



# Unannounced Care Inspection Report 6 January 2021



## Whiteabbey Nursing Home

Type of Service: Nursing Home (NH)

Address: 104-106 Doagh Road, Newtownabbey, BT37 9QP

Tel No: 028 9085 3021

Inspector: Mandy Ellis

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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 59 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager and date registered:</b> Telma Pinto  1 July 2020
<b>Person in charge at the time of inspection:</b> Telma Pinto	<b>Number of registered places:</b> 59
<b>Categories of care:</b> Nursing Home (NH) I -Old age not falling into 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> 37

### 4.0 Inspection summary

An unannounced inspection took place on 06 January 2021 from 09.15 to 16.55 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- the internal environment
- care delivery
- governance and management arrangements.

The findings of this report will provide Whiteabbey Nursing 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>	2	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Telma Pinto, 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.

## 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 nine patients and seven staff. Questionnaires were also left in the home to obtain feedback from patients and their relatives/ representatives. Ten questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

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. No completed questionnaires or responses to the staff survey were returned within the indicated timeframe.

The following records were examined during the inspection:

- the duty rota from 28 December 2020 to 10 January 2021
- the home's registration certificate
- three patients' care records
- five patients' supplementary care charts in regard to repositioning
- four patients' supplementary care charts in regard to food and fluid intake
- two staff recruitment files
- a sample of governance audits/records
- a sample of monthly monitoring reports.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 16 December 2019 no further actions were required to be taken following this inspection.

## 6.2 Inspection findings

### 6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. We were advised that staff had a temperature and symptom check upon arrival to work; a record of this was maintained. It was encouraging to note that the inspector was also required to undergo a temperature and symptom check upon arrival to the home.

On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. We reviewed the duty rotas for the period 28 December 2020 to 10 January 2021. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoken with told us that there was a good sense of teamwork in the home and that they enjoyed coming to work.

Comments made by staff included:

- "This is a lovely place to work. "
- "I love it here. "
- "I have no issues."

### 6.2.2 Personal Protective Equipment

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. We observed that PPE was readily available; a PPE station had been set up in the lobby enabling anyone entering to carry out hand hygiene and put on the recommended PPE. The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home. Staff were observed using PPE appropriately.

### 6.2.3 Infection Prevention and Control and the internal environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices and storage areas. The home was fresh smelling throughout. The patients' bedrooms which were viewed were clean, warm and had been personalised with items that were meaningful to individual patients.

We observed the areas above the wardrobes in the patients' bedrooms were used to store various items; such as decorations and boxes of personal items. This was discussed with the manager for her appropriate action in the review of the use of this space as storage; this will be reviewed at a future inspection.

Pieces of moving and handling equipment were seen stored in corridors in both units of the home when not in use; this was discussed with the manager and the items were moved during the inspection. In the event of an emergency these pieces of equipment would be a potential obstruction and could prevent clear exit from the building. This was identified as an area for improvement in order to comply with the regulations.

Measures had been put in place to maintain social distancing for patients where possible. Seating in the lounge and dining room areas had been arranged in such a way as to allow adequate social distancing.

#### **6.2.4 Care delivery**

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner. Patients spoken with commented positively about the care they received; they told us:

- "The staff are very good. "
- "The staff are brilliant. "
- "Things are alright here. "
- "I have no complaints. "
- "I am well looked after."

We observed the serving of the lunch time meal. We saw that staff attended to the patients' needs in a prompt, caring manner and that staff wore the appropriate PPE. The tables were set and condiments were available. Patients were offered a selection of drinks and the food served looked and smelt appetising. Patients spoken with commented positively about the quality of the food; they said:

- "The food is great. "
- "The food is not too bad. "
- "The food is excellent. "

Review of three patients' care records evidenced individualised, comprehensive care plans were in place to direct the care required and reflected the assessed needs of patients. Risk assessments reviewed were up to date and appropriate to the patients' needs.

Supplementary care records were reviewed in relation to food and fluid intake and repositioning. Four supplementary care records in regard to patients' food and fluid intake were consistently recorded.

Five repositioning charts were reviewed. A review of the repositioning records did not evidence consistent delivery of pressure relieving care to the patient; this was mostly evident in the evening time. Several repositioning charts did not have the correct type of mattress in use by the patient documented. A further review of the identified patients' bedrooms evidenced a difference again in the type of pressure relieving mattress that was in use on the patients' bed. Inconsistency was also observed in the correct mattress setting for the individual patients. An area for improvement was identified.

## 6.2.5 Governance and management arrangements

Following review of a sample of governance audits, it was evident that the manager maintained a good level of oversight in the home. Audits reviewed included hand hygiene, PPE compliance, wound care, equipment, dining, infection control and environmental audits. These audits included the development of action plans to address identified deficits as necessary.

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due.

Two staff recruitment files were reviewed; these both evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

A review of the accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies.

### Areas of good practice

Areas of good practice were identified in relation to staffing, treating patients with respect and kindness, individualised comprehensive care plans and governance arrangements.

### Areas for improvement

Three new areas for improvement were identified in relation to fire safety, patient repositioning and pressure relieving mattresses.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

## 6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. Staff promptly responded to patients' individual needs.



## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Telma Pinto, 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 provider 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 Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (4)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The registered person shall ensure that moving and handling equipment is stored appropriately and that all corridors are kept clear and unobstructed at all times.</p> <p><b>Ref:</b> 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Registered Manager has reviewed the storage of moving and handling equipment. Staff have been advised to store equipment in allocated area when not in use. Compliance will be monitored and signed by Manager and Registered Nurses during daily walkabouts.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 12 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> with immediate effect</p>	<p>The registered person shall ensure that repositioning records evidence the delivery of pressure area care as prescribed in the patients care plan.</p> <p><b>Ref:</b> 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Registered Manager has reviewed residents who require to be on a repositioning record. Care plans have been reviewed and are reflective to repositioning records. Compliance will be monitored and signed by Manager and Registered Nurses.</p>

<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 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> with immediate effect</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>Ref: 6.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Registered Manager has reviewed residents who require a pressure relieving mattress. Care plans contain the type of mattress and setting to meet residents assessed needs. This information is transcribed to repositioning charts. Mattress setting form is in place and checked twice a day. Compliance will be monitored and signed by Manager and Registered Nurses during the 24hour shift.</p>

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



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