

# Inspection Report

8 December 2022



## Whiteabbey Care Home

Type of service: Nursing Home  
Address: 104-106 Doagh Road, Newtownabbey, BT37 9QP  
Telephone number: 028 9085 3021

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Beaumont Care Homes Limited  <b>Responsible Individual:</b> Mrs Ruth Burrows (Applicant)	<b>Registered Manager:</b> Mrs Anne McCracken (Acting)
<b>Person in charge at the time of inspection:</b> Ms Susan McLaughlin, Care Quality Manager	<b>Number of registered places:</b> 59
<b>Categories of care:</b> Nursing Home (NH) I – old age not falling within any other category PH – physical disability other than sensory impairment PH (E) - physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 36
<b>Brief description of the accommodation/how the service operates:</b>  Whiteabbey Care Home is a registered nursing home which provides nursing care for up to 59 patients. The home is divided into two units, one on the ground floor and one on the first floor. Patient bedrooms are located over the two floors.	

## 2.0 Inspection summary

An unannounced medicines management inspection took place on 8 December 2022, from 10.45am to 1.15pm. The inspection was completed by two pharmacist inspectors and focused on medicines management within the home.

Following an inspection on 13 September 2022, two Failure to Comply (FTC) notices were issued on 22 September 2022. At the last medicines management inspection on 21 October 2022 there was evidence that management and staff within the home had taken appropriate action to comply with FTC notice, FTC000200. Evidence was not available to validate full compliance with FTC notice, FTC000199. However, there was evidence of improvement and progress had been made to address the required actions within the notice. Following a meeting with RQIA senior management, the decision was made to extend the compliance date to 8 December 2022; FTC notice - FTC000199E was issued.

This inspection was planned to assess compliance with the actions detailed in the FTC notice. The outcome of this inspection evidenced that management within the home had taken appropriate action to comply with the FTC notice.

A review of staffing had been undertaken to determine safe staffing levels and staff induction processes had been reviewed and improved. Medicine related incidents were reported appropriately and the audit process for medicines management had been reviewed and improved.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection, with the exception of one in relation to staff induction, would be followed up at the next care inspection.

### **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.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by validating compliance with the actions specified in the issued FTC notice, FTC000199E. This involved examining the auditing systems used to ensure the safe management of medicines, staff induction and the leadership and governance arrangements in Whiteabbey Care Home. Staff views were also obtained.

### **4.0 What people told us about the service**

The inspectors met with nursing staff, the care quality manager and the applicant responsible individual. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff stated they continue to work hard to implement and maintain improvements in relation to medicines management. One agency nurse stated safer systems are now in place for medicines management and improved staffing levels allow the medicines round to be completed in an efficient and safe manner.

## 5.0 The inspection

Areas for improvement from the last inspection on 21 & 25 October 2022		
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20 (1) (c)(i) <b>Stated:</b> Second time	The registered person shall ensure that newly appointed staff are provided with a robust induction programme, and this is completed in a timely manner, signed off by the Manager and available for inspection in staff recruitment records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of staff induction records identified staff were provided with a robust induction which was signed off by the manager or appropriate member of staff from Whiteabbey Care Home. Induction records were readily available for inspection.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (1) <b>Stated:</b> Second time	The registered person shall ensure that neurological observations are managed in line with best practice guidance in the event of an actual/suspected head injury.  This specifically relates to: <ul style="list-style-type: none"> <li>• The contemporaneous and accurate recording of clinical observations by registered nurses</li> <li>• If observations are stopped before the recommended timeframe a clear rationale must be recorded.</li> </ul>	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 20 (1) (c) (i) <b>Stated:</b> First time	The registered person shall ensure that all staff receive and complete mandatory training appropriate to their job role.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must review the management of medicines on admission to the home. Medicine regimens must be confirmed in writing from the prescriber and any discrepancies must be followed up in a timely manner to ensure that medicines are administered as prescribed.</p> <p><b>Action taken as confirmed during the inspection:</b> Admissions to the home have currently been suspended. This area for improvement has been carried forward for review at the next inspection.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring a pressure relieving mattress:</p> <ul style="list-style-type: none"> <li>• The type of mattress in use must reflect the patients assessed need.</li> <li>• The mattress should be set correctly to meet the assessed need of the patient.</li> <li>• The type of mattress and correct setting must be documented correctly on the patients repositioning charts.</li> </ul> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 16 (2) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure care records and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall implement a robust system to regularly monitor the quality of supplementary care documentation. This specifically relates to repositioning booklets and patient fluid intake records.</p>	<p><b>Carried forward to the next inspection</b></p>

	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 12 <b>Stated:</b> Second time	The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 35 <b>Stated:</b> Second time	The registered person shall ensure that all governance audits evidence oversight by the home Manager.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 16.11 <b>Stated:</b> Second time	The registered person shall ensure complaint records are accurately and comprehensively maintained at all times to include details of all communication with the complainant, investigation, actions taken or identified and the complaint outcome.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time	The registered person shall ensure detailed care plans are in place for the management of distressed reactions.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Care plans were in place for some but not all patients prescribed medicines for distressed reactions.  This area for improvement has been partially met and will be subsumed into a new area for	

	improvement under Regulation.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time	<p>The registered person shall ensure detailed care plans are in place on occasions when medicines are crushed to assist administration. The suitability of crushing tablets must be confirmed with the pharmacist.</p> <p><b>Action taken as confirmed during the inspection:</b>  Two patients whose medicines were crushed and administered covertly were reviewed. For one patient, the personal medication record and medicine administration record had not been updated to reflect that the medicines were crushed prior to administration. A care plan was in place and GP authorisation to crush and administer the medicines covertly had been obtained; however the suitability of crushing the medicines had not been checked with the pharmacist.</p> <p>For a second patient, the personal medication record and medicine administration records showed that medicines could be crushed; however the care plan in place did not detail how the patient's medicines were administered.</p> <p>This area for improvement has been partially met and will be subsumed into a new area for improvement under Regulation.</p>	<b>Partially met</b>
<b>Area for improvement 6</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	<p>The registered person shall review the dining experience for patients to ensure:</p> <ul style="list-style-type: none"> <li>• The menu is appropriately displayed in both dining rooms</li> <li>• The service of food in the downstairs dining room is reviewed so that the food is not plated and served at one time to ensure the food patients receive is at the required temperature.</li> </ul> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<b>Carried forward to the next inspection</b>

<b>Area for improvement 7</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The registered person shall ensure the identified laundry floor is either repaired or replaced.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 8</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The registered person shall ensure the staff duty rota includes: <ul style="list-style-type: none"> <li>• the full names of staff including agency staff</li> <li>• the nurse in charge of the home in the absence of the manager is identified.</li> </ul>	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

FTC Ref: FTC000199E

Notice of failure to comply with regulation:

*The Nursing Homes Regulations (Northern Ireland) 2005*

*Registered person: general requirements*

*Regulation 10.—*

***(1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.***

In relation to this notice the following six actions were required to comply with this regulation:

1. A robust system of medicines management audit and review is implemented, monitored and reviewed by the manager on an ongoing basis; this system should encompass all aspects of the management of medicines to ensure that there are safe systems in place.
2. Guidance on how and when to escalate discrepancies in medicines management is provided to all registered nursing staff working within the home and embedded into practice.

3. When a deficit is identified through the audit process, there is documented evidence of the actions that have been put in place to effectively address the deficit and prevent reoccurrence.
4. All statutory notifications submitted to RQIA must contain sufficient detail to provide assurance that they have been robustly managed in keeping with best practice.
5. A robust induction process is put in place for new staff members and agency staff involved in the management of medicines; this induction process should be regularly reviewed by either the manager or an appropriately delegated staff member.
6. A comprehensive review of staffing is undertaken to identify the staff required to complete the medicine administration process in a safe, timely and effective manner. In developing this system, the quantity and complexity of the medicines prescribed to be administered must be taken into account in addition to the dependency of patients.

### **Action taken by the registered persons:**

Evidence in relation to the six action points in the Failure to Comply notice was gathered to establish if Whiteabbey Care Home had complied with the regulation. The following was established in relation to each action:

1. This action had been assessed as met at the last medicines management inspection on 21 October 2022. Medicines management audits continue to be completed and audits completed by the inspectors showed the medicines had been administered as prescribed. This action has been assessed as met.
2. There was evidence that nursing staff had received guidance on how and when to escalate discrepancies in medicines management. Competency assessments which included the action to take when shortfalls are identified were completed for nursing staff by the clinical educator for Beaumont Care Homes Ltd. Supervision sessions regarding the reporting of medicine incidents had also been completed with nursing staff. This action has been assessed as met.
3. This action had been assessed as met at the last medicines management inspection on 21 October 2022. Action plans continue to be in place when deficits are identified through the audit process. This action has been assessed as met.
4. The statutory notifications submitted to RQIA since the last inspection on 21 October 2022 contained sufficient detail. The notifications submitted included information on the impact the incident may have had on the patient and that advice had been sought from the prescriber when an incident occurred. This action has been assessed as met.
5. The induction process for staff had been reviewed. Review of induction records showed that each nurse had completed supervision sessions on medicine related areas such as the management of warfarin, distressed reactions and incident reporting prior to commencing shifts in the home. Induction records had been signed off by the manager or an appropriately delegated member of staff from Whiteabbey Care Home. This action has been assessed as met.
6. There was evidence a staffing review had been undertaken since the last inspection taking into account the dependency of the patients.

The CHES (Care Home Equation for Safe Staffing) tool was used on a weekly basis to guide safe staffing levels in the home. Senior management informed inspectors that staffing continues to be increased to include one extra nurse working 8am – 2pm to assist with the morning medicines round. It was observed that the morning medicines round on both floors was completed by 11.15am on the day of the inspection. This action has been assessed as met.

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

## 6.0 Quality Improvement Plan/Areas for Improvement

The inspection sought to assess if the home had taken the necessary actions to ensure compliance with the FTC notice, FTC000199E.

The outcome of this inspection concluded that the home had taken appropriate action to comply with the FTC notice. The importance of sustaining the progress made was emphasised.

One area for improvement has been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005. The area for improvement and details of the Quality Improvement Plan were discussed with Mrs Ruth Burrows, Applicant Responsible Individual and Ms Susan McLaughlin, Care Quality Manager, as part of the inspection process. The timescale for completion commences from the date of inspection.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	7*	6*

\* the total number of areas for improvement includes twelve which are carried forward for review at the next inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect (25 October 2022)	<p>The registered person shall ensure that neurological observations are managed in line with best practice guidance in the event of an actual/suspected head injury.</p> <p>This specifically relates to:</p> <ul style="list-style-type: none"> <li>• The contemporaneous and accurate recording of clinical observations by registered nurses</li> <li>• If observations are stopped before the recommended timeframe a clear rationale must be recorded.</li> </ul>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (1) (c) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2022	<p>The registered person shall ensure that all staff receive and complete mandatory training appropriate to their job role.</p>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (18 August 2022)	<p>The registered person must review the management of medicines on admission to the home. Medicine regimens must be confirmed in writing from the prescriber and any discrepancies must be followed up in a timely manner to ensure that medicines are administered as prescribed.</p>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (25 October 2022)	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring a pressure relieving mattress:</p> <ul style="list-style-type: none"> <li>• The type of mattress in use must reflect the patients assessed need.</li> <li>• The mattress should be set correctly to meet the assessed need of the patient.</li> <li>• The type of mattress and correct setting must be documented correctly on the patients repositioning charts.</li> </ul>

	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 5</b> <b>Ref:</b> Regulation 16 (2) (b) <b>Stated:</b> First time <b>To be completed by:</b> 25 November 2022	The registered person shall ensure care records and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 6</b> <b>Ref:</b> Regulation 17 (1) <b>Stated:</b> First time <b>To be completed by:</b> 25 November 2022	The registered person shall implement a robust system to regularly monitor the quality of supplementary care documentation. This specifically relates to repositioning booklets and patient fluid intake records.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 7</b> <b>Ref:</b> Regulation 16 <b>Stated:</b> First time <b>To be completed by:</b> 5 January 2023	The registered person shall ensure medicine related care plans are maintained where appropriate and are individualised for each patient. This is in specific reference to: <ul style="list-style-type: none"> <li>- care plans for the management of distressed reactions</li> <li>- care plans for medicines that are crushed to assist administration. The suitability of crushing tablets must be confirmed with the pharmacist.</li> </ul>
	<b>Response by registered person detailing the actions taken:</b> Supervisions have been completed with all trained staff regarding management of distressed reactions. Residents care plans are in place regarding how to manage distressed reactions which includes prescribed medications. Care plan evaluations are being completed on a monthly basis which are reflective of records made in the corresponding PRN Protocol throughout the month. The suitability of the crushing of medications have been confirmed with the individual residents by their surgery pharmacist and record of same is in place. Compliance will be monitored via the internal auditing process and via the Operations Manager during the Reg 29 visit.
<b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b>	

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect (25 October 2022)</p>	<p>The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 November 2022</p>	<p>The registered person shall ensure that all governance audits evidence oversight by the home Manager.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 16.11</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 November 2022</p>	<p>The registered person shall ensure complaint records are accurately and comprehensively maintained at all times to include details of all communication with the complainant, investigation, actions taken or identified and the complaint outcome.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (5 July 2022)</p>	<p>The registered person shall review the dining experience for patients to ensure:</p> <ul style="list-style-type: none"> <li>• The menu is appropriately displayed in both dining rooms</li> <li>• The service of food in the downstairs dining room is reviewed so that the food is not plated and served at one time to ensure the food patients receive is at the required temperature.</li> </ul> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the identified laundry floor is either repaired or replaced.</p>

	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
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<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the staff duty rota includes:</p> <ul style="list-style-type: none"> <li>• the full names of staff including agency staff</li> <li>• the nurse in charge of the home in the absence of the manager is identified.</li> </ul>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

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



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