



# Unannounced Care Inspection Report 26 November 2020



## Whitehead Nursing Home

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

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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 nursing home registered to provide nursing care for up to 28 persons.

### 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> Louise Hamilton – Deputy Manager Sarah Martin – Manager from 15:00 hours	<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> 23

### 4.0 Inspection summary

An unannounced inspection took place on 26 November 2020 from 09.30 to 17.00 hours

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment
- care delivery
- care records
- management of patients' finances
- governance and management arrangements.

Evidence of good practice was found in relation to maintaining patients' health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients. Governance and management systems were well organised and infection prevention and control procedures were signposted throughout the home.

Areas for improvement were identified regarding the housekeeping arrangements and a more diligent and robust approach by staff regarding the information/action within patients' care records and the accurate maintenance of supplementary records.

Patientssaid that they felt they were well cared for by staff and commented, “Couldn’t say a bad word about anyone.”

The findings of this report will provide the home with 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>	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sarah Martin, Manager, and Angela Dorrian, Area Manager, as part of the inspection process. The timescales for completion commence from the date of inspection

Enforcementaction did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 10 patients individually and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients’ representatives. We provided the manager with ‘Tell us’ cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas from 1 November to 26 November 2020
- four staff competency and capability assessments
- three patients’ care records
- complaint records
- compliment records
- staff training information including induction training
- staffs’ annual appraisal and supervision planner
- a sample of governance audits/records
- infection prevention and control procedures
- accident/incident records
- a sample of the monthly monitoring reports
- fire safety records
- RQIA registration certificate.

Areas for improvement identified at the last carewere reviewed and the assessment of compliance recorded as 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

The most recent inspection of the home was an unannounced care inspection undertaken on 28 January 2020. No further actions were required to be taken following the most recent inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14. (2)(a)(c)  <b>Stated:</b> First time	The registered person shall ensure as far as reasonably practicable that-  (a)all parts of the home to which patients have access are free from hazards to their safety; (c) Unnecessary risks to the health or safety of patients are identified and so far as possible eliminated;	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We completed an inspection of the environment and confirmed that the radiators previously identified as needing to be covered had been.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 40.2  <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed the supervision schedule which evidenced that the schedule was being adhered to. In discussion with staff they also confirmed that supervision was an on-going process in the home.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</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><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>We completed an inspection of the environment and confirmed that the areas identified above had been addressed.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 30.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that medicines are safely and securely stored.</p> <p>This relates specifically to nutritional supplements.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>We observed where nutritional supplements were being stored in the home. Locks had been put onto the fridge in the dining room where some of the supplements were stored and the remainder were being stored in a safe and secure area of the kitchen.</p>		

## 6.2 Inspection findings

### 6.2.1 Staffing

The manager was not available at the beginning of the inspection and we were assisted by the Deputy Manager, Louise Hamilton. We were later joined by the Registered Manager, Sarah Martin and the Area Manager, Angela Dorrian.

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support.

The staff reported that they all work together for the benefit of the patients. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- “Working in a care home is so much different than what I thought it would be and so much more rewarding.”
- “It’s a very homely home, plenty of character in it”
- “It’s a fabulous home, just so homely.”

We reviewed four staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager’s absence. The assessments were due for review and the manager gave assurances that these would be reviewed with the individuals within the next few days. We discussed the annual staff appraisal and supervision of staff with the manager. The manager maintains a ‘planner’ which was viewed and confirmed the processes were on-going. We spoke to staff who also confirmed the arrangements for supervision and the annual staff appraisal.

We reviewed the minutes of staff meetings which evidenced that staff meetings were held weekly during the first few months of ‘lockdown’ and thereafter they were held on an as and when required basis. The manager stated and staff confirmed that an enhanced report was given at the beginning of their duty shift. Three staff meetings with day and night staff were held in October 2020.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The review of the fire safety training records evidenced that this was up to date. The manager advised that additional training was also provided for staff as and when required, for example; infection prevention and control procedures were discussed at staff meetings and ‘ad-hoc’ meetings alongside the scheduled training date. Induction training records, including those of agency staff, were reviewed and were signed and dated by the supervisor and the staff member.

There were no questionnaires completed and returned to RQIA by staff prior to the issue of the report.

### **6.2.2 Infection prevention and control procedures and the environment**

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of having their temperature and symptom checks taken when on duty and if that the information was recorded. Records were available and viewed at the time of the inspection.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff. However, there were some gaps in the housekeeping records. Currently there is one housekeeper on duty daily, who finishes at either 15:00 hours or 16:00 hours. The home is over three storeys with a mixture of vinyl flooring and carpeting, the layout and age of the building and the additional daily touchpoint cleaning due to COVID-19 means that this is a significant volume of work for one housekeeper to achieve. The need for additional daily housekeeping support was discussed with the area manager and the manager and has been identified as an area for improvement.



We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE (personal protective equipment). PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. A staff member commented, "All the nurses have been so helpful regarding COVID-19 and training, this took the fear of it (COVID) away a bit."

Visiting arrangements were pre-arranged with staff and a 'pod' was outside the entrance to the home which had been designated for visiting. The location of the visitors pod meant that visitors were not walking through the main home and this has minimised the potential health risk for other patients and staff. The home was 'closed' to visitors at the time of the inspection.

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, lounge and dining areas and storage areas.

The majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction. Areas for improvement regarding the environment which had been identified at the previous inspection of 27 February 2020 had been actioned.

The most recent fire risk assessment was carried out on 23 November 2020 by a fire risk assessor who is on a recognised register of fire risk assessors. The assessment was a 'desktop' assessment and the assessor did not have a footfall in the home. Any areas identified for action had been addressed. The record of fire drills evidenced that these have been on-going on a monthly basis with the last drill being held on 22 November 2020.

### 6.2.3 Care delivery

We observed that patients looked well cared for; they were generally well groomed and nicely dressed. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Patients who were in bed appeared comfortable, personal care needs had been met and call bells were placed within easy reach for those patients. The atmosphere in the home was calm, relaxed and friendly. We observed examples of staff engaging with patients in a kindly and thoughtful manner, this included the activities coordinator.

Some comments made by patients included:

- "It's very nice here, very pleasant."
- "Couldn't say a bad word about anyone."
- "The food is lovely, far too much of it."
- "The girls are very helpful, they're young girls and they're great."
- "I see the manager walking through here (lounge) sometimes."
- "They're (staff) very good; sometimes the day can be long."

The staff told us that they recognised the importance of maintaining good communication with families due to the current pandemic. The care staff assisted patients to make phone calls with their families in order to reassure relatives, (where possible). As previously discussed,



arrangements had been in place on a phased appointment basis to facilitate relatives visiting their loved ones at the home when visiting was permitted.

Discussion with staff and a review of the activity programme showed that arrangements were in place to meet patients' social, spiritual and recreational needs. A planned activities programme was displayed in the entrance lobby of the home.

We observed the serving of the lunchtime meal. Dining tables were appropriately set with place mats and a range of condiments. Patients were offered a choice of fluids to accompany their meal. Social distancing was maintained in the dining room and lounge areas during the mealtime. Staff were helpful, attentive and demonstrated their knowledge of patients' dietary preferences. Patients commented positively regarding the meals provided.

There were no questionnaires completed and returned to RQIA by patients or their representatives prior to the issue of the report.

#### **6.2.4 Care records**

We reviewed three care records which evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patients. The exception was in relation to wound care management. An entry was made in the patient's care records and when cross referenced the action did not appear to have been taken. This was discussed with the manager and area manager who agreed to address the issue immediately. The manager and area manager were also advised to ensure that staff are more diligent and specific when care planning for and discussing behaviours that challenge. This has been identified as an area for improvement.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present. However, there were 'gaps' clearly evident in the repositioning records of the patients viewed. The quality of photocopying of the document was also quite poor and difficult to read. The need for robust records was discussed with the manager and area manager and has been identified as an area for improvement.

#### **6.2.5 Governance and management arrangements**

There was a clear management structure within the home and the manager was available for the later part the inspection process. The manager retains oversight of the home. All staff and patients spoken with commented positively about the manager and described her as supportive and approachable. Comments included:

- "The manager and the deputy manager have been so supportive."
- "I could go to the manager or management if I had any issues; I've done that in the past."

There were numerous 'thank you' cards displayed and comments included:

- "We can't thank you enough for all that you are doing for our loved ones....stay safe."  
Relative- September 2020
- "To all the staff at Whitehead for the love, care and affection shown to our XX.....you made the last year of his/her life so happy....our XX spoke about you all with such affection and it was obvious to us that XX was being cared for so well."  
Relative- October 2020

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We reviewed the reports of accidents and incidents. We noted where an unwitnessed fall had occurred medical attention was sought. We discussed the management of unwitnessed falls and the manager clearly defined staffs response in relation to any fall which may happen.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the home's own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately and that complainants were satisfied with the outcome of the action taken to address the issues raised. The complaints records and all quality audits were reviewed at the time of the monthly quality monitoring visit.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of the visits for September, October and November 2020 were reviewed. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

### **Areas of good practice**

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

## Areas for improvement

Areas for improvement were identified regarding the housekeeping arrangements and a more diligent and robust approach by staff information/action within patients' care records and the accurate maintenance of supplementary records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.3 Conclusion

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

### 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 Angela Dorrian, Area 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44 and 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 December 2020</p>	<p>The registered person shall ensure that there is a sufficient number of housekeeping staff on duty, on a daily basis, to ensure strict adherence to infection prevention and control procedures. Any supporting documentation in respect of the health, hygiene and cleanliness procedures in the home must be maintained in an up to date manner</p> <p>Ref: 6.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> The housekeeping hours needed to maintain the standards required within the home have now been reviewed and subsequently increased to ensure that high standards are maintained. .</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.8 and 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action</p>	<p>The registered person shall ensure that staff practice a more diligent and robust approach to the information/action/s stated within patients' care records and the accurate maintenance of supplementary records. This is specifically in relation to:</p> <ul style="list-style-type: none"> <li>• Ensuring there are no gaps of recording within patients repositioning records</li> <li>• Behaviour management must be clearly defined</li> <li>• Evidence is present of that any intervention identified in a patient's care record has been completed. i.e. wound swab.</li> </ul> <p>Ref: 6.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Action has been taken in relation to any shortfall in the areas identified and staff reminded of the importance of thorough and comprehensive record keeping. Spot checks will be completed to ensure that this is being maintained in addition to monthly auditing processes</p>

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



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