

Inspection Report

17 May 2022



Whitehead Nursing Home

Type of service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Electus Healthcare 2 Ltd Responsible Individual: Mrs Hazel McMullan	Registered Manager: Mrs Sharon McCreary – Acting Manager Date Registered: Not registered
Person in charge at the time of inspection: Mrs Sharon McCreary – Acting Manager	Number of registered places: 28
Categories of care: Nursing Home (NH) PH – Physical disability other than sensory impairment. I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 19
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 28 patients. The home is divided into three floors with patients' bedrooms located over all three floors. Patients have access to communal lounges, a dining room, a patio area at the rear of the building and the promenade at the front of the building overlooking the sea. There is also a registered residential care home in the same building for which the manager is also responsible.	

2.0 Inspection summary

An unannounced inspection took place on 17 May 2022 from 10.00am to 6.00pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. An inspection of the residential care home was undertaken at the same time as the nursing home inspection.

Areas requiring improvement were identified during this inspection and this is discussed within the main body of the report and Section 7.0.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Whitehead Nursing Home was provided in a compassionate manner by staff who knew and understood the needs of the patients.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living or working in Whitehead Nursing Home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Two relatives, eight staff, one visiting professional and eight patients were spoken with. No questionnaires were returned and no feedback was received from the staff online survey.

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Relatives were complimentary of the care provided in the home and the visiting professional spoke positively about communication with the home.

Staff agreed that Whitehead Nursing Home was a good place to work. Staff members were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 1 July 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2) (c) Stated: First time	The registered person shall ensure that equipment provided at the nursing home is in good working order, properly maintained and suitable for the purpose for which it is to be used.	Met
	Action taken as confirmed during the inspection: Examination of the environment evidenced that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall ensure that fire doors are not wedged open.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 44 and 46 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Discussion with staff, examination of the duty rota and review of the environment evidenced that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment evidenced that sufficient records were not retained within the home to provide assurances that staff were recruited in keeping with regulations. In addition, there was no system in place to ensure managerial oversight of staff recruitment. This was discussed with the manager and senior management post inspection who confirmed attempts to implement an automated recruitment system had proved challenging. Assurances were given that until this system is introduced the manager will review recruitment files and complete a checklist prior to the human resources manager issuing a contract of employment. An area for improvement was identified.

Discussion with staff and a review of records confirmed staff members were provided with an induction programme to prepare them for providing care to patients. It was unclear from records reviewed if the manager reviewed induction records once completed. This was discussed with the manager who confirmed a new provider had recently taken over operational control of the home and new induction records were being implemented. Assurances were given that inductions for recently recruited staff would be reviewed by the manager. This will be reviewed at a future care inspection.

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. However, review of staff training records confirmed that all staff members were not up to date with mandatory training. This was discussed with the manager who agreed to arrange for outstanding training to be completed. An area for improvement was identified.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good teamwork and had no concerns regarding the current staffing levels. Staff said there had been some staffing challenges previously but that these had been stable for the last month.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner. Relatives spoken with expressed no concerns regarding staffing arrangements in the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were observed to be prompt in recognising patients' needs especially in those patients who had difficulty in making their wishes known. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were well completed.

Deficits in moving and handling practice were identified. Following observation of the transfer of a patient from their wheelchair to the armchair, review of the patient's care records confirmed this was not done in keeping with their assessed needs. This was discussed with the manager who arranged for supervision with the identified member of staff; an area for improvement was identified.

Management of wound care was examined. Review of one identified patient's care records confirmed that improvements in the management of wounds had been made since the last care inspection in keeping with best practice guidance.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Review of the management falls evidenced appropriate actions were consistently taken following the fall in keeping with best practice guidance.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used. It was good to note that, where possible, patients were actively involved in the consultation process associated with the use of restrictive interventions and their informed consent was obtained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff members were observed attending to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary.

Most patients spoke positively in relation to the quality of the meals provided although one patient did not. This was discussed with the manager who agreed to follow up with the patient directly. The manager confirmed the new care home provider had introduced diet notification forms which would inform an upcoming review of the menu in the home.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids. However review of the management of choking risk confirmed one patient's care plan and/or risk assessment had not been updated in a timely manner to reflect changes in the patient's assessed needs. This had the potential to cause confusion in relation to the delivery of patient care. Details were discussed with the manager and an area for improvement was identified.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of one identified patient's care records evidenced that not all care plans had been developed within a timely manner to accurately reflect their assessed needs. In addition, elements of some of the care plans lacked personalisation. While it was reassuring to note that many of the deficits had been identified in an audit completed by the regional manager, it was concerning that staff had recorded that some outstanding actions had been completed when they had not. Further deficits were identified in the completion of personal care and bowels records and there was evidence that food and fluid intake records were not completed contemporaneously.

Details were discussed with the manager and the regional manager post inspection. They confirmed that they were aware of ongoing deficits in record keeping and documentation that further supports and supervision would be offered staff specific to these areas. Given these assurances and to provide the manager with sufficient time to fully address and embed these changes into practice, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, clean and tidy. One store room was found to be cluttered while some areas of the home required decorating. This was discussed with the manager during the inspection who confirmed a refurbishment plan was in place for the home. This was shared with RQIA following the inspection and the above deficits had been identified as areas to address. This will be reviewed at a future care inspection.

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. Some of the lounges were arranged in such a way that patients could safely socially distance; although other lounges and the dining areas were not. This was discussed with the manager who agreed to review current seating arrangements and risk assesses the need for social distancing.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE and hand sanitisers readily available throughout the home.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided; although review of records confirmed many staff required IPC training. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff were not familiar with the correct procedure for the donning and doffing of PPE. Hypochlorite cleaning solution was observed to be used inappropriately and was not diluted in keeping with manufacturer's guidance. Staff spoken with required additional training regarding use of cleaning chemicals. This was discussed with the manager and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedrooms, but would enjoy going to the lounge for meals.

Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives or did arts and crafts with the activity co-ordinator. One patient said, "we do arts and crafts" while another said "I enjoy chatting in the lounge and watching TV, Gabrielle does activities with us."

An activity planner was displayed in the home although this had not been completed to indicate what activities were planned. Discussion with staff confirmed events were planned to celebrate the Queen's jubilee. Review of care records confirmed some patients did not have an individual activity assessment with a supporting care plan. There was no evidence that the activity programme delivered had been reviewed recently in consultation with the patients. Examination of activity records confirmed that further work was required to evidence delivery of activities on a consistent basis to all patients.

This was discussed with the manager who confirmed activity provision had been identified internally as an area for review and this was being addressed by senior management. Information shared by the provider with RQIA following the inspection confirmed recent meetings were held with activity co-ordinators in order to drive improvement. Given these assurances and to allow time for activity provision to be reviewed additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been a change in the management of the home since the last inspection. Mrs Sharon McCreary has been the acting manager since 21 February 2022. RQIA were notified appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good and it was acknowledged the new provider was introducing new governance systems. Given the deficits identified in some staffs' IPC knowledge and practice and record keeping, the manager agreed to increase audit activity around hand hygiene, PPE use and completion of care records.

Review of records confirmed that systems were in place for staff appraisal and supervision.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly, although, deficits in record keeping were identified following review of one complaint. This was discussed with the manager who agreed to retrospectively review the complaint and record appropriately.

Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA. It was noted that no visit had been completed for April 2022; this was discussed with the peripatetic manager during feedback who confirmed this was due to unforeseen circumstances. It was agreed they would review arrangements for completion of monthly monitoring visits in the absence of senior management.

7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	4	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sharon McCreary, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure records of employment are available for review on inspection and evidence retained of managerial oversight of all such records.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Recruitment processes have been reviewed by Head Office and all required employment records will now be stored at home level to ensure managerial oversight at all times. A recruitment pack has also been compiled by HR alongside an updated SOP, to ensure correct procedure is followed consistently.</p>
Area for improvement 2 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure safe moving and handling training is embedded into practice.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Safe moving and handling practices are reiterated at staff meetings and daily flash meetings. Moving and handling Training was held in the home on 25.05.22 and there are several further practical sessions scheduled over coming weeks to ensure that all staff are fully compliant.</p>
Area for improvement 3 Ref: Regulation 16 (2) (b) Stated: First time To be completed by: 28 February 2022	<p>The registered person shall ensure that patient's care plans and risk assessments are kept under review to reflect any change in their assessed care needs.</p> <p>This area for improvement is made with specific reference to the management of choking risk.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Supervision was completed with nursing staff in regards to the timely updating of risk assessments and care plans to reflect patients' changing needs. A named nurses system remains in place to ensure that patient documentation is updated in a timely and thorough fashion. Management continue with regular auditing of patient care files to monitor compliance.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2022</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene • appropriate use of hypochlorite solution • staff knowledge and training regarding the use of cleaning chemicals. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Donning and doffing competencies are being completed with all staff- this encompasses appropriate use of PPE and correct hand hygiene practices. Supervision has been completed with relevant staff regarding correct dilution of hypochlorite solution. COSHH training will be updated for all relevant staff via the Company online training system.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 39.9</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2022</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Company have a robust schedule of practical training sessions planned over the coming weeks and months to address mandatory training deficits. The Online Company e-learning system will address all other mandatory training requirements that are not offered in a face-to-face format.</p>

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