. Patients and relatives who spoke to the inspector could describe the process for reporting concerns they had in relation to care provided.

An adult safeguarding champion has been identified; the regional manager stated that they are in the process of collating the information for the adult safeguarding annual position report for 2019/20.

Staff could clearly describe their responsibility in relation to reporting poor practice and had awareness of the home's policy and procedure with regard to whistleblowing. Staff stated that the manager was approachable and that they would feel confident that matters raised would be addressed.

### 6.2.7 Incidents

A review of a sample of the accidents and incidents which had occurred within the home identified that they had been managed appropriately. There are systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. It was noted that details of incidents are audited monthly as part of the quality monitoring process; this assists in highlighting trends and risks, and identifying areas for improvement.

### 6.2.8 Consultation

During the inspection we spoke to three patients, small groups of patients in the dining room or lounge areas, one relative and seven staff. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

#### Patient's comments

- "Very happy, I am here five years and I have no problems."
- "I can go out for a walk."
- "The staff are good."
- "Yes I feel safe living here."
- "Food is good, we get too much."
- "I am very happy; I wouldn't be here if I wasn't."
- "It is a lovely place, they look after you well."
- "I am contented, staff are lovely. I have no problems."
- "Food is great, there is always choice."
- "No complaints, we are well looked after."

#### Staff comments

- "I am here a long time that says it all."
- "Management are good, they are approachable."
- "Lovely place to work."
- "Staff are very supportive to each other, we help each other out."
- "We could maybe do with more staff at times due to sickness; they get us agency if they can."

- “I can raise concerns.”
- “Patients are well looked after; it is like a wee family.”
- “Patients are safe, they have choices.”

Discussion with patients indicated that staff are caring and approachable; they stated that they had no concerns in relation to the care provided to them.

We observed a number of staff supporting patients in the dining room and lounge areas. Observation of staff interactions with patients indicated that they were respectful of them by asking them their choices in relation to a range of matters such as food and participation in activities. There was a relaxed, welcoming atmosphere in all areas within the home.

We observed a number of patients being supported to participate in a craft activity facilitated by the activity coordinator. Staff were observed providing help to patients who required assistance to effectively engage in the activity.

Discussion with patients, the manager and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Ten questionnaires were provided for distribution to the patients and/or their representatives; no responses were received prior to the issuing of this report.

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

### **6.2.9 Governance arrangements**

There was evidence that systems were in place to monitor and report on the quality of care provided. We viewed a sample of audits completed monthly that are in accordance with best practice guidance.

In addition, there is a system for completing quality monitoring audits on a monthly basis and for developing a report in accordance with Regulation 29. We reviewed records that evidenced Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards.

The records indicated engagement with patients, staff and relatives, however no comments were recorded. Reports viewed indicated the review of the previous action plan, review of staffing arrangements including registration with the appropriate regulatory body, accidents/incidents, adult safeguarding referrals, environmental matters, care records, wound management and complaints. We discussed with the regional manager the benefits of recording specific findings/outcomes in relation to the matters reviewed; assurances were provided that this would be actioned. A detailed action plan is generated to address any identified areas for improvement.

We identified that all registered nurses had completed training to level 3 on the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding code of practice. The training of all care staff to level 2 in this subject has also been completed.

The home has developed a policy with regard to Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding code of practice which came into effect 1 December 2019 in Northern Ireland.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, provision of person centred compassionate care and effective engagement with patients and relatives.

### Areas for improvement

Three areas for improvement were identified in relation the safe storage of medicines, the environment, and patients' safety.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sarah Martin, Registered Manager and the Regional Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14. (2)(a)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure as far as reasonably practicable that-</p> <p>(a) all parts of the home to which patients have access are free from hazards to their safety;</p> <p>(c) Unnecessary risks to the health or safety of patients are identified and so far as possible eliminated;</p> <p>Ref: 6.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A review has been completed of all radiators in residents rooms which may pose a risk to patients. An action plan has been completed in response and prioritised based on the assessed risk. Radiator covers will be fitted by maintenance staff based on the plan as directed by the manager.</p>

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 40.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure all staff have a recorded supervision no less than every six months. A supervision schedule shall be in place, showing completion dates and the name of the supervisor.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Any outstanding supervisions have been identified and further supervisions completed since the time of inspection. A schedule is in place and will be updated in a timely manner to ensure that all staff receive at least 2 recorded supervisions on a yearly basis.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 April 2020</p>	<p>The registered person shall ensure that the following identified matters are addressed in relation to the premises:</p> <ul style="list-style-type: none"> <li>• Repair of a damaged windowsill</li> <li>• Lock fitted to identified toilet door</li> <li>• Curtains in lounge are hung appropriately</li> </ul> <p>Ref: 6.2.2</p>

	<p><b>Response by registered person detailing the actions taken:</b>                  The home has an ongoing maintenance plan to ensure that standards are maintained. The lock which had broken to a toilet door was repaired as soon as it was identified. The curtains in the lounge which had come loose have been secured and are hanging correctly. All windowsills have been checked by the home's maintenance man and any works needed identified.</p>
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 30.1  <b>Stated:</b> First time  <b>To be completed by:</b>                  Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that medicines are safely and securely stored.</p> <p>This relates specifically to nutritional supplements.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>                  A separate fridge has been allocated for the storage of dietary supplements. This now has a lock fitted and can only be accessed by a key held with the medicine trolley keys held by the Nurse on duty.</p>

***\*Please ensure this document is completed in full and returned via Web Portal\****



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