



Unannounced Care Inspection Report 6 February 2019



Whitehead Nursing Home

Type of Service: Nursing Home (NH)
Address: 15-18 Marine Parade, Whitehead, BT38 9QP
Tel No: 028 9335 3481
Inspector: Kieran McCormick

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing and residential care for up to 41 persons.

3.0 Service details

<p>Organisation/Registered Provider: Whitehead Nursing Home Ltd</p> <p>Responsible Individual(s): Mr Colin Nimmon</p>	<p>Registered Manager: Sarah Martin – registration pending</p>
<p>Person in charge at the time of inspection: Barbara Wilson – registered nurse – from 14.30 hours to 15.00 hours Louise Hamilton – deputy manager – from 15.00 hours to 18.45 hours</p>	<p>Date manager registered: Sarah Martin- application received - registration pending</p>
<p>Categories of care:</p> <p>Nursing</p> <p>I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.</p> <p>Residential</p> <p>I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. – over 65 MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.</p>	<p>Number of registered places: 41</p> <p>A maximum of 12 residential places including four identified residents in category RC-DE. The home is also approved to provide care on a day basis for two persons only.</p>

4.0 Inspection summary

An unannounced inspection took place on 6 February 2019 from 14.30 to 18.45 hours.

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 Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Whitehead Nursing Home which provides both nursing and residential care.

The inspection sought to assess progress with issues raised since the last care inspection on the 24 September 2018.

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
Total number of areas for improvement	1	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sarah Martin, manager and Louise Hamilton, deputy 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

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 November 2018.

No further actions were required to be taken following the most recent inspection on 20 November 2018

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
- written and verbal communication received since the previous care inspection
- the registration status of the home
- returned QIP's from the previous care inspections
- reports from the previous care inspections
- pre-inspection audit.

During the inspection we met with seven patients, seven staff and four relatives/visitors. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. We provided the person in charge with 'Have we missed you 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. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the nursing home.

The following records were examined during the inspection:

- duty rota for all staff for weeks beginning 28 January and 4 February 2019.
- incident and accident records
- a sample of governance audits

- five patient care records
- RQIA registration certificate
- certificate of employer's liability insurance
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 the most recent inspection dated 20 November 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 24 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that prescribed thickening agents and food supplements are securely stored at all times whilst in the home.	Met
	Action taken as confirmed during the inspection: Areas identified for the storage of prescribed thickening agents and food supplements were observed to be securely locked throughout the inspection.	

Area for improvement 2 Ref: Regulation 27 Stated: First time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.	Met
	Action taken as confirmed during the inspection: The identified environmental and infection prevention and control issues were evidenced to have been appropriately addressed.	
Area for improvement 3 Ref: Regulation 13 (1)(a)(b) Stated: First time	The registered person shall ensure that pressure relieving equipment used is appropriately set in regards to manufacturer's guidance and patient weight. The settings required should be appropriately recorded in care plans and reviewed as required.	Met
	Action taken as confirmed during the inspection: Review of care records and pressure relieving mattresses for five patients evidenced that each was appropriately used in accordance with manufacturer's guidelines and individual patient need.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: First time	The registered person shall ensure that staffing issues/deficits regarding the provision of domestic and catering staff are robustly managed so to minimise and avoid any impact on the patient experience.	Met
	Action taken as confirmed during the inspection: Review of duty rotas for catering and domestic staff evidenced that the staffing was consistent to meet the needs of patients and the home.	

6.3 Inspection findings

6.3.1 Registration

The certificate of registration issued by RQIA was appropriately displayed in the home. The manager was knowledgeable in regards to the registered categories of care for the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. Since the last inspection, Sarah Martin has come forward to RQIA as the proposed registered manager for Whitehead Nursing Home; this registration application is currently pending.

6.3.2 Governance

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A system of ongoing auditing and governance regarding the environment and adherence to best practice infection prevention and control (IPC) was evidenced on the day of inspection, the manager advised that IPC auditing arrangements were currently under further review. We suggested that the manager audit the availability and accessible storage of personal protective equipment throughout the home.

Records reviewed evidenced that good practice had been adhered to in regards to post falls management. Notifications had not been submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

6.3.3 Patient experience

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Food served to patients at the evening meal time was observed to be warm, plentiful and appetising. There was an option available for those patients on a modified diet. Patients who we met in the dining room spoke positively regarding the standard of food. The dining room was appropriately set and there were sufficient numbers of staff available to meet patients' needs including oversight from a registered nurse. We observed a trolley being used to transport food to patients who preferred or who were unable to attend the dining room. The trolley in use was not equipped to maintain the food at the required temperature and we also observed the food being left unattended and partially covered in corridors while staff attended to patients. This practice was discussed with the manager for their urgent attention and an area for improvement under the standards was made.

6.3.4 Environment and infection prevention and control

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, storage areas and dining room. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable, except for one identified quiet room, this was discussed with the manager for their attention. The home was fresh smelling and tidy throughout. We noted that environmental and infection prevention and control issues identified at the last inspection had been appropriately addressed.

6.3.5 Staffing

A review of the staff duty rota for weeks beginning the 28 January and 4 February 2019 evidenced that the planned staffing levels remained consistent. We noted an increased use of agency staff for week beginning 4 February 2019; this was discussed with the management team for the home who provided assurances regarding the ongoing recruitment of care staff. We met with an agency staff member on duty on the day of inspection who advised that they had not received an induction at the commencement

of their shift. This was discussed with the manager and an area for improvement under the standards was made.

6.3.6 Care records

We reviewed the care records for four patients within the home with specific focus on dietary and swallowing needs. Records reviewed evidenced that information available pertaining to individual patients needs was inconsistent on each occasion and that as such there was a potential risk to patients. This was discussed with the manager and deputy manager for their urgent attention and an area for improvement under the regulations was made. We were also concerned to note that care, nursing and catering staff on duty demonstrated no awareness of the new terminology and guideline changes regarding modified diets and fluids for people with swallowing difficulties, International Dysphagia Diet Standardisation Initiative (IDDSI). This was discussed with the manager and an area for improvement under the standards was made.

At the time of writing this report, there were no questionnaires returned from patients or their representatives. Questionnaire comments received after specified timescales will be shared with the manager, as necessary.

Staff were asked to complete an online survey; we had no completed responses within the timescale specified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to environmental improvements and adherence to infection prevention and control best practice, dignity and privacy, staff knowledge of patients' wishes and preferences.

Areas for improvement

Areas for improvement identified during the inspection include maintaining up to date information regarding patients' swallowing needs, training for staff on the new international swallowing guidelines, completion of induction for agency staff and the transporting of food to patients in their rooms.

	Regulations	Standards
Total number of areas for improvement	1	3

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, manager and Louise Hamilton, deputy 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 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 DHSSPS 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>Area for improvement 1</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that information pertaining to individual patients swallowing needs is kept up to date and communicated accurately to all staff involved in the care of the patient.</p> <p>Ref: 6.3.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Training on dysphagia and latest terminology for modifications to diet and fluids has been requested and date to be confirmed.</p> <p>Care plans in place for all residents with Dysphagia with up to date information on speech and language recommendations</p> <p>Information board in kitchen reflects current needs of all residents that have been reviewed by Speech and Language.</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>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the current practice of transporting food to patients in their rooms is reviewed. Food transported to patients in their rooms should be appropriately stored at all times to ensure temperature is maintained.</p> <p>Ref: 6.3.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Where residents need food brought to their rooms, only a small amount of covered meals are being transported at any one time to ensure that temperature maintained.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that all newly appointed permanent and agency staff receive a structured orientation and induction at the commencement of employment in the home. Records of the induction should be retained.</p> <p>Ref: 6.3.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff aware of the need for inductions of all new staff.</p> <p>Where new staff require an induction this will be highlighted to prompt staff to ensure that all staff require adequate information and orientation to the home.</p>

Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that all staff involved in the meal time experience are provided with the relevant level of training regarding the new guidelines on modified diets and fluids for people with swallowing difficulties, International Dysphagia Diet Standardisation Initiative (IDDSI). Ref: 6.3.6
	Response by registered person detailing the actions taken: Training has been requested and is being arranged for both kitchen staff and care staff. A date for this training is to be confirmed but will be held as soon as possible.

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



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