



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection

Name of Establishment: Whitehead Nursing Home
RQIA Number: 1438
Date of Inspection: 12 January 2015
Inspectors' Names: Lyn Buckley and Aveen Donnelly
Inspection ID: IN018659

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Whitehead Nursing Home
Address:	15-18 Marine Parade Whitehead BT38 9QP
Telephone number:	0289335 3481
Email address:	Desmond.Wilson@wilsongroupni.co.uk
Registered organisation/ Registered provider/Responsible individual:	Whitehead Nursing Home Ltd Mr Desmond Wilson – responsible individual
Registered manager:	Ms Cara Parker – registration pending
Person in charge of the home at the time of inspection:	Ms Cara Parker
Categories of Care:	NH I, PH and LD (for named person) RC, I and MP(E)
Number of registered places:	41 registered beds Nursing - 34 registered beds Residential – 7 registered beds
Number of patient/residents accommodated on day of inspection:	38 Nursing 26 Residential 12
Date and type of previous inspection:	17 December 2013 Unannounced primary inspection
Date and time of inspection:	12 January 2015 11:50 – 15:25 hours
Name of Inspector/s:	Lyn Buckley accompanied by Aveen Donnelly

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 Methods/Process

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

- discussion with the home manager and the area manager
- discussion with staff on duty
- discussion with patients/residents individually and with others in groups
- consultation with two relatives visiting at the time of this inspection
- review of a sample of staff duty rotas
- review of a sample of care records
- observation during a tour of the premises accompanied by the home manager
- evaluation and feedback.

5.0 Consultation Process

During the course of the inspection, the inspectors spoke with:

Patients/Residents	9 patients/residents and with the majority of others in smaller groups
Staff	3
Relatives	2
Visiting Professionals	0

Questionnaires were provided by the inspectors, during the inspection, to patients/residents, their representatives and staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients/Residents	2	2
Relatives/Representatives	1	1
Staff	10	7

6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report. However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector/s has rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Whitehead Nursing home is situated overlooking the seafront in Whitehead Co Antrim. The nursing home is owned and operated by the Wilson Group. The registered responsible individual is Mr Desmond Wilson and the home's manager is Ms Cara Parker. Ms Parker was appointed as the manager in March 2014. An application to register the manager has been received by RQIA.

Accommodation for patients/ residents is provided over two floors. Access to the first and second floors is via a passenger lift and stairs.

Communal lounge and dining areas are provided on the ground floor. A number of communal sanitary facilities are available throughout the home with clear signage. The home also provides for catering and laundry services on the ground floor.

The home is registered to provide care for a maximum of 41 persons under the following categories of care:

Nursing care (34 beds)

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65 years
LD	learning disability (for one named person).

Residential care (7 beds)

I	old age not falling into any other category
PH(E)	physical disability other than sensory impairment over 65 years
MP(E)	Mental disorder excluding learning disability or dementia over 65 years

8.0 Executive Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Whitehead Nursing Home. The inspection was undertaken by Lyn Buckley and Aveen Donnelly on 12 January 2015 from 11:50 to 15:25 hours.

The inspectors were welcomed into the home by Ms Cara Parker, home manager, who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Ms Parker and Ms Angela Dorrian, area manager, at the conclusion of the inspection.

During the course of the inspection, the inspectors met and spoke with patients/residents, staff and two relatives visiting at the time of the inspection. The inspectors observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous care inspection.

As a result of the previous inspection five requirements and four recommendations were stated. These were reviewed during this inspection and evidence was available to confirm that and all of the recommendations had been fully complied with. Two requirements were assessed as substantially compliant and one as moving towards compliance. These requirements are stated for a second time. Details can be viewed in the section immediately following this summary.

During discussion with the home and area managers it was confirmed that the home had 12 persons residing under the category of residential care. This has been addressed with the responsible individual under separate cover.

The inspectors undertook an inspection of the premises and viewed a random selection of the patient/resident bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. The home manager accompanied the inspectors.

Additional areas examined included:

care practices
complaints
patient finances
NMC declaration
patient/resident and relatives comments
questionnaire findings
environment.

Refer to section 11 for details.

Conclusion

The inspectors can confirm that at the time of this inspection the delivery of care was evidenced to be of a good standard. Patients/residents interacted well with staff and good relationships were evident. Patients/residents and relatives spoken with confirmed they were treated with dignity and respect and that staff were caring and kind.

The home's environment has undergone a planned refurbishment programme over a number of months. The standard of the refurbishment work has added to the overall quality of life for the patients/residents. The home was calm, clean, and warm throughout.

The management of continence within the home was well maintained and the home is assessed as being compliant with this standard.

As a result of this inspection three requirements are stated for a second time and four recommendations are made.

The inspectors would like to thank the patients/residents, relatives, the home and area managers and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-Up on previous issues raised during the unannounced primary inspection conducted on 17 December 2013.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	25	<p>It is required that registered nurses date, time and sign any record pertaining to a patients care in accordance with professional guidance and legislative requirements.</p> <p>Action to address any identified deficits in practice should be retained for inspection.</p>	<p>The inspectors examined four patient care records which evidenced that this requirement had not been fully addressed.</p> <p>It was also evidenced that the area manager had, as part of the regulation 29 visit, found that records required improvement in relation to signatures, dating and timing of entries.</p> <p>During discussion and the review of records it was confirmed that training had been provided following the last inspection and that additional training had been arranged for all registered nursing staff on record keeping for 10 February 2015 as a consequence of the area manager's audit findings.</p>	<p>Substantially compliant.</p>

			This requirement will be stated for a second time.	
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2	16(1)	<p>It is required that:</p> <ul style="list-style-type: none"> • care plans in place to manage any form of restraint used to ensure a patient’s safety are specific and detailed to the method/form of restraint and the timescales for its use; and • registered nurses ensure that the decision making process to use bedrails is clearly recorded within each patient’s care plan, particularly if the risk assessment outcome states that bedrails are not recommended. <p>Refer to DHSSPSNI guidance on deprivation of liberty, interim guidance, March 2010 (issued to all registered establishments) and the Human Rights Working Group on Restraint and Seclusion, Guidance on Restraint and Seclusion in Health and Personal Social Services August 2005.</p>	<p>The inspectors were unable to evidence specific and measurable care planning relating to the use of restraint and in particular the use of bedrails.</p> <p>Bedrail risk assessments were incomplete (refer to section 11.9) and care plans did not evidence the decision making process for the use of bedrails.</p> <p>This requirement will be stated for a second time.</p>	<p>Moving toward compliance.</p>
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3	27(4)	It is required that fire doors are not wedged or propped open at any time.	<p>During the inspection it was observed that the home manager's office had been left unattended with the fire door wedged open.</p> <p>The home manager confirmed that patient/resident bedrooms identified during the previous inspection had had self-closing devices linked to the fire alarm system fitted. This enabled those patients/residents who wished to have their bedroom open could do so safely. Additional devices would be fitted as and when required.</p> <p>This requirement will be stated for a second time.</p>	Substantially compliant.
4	13(8)(a)	Privacy screens are required in shared bedrooms to screen each bed and the person washing at the wash hand basin from view.	Observation of two bedrooms that are 'shared' evidenced that this requirement had been complied with.	Compliant.

5	27(2)(b)	<p>It is required that the home's refurbishment plan is reviewed and revised including realistic and timely timescales for completion of works.</p> <p>A copy of the reviewed plan should be forwarded to RQIA before end of February 2014 to allow the inclusion of works planned for January 2014 as agreed.</p>	<p>A copy of the refurbishment plan was received by RQIA as requested.</p> <p>Since the last inspection in December 2013, the home's environment has undergone refurbishment. The standard of the work, to date, has added to the overall quality of life for the patients/residents.</p> <p>The home and area managers confirmed that the refurbishment work was continuing with work to the manager's office, hairdressing room, back corridor and staff room to be completed.</p>	<p>Compliant.</p>
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	30.1 & 2	It is recommended that staffing levels for the night duty shift are revised when occupancy levels change, to ensure that the needs of the persons accommodated in the home are met and that staffing levels reflect RQIA's minimum staffing guidance.	Discussion with the home and area managers and review of records confirmed that staffing levels are kept under regular review to ensure the safe and effective care of patients/residents.	Compliant.
2	25.12	It is recommended that the proforma for recording regulation 29 visits includes a section to evidence that the person conducting the visit had followed up the agreed action plan from the previous visit. This would enable senior management to monitor compliance levels.	Discussion with the home and area managers and review of records confirmed that this recommendation has been complied with.	Compliant.
3	5.3	It is recommended that staffing levels for night duty are kept under review, as the occupancy in the home increases, to ensure at least four staff are on duty overnight for 40 patients/residents Staffing levels at night should also be reviewed in conjunction with fire safety guidance and advice from NIFRS.	Refer to comments in recommendation 1. In addition the inspectors evidenced that the fire risk assessment for the home had been considered within the context of staffing levels, particularly at night.	Compliant.

4	25.2	<p>It is recommended that a review of the meal time experience for patients/residents is undertaken. The review should include setting of tables and consideration to providing another dining space to reduce the congestion in the main dining room</p>	<p>The inspectors observed the serving of the lunchtime meal. The dining room was bright, clean, welcoming and tables were appropriately set. Patients/residents' were enjoying their lunch which looked and smelt appetising. The atmosphere in the dining room was relaxed with staff able to move between tables and provide assistance easily.</p> <p>Patients/residents could choose to eat in their bedroom, one of the lounges or the dining room. Meals were observed being delivered to bedrooms appropriately covered and on a tray set with a tray cloth and condiments.</p> <p>Management confirmed that the home now operated two sittings to ensure a pleasant meal time experience. Patient/residents and relatives spoken with were complimentary of the food and dining experience.</p>	<p>Compliant.</p>
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9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection in December 2013, RQIA have been notified by the home of any incidents involving patient/residents' or staff in accordance with Regulation 30 of the Nursing Homes Regulations (NI) 2005.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed:	COMPLIANCE LEVEL
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	
Inspection Findings:	
<p>Review of four patients' care records evidenced that bladder and bowel continence assessments were undertaken at the time of admission to the home and as required a more detailed assessment was undertaken which, depending on need, included the type of continence products/aids to be used. The assessment outcomes were incorporated into the patients' care plans on continence care. Assessments and care plans were reviewed on at least a monthly basis.</p> <p>The care plans reviewed addressed the patients' assessed needs in regard to continence management.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.</p> <p>The home manager confirmed that referral could be made to the Trust's continence advisor if required.</p>	<p>Compliant.</p>

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:	COMPLIANCE LEVEL
<p>19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.</p>	
<p>Inspection Findings:</p> <p>The inspectors can confirm that the following guideline documents were in place:</p> <ul style="list-style-type: none"> • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence in women (September 2013) • NICE guidelines on the management of faecal incontinence (June 2007) <p>Discussion with staff revealed that they had an awareness of the management of incontinence and the use of various aids and equipment associated with the management of incontinence and stoma care.</p>	<p align="center">Compliant</p>

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

<p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Not assessed on this occasion.</p>	<p align="center">Not applicable.</p>
<p>Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussion with the home manager, two staff and review of returned staff questionnaires confirmed that staff received training in relation to incontinence at induction and in relation to products/aids. Discussion with the home manager revealed that registered nurses in the home were competent in female catheterisation and the management of stoma appliances. A number of registered nurses including the home manager were trained in male catheterisation. Access to Trust training in this area was available. Discussion took place in respect of specific products and sizes being recorded in care plans.</p>	<p align="center">Compliant</p>

<p>Inspector's overall assessment of the nursing home's compliance level against the standard assessed:</p>	<p align="center">Compliant.</p>
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11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were noted to treat the patients/residents with dignity and respect. Good relationships were evident between patients/residents and staff.

Patients/residents were well groomed with their clothing suitable for the season. Attention to details such as jewellery for the ladies was evident. Staff were observed to respond to patients/residents' requests promptly. Patients and residents spoken with all responded positively regarding their experience in the home, the attitude of staff and said that they felt cared for and safe. The demeanour of patients who could not easily articulate or express their feelings indicated that they were relaxed and comfortable in their surroundings and when staff approached them.

The inspectors observed the use of moving and handling technique with a hoist. Practice was observed to be good and in accordance with guidelines.

One concern was raised regarding the use of footplates on wheelchairs when transporting patients/residents in the home. The home manager agreed to address this concern with the member of staff identified. A recommendation is made.

11.2 Complaints

A complaints questionnaire forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion, was returned to RQIA in July 2014. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

11.3 Patient Finance Questionnaire

Prior to the inspection a patient financial questionnaire forwarded by RQIA to the home for completion, was returned to RQIA in July 2014. The evidence provided in the returned questionnaire indicated that patient/residents' monies were being managed in accordance with legislation and best practice guidance.

11.4 NMC Declaration

Prior to the inspection the registered manager/home manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the proforma returned in July 2014, indicated that all nurses, including the home manager, were appropriately registered with the NMC.

11.5 Patients/Residents and Relatives Comments

During the inspection the inspectors spoke with nine patients/residents individually and with the majority of others in smaller groups. The inspectors also spoke with two relatives visiting during the inspection.

Patients/residents and relatives spoken with and the questionnaire responses confirmed that patients/residents were treated with dignity and respect, that staff were polite and respectful, that their needs were met in a timely manner and that they were happy living in the home.

Relatives were complimentary regarding communication between them and the staff and how their loved one was care for.

There were no expressions of dissatisfaction made to the inspectors.

11.6 Questionnaire Findings/Staff Comments

During the inspection the inspector spoke with two staff and issued 10 staff questionnaires. Seven completed questionnaires were returned. Staff responses in discussion and in the returned questionnaires indicated that staff

- received an induction
- completed mandatory training
- completed additional training in relation to the inspection focus
- were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

There were no expressions of dissatisfaction made to the inspectors or recorded in the returned questionnaires.

Examples of staff comments were as follows;

“I feel we give the best care possible”

“all the staff are good at looking after the residents and working well in a team”

“we have good staff that get along great with residents and each other”

“we always have good, appropriate equipment”.

11.7 Environment

As stated previously the standard of refurbishment undertaken to date has had a positive impact on the quality of life for the patients/residents.

The inspectors undertook an inspection of the premises and viewed a random selection of the patient/resident bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. The home manager accompanied the inspectors. Areas for improvement were identified as follows :

- in one sluice mops were observed sitting in buckets of water, a soiled toilet brush had been left on top of the sluice hopper and commode pots and lids were stacked and stored on the floor. The home manager agreed to review the other sluice rooms in the home and address concerns with staff
- a commode in a bedroom was examined by the inspectors and required more attention to the cleaning of all surfaces including the underside of the pot, frame and seat. The home manager agreed to review the management of commodes in bedrooms and address concerns with staff to ensure commodes were thoroughly cleaned after use
- following observation of the laundry, inspectors asked that the laundry be 'de cluttered' and 'deep cleaned'. A recommendation is made.

11.8 Fire safety

As stated previously in section 9 (requirement 3) additional 'hold open devices' linked to the fire system, had been fitted to bedroom doors. However, following observation of the unattended fire door wedged open and the storage of equipment and bags for disposal in corridor spaces; consideration must be given to how management ensures that potential fire risks are reduced and where possible eliminated. This was discussed during feedback with the home and area managers. It was agreed that regular monitoring of fire safety compliance, by senior staff, would continue and any areas of concern would be addressed. A recommendation is made.

11.9 Care records

As stated previously in section 9 (requirement 2) following review of four patient/resident care records it was evidenced that bed rail risk assessments were incomplete. The assessment format in place did not contain the definition of the risk assessment score with the recommended actions. Discussion during feedback revealed that this may have been a copying failure. A recommendation is made.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Cara Parker, home manager, and Ms Angela Dorrian, area 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:

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Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.1</p> <ul style="list-style-type: none"> At the time of each patient’s admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment. <p>Criterion 5.2</p> <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission. <p>Criterion 8.1</p> <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the ‘Malnutrition Universal Screening Tool (MUST)’ or equivalent. <p>Criterion 11.1</p> <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>Manager completes initial assessment. Nurse will assess client on entry to Home using Activity of Living Tool. Will plan care using this aid assessment from Manager and any Trust documents / assessments supplied to nursing community. MUST Risk Assessment tool used to assess clients nutritional status. Braden Score used to assess pressure ulcer risk assessment – on admission within 24hrs. Same documents received if possible on assessment by manager.</p>	Compliant

Section B

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 5.3

- A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.

Criterion 11.2

- There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.

Criterion 11.3

- Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.

Criterion 11.8

- There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.

Criterion 8.3

- There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.

Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
5.3 Allocated named nurse plans care, promoting independence taking into account MD recommendations. 11.2 Referrals sent to TVN if deemed necessary 11.3 Clients are assess of risk of developing pressure ulcers and treatment preference and if necessary discuss with MDT. 11.8 Community Podiatry would be involved with same 8.3 Clients weighed monthly / weekly depending on weight loss noted, referred to GP/Dietician as guided by CNRST	Substantially Compliant

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> • Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Daily evaluation of clients care. Monthly evaluation of all care plans are updated as required	Compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.5</p> <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. <p>Criterion 11.4</p> <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. <p>Criterion 8.4</p> <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>5.5 All nursing interventions, activities and procedures are supported by NMC, NICE medication research</p> <p>11.4 Pictorial tool used and displayed in clinical area</p> <p>8.4 Nutritional tool used in conjunction with recommendations from dietician for each client</p>	Compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient’s care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>5.6 Records in keeping with NMC Guidelines 12.11 Meals recorded on food/fluid charts for all clients 12.12 Food and fluid chart completed to show what is eaten/not eaten. Also reflected in daily evaluation. If client eating too little /too much, guidance sought from GP or dietician as required. Reported to NIC.</p>	Compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
5.7 Care Plans reviewed / evaluated monthly and are completed to agreed standards. Clients and families invited to discuss care plan and complete documentation.	Compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.8</p> <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. <p>Criterion 5.9</p> <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>5.8 Families and clients are invited to attend care / Advanced Caring Planning meetings by the GP</p> <p>5.9 Record of outcomes returned to the Home, dated and signed. Any changes to care documented and actioned immediately</p>	Compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 12.1</p> <ul style="list-style-type: none"> • Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines. <p>Criterion 12.3</p> <ul style="list-style-type: none"> • The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>12.1 Clients are provided with nutritionally varied diet taking into account their needs/ requirements / likes / dislikes. 12.3 If the client does not like either meal option for their lunch / dinner, further choices will be offered by cook. Clients on specific / therapeutic diet will be offered further choices.</p>	Compliant

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 8.6</p> <ul style="list-style-type: none"> Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to. <p>Criterion 12.5</p> <ul style="list-style-type: none"> Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times. <p>Criterion 12.10</p> <ul style="list-style-type: none"> Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure: <ul style="list-style-type: none"> risks when patients are eating and drinking are managed required assistance is provided necessary aids and equipment are available for use. <p>Criterion 11.7</p> <ul style="list-style-type: none"> Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>8.6 Nurses and carers follow feeding guidelines by SALT. Training 2013 completed in home by SALT. Date to be confirmed for 2014 training. Staff have knowledge and skills for same.</p> <p>12.5 Choice of meals available at conventional times. Hot & cold drinks are provided at regular intervals. Fresh water and juice available at all times.</p> <p>12.10 All staff are aware of clients individual needs for meal times and provide assistance when required and individual equipment is available to assist if necessary.</p> <p>11.7 Staff have experience in wound management and application of dressings. Training available by contacting</p>	Compliant

specialist nurse when required.	
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PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	COMPLIANCE LEVEL
	Provider to complete



Quality Improvement Plan

Secondary Unannounced Care Inspection

Whitehead Nursing Home

12 January 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 the home manager, Ms Cara Parker, and the areal manager, Ms Angela Dorrian, either during or after 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	25	<p>It is required that registered nurses date, time and sign any record pertaining to a patients care in accordance with professional guidance and legislative requirements.</p> <p>Action to address any identified deficits in practice should be retained for inspection.</p> <p>Ref: Section 9 (requirement 1)</p>	Two	Audits carried out regularly to ensure compliance. Care Planing training was scheduled for 10.02.15 and nurses and senior carers attended.	By end of February 2015.

2	16(1)	<p>It is required that:</p> <ul style="list-style-type: none"> • care plans in place to manage any form of restraint used to ensure a patient's safety are specific and detailed to the method/form of restraint and the timescales for its use; and • registered nurses ensure that the decision making process to use bedrails is clearly recorded within each patient's care plan, particularly if the risk assessment outcome states that bedrails are not recommended. <p>Refer to DHSSPSNI guidance on deprivation of liberty, interim guidance, March 2010 (issued to all registered establishments) and the Human Rights Working Group on Restraint and Seclusion, Guidance on Restraint and Seclusion in Health and Personal Social Services August 2005.</p> <p>Ref: Section 9 (requirement 2)</p>	Two	<p>All care plans have been reviewed in relation to any form of restraints. Consent from client has been given, if possible, families and care managers have been informed of nursing decision and this is documented. Audits reflect same.</p> <p>An outcome of Bedrail Assessments is recorded</p>	By end of February 2015.
3	27(4)	<p>It is required that fire doors are not wedged or propped open at any time.</p> <p>Ref: Section 9 (requirement 3)</p>	Two	Action Plan in place re ongoing replacement of self closures on doors. Audit completed for remaining self closures needed.	From the date of this inspection.

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	28.4	That the named staff member is made aware of the importance of using wheelchair footplates when transporting patients and the risks involved if they are not utilised correctly. Ref: Section 11 (11.1)	One	The person in question has now been made aware of the importance of having footplates on wheelchairs for transporting clients.	By the end of February 2015.
2	23	Bedrail risk assessment tools in place should include the scoring and action section. Ref: Section 11(11.9)	One	All Risk Assessment tools replaced and now reflect score and action section.	By the end of February 2015.
3	25.2	The home manager/registered person should ensure fire safety risks are monitored by senior staff and that risks are reduced and eliminated where possible in accordance with the home's fire risk assessment and policies. A record of monitoring and any action taken should be maintained. Ref: Section 11 (11.8)	One	The Homes Fire Risk Assessment and policies are actioned and adhered to and are monitored by senior staff.	By the end of February 2015.

4	25.2	<p>The home manager/registered person should ensure:</p> <ul style="list-style-type: none"> • that the laundry is 'de cluttered' and 'deep cleaned' • equipment in sluices is stored correctly and in accordance with infection prevention and control regional guidance • that commodes are thoroughly cleaned after use and in accordance with infection prevention and control regional guidance <p>Ref: Section 11 (11.7)</p>	One	<p>Laundry is an integral part of the refurbishment programme and will be de-cluttered, deep cleaned and maintained.</p> <p>The equipment in sluices is now stored correctly.</p> <p>All staff clean commodes after use.</p> <p>Infection Control Training was held in October 14. Another date has been scheduled for March 15.</p>	<p>By the end of February 2015.</p>
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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	Cara Parker
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Desmond Wilson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Lyn Buckley	12 March 2015
Further information requested from provider			