

# Inspection Report

11 September 2023



## Whiteabbey Care Home

**Type of service: Nursing Home**

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

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[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation:</b> Beaumont Care Homes Limited</p> <p><b>Responsible Individual:</b> Mrs Ruth Burrows</p>	<p><b>Registered Manager:</b> Miss Arni Gliceria Operario - not registered</p>
<p><b>Person in charge at the time of inspection:</b> Miss Arni Gliceria Operario</p>	<p><b>Number of registered places:</b> 59</p> <p>The home is also approved to provide care on a day basis only to 1 person.</p>
<p><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.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 41</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This 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. A dining room and communal lounges are located on both floors.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 11 September 2023 from 9.10 am to 6.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

It was evident that staff promoted the dignity and well-being of patients by respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs and had relevant training to deliver safe and effective care. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

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 Whiteabbey Care Home was safe, effective, and compassionate and that the home was well led.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

## 4.0 What people told us about the service

Patients, staff and relatives were consulted during the inspection. Staff spoken with said that Whiteabbey Nursing Home was a good place to work. Staff were satisfied with the staffing levels, the training provided and the support from the manager. A number of staff raised concerns regarding skill mix of staff and how this can affect the teamwork in the home. These comments were shared with the management team for their appropriate action.

The majority of patients spoken with told us they had good experiences living in the home and they liked the meals provided. Patients told us, “The staff are good and so is the food” and “I am quite content”. Two patients shared dissatisfaction regarding staffing, the individual comments were shared with the management team again for their appropriate action. The management team gave assurances that they will address the issues identified.

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

Three relatives spoken with expressed no concerns regarding the care of their loved one and confirmed that communication with the home was good and they are kept up to date.

No questionnaires were returned by patients or relatives and no responses were received from the staff online survey within the timeframe for inclusion in this report.

## 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 6 March 2023		
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 13 (4) <b>Stated:</b> First time	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.	<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 2</b></p> <p><b>Ref:</b> Regulation 16</p> <p><b>Stated:</b> First time</p>	<p>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:</p> <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> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 16.11</p> <p><b>Stated:</b> Second time</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 taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<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 the identified laundry floor is either repaired or replaced.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. The manager retained good oversight of staff compliance with their training requirements.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well.

Staff said that they felt well supported in their role and found the manager approachable. Staff spoke positively on staffing levels in the home; however, a number staff raised concerns regarding teamwork and skill mix. The concerns were shared with the management team for their appropriate action.

### 5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff provided care in a caring and compassionate manner. Patients were well presented in their appearance.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. It was observed that the daily menu was not displayed in either dining room, 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 were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were well reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

However, the review of care plans for patients who required wound care, evidenced that the care plans did not accurately reflect the wound care required. An area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who are less able to mobilise require special attention to their skin care and were assisted by staff to change their position. A review of repositioning records identified deficits, the records reviewed were not consistently or accurately completed to include all the required detail pertaining to the patients' repositioning requirements or the equipment in use. Furthermore, the records reviewed did not always evidence that the patient was repositioned as prescribed in their care plans. An area for improvement was identified.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were generally well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible and the staff had taken part in regular fire drills in the home. The home's most recent fire safety risk assessment was completed on 25 April 2023.

Staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

#### 5.2.4 Quality of Life for Patients

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

There was a range of activities provided for patients by activity staff and the schedule of planned activities was displayed in the foyer of the home. Activities included; quizzes, games, baking and movies.

A review of the activity records identified that the records did not provide assurance that all the patients, especially those who remained in their bedrooms, were provided with meaningful activities or engagement from staff. This was discussed with the management team and an area for improvement was identified.

#### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. RQIA were advised of the successful recruitment of a new permanent manager who will be commencing post in the next few weeks.

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 was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.



## 6.0 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 (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	4

\*the total number of areas for improvement includes one regulation that has been carried forward for review at the next inspection.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 18 August 2022	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.  Ref: 5.1
	<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 the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that the daily menu is displayed in both dining rooms.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The kitchen staff have been advised through team meetings, it is their responsibility, to ensure the daily menu is written on the boards in both dining rooms. This will be spot checked as part of the managers daily walkaround and reviewed as part of the Regulation 29 visit.

<p><b>Area for improvement 2</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 that where a patient has a wound, wound care plans are in place and kept up to date to reflect the actual wound care required.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered nurses have been advised, during clinical supervision of their responsibility for maintaining up to date wound care records including the actual wound care required. The home manager will continue to complete a monthly wound care audit, supported by the completion of intermittent separate individual wound care audit to evidence compliance. Compliance will also be monitored during the Regulation 29 visit.</p> <p>The registered person shall ensure that patients' repositioning records are consistently completed in a contemporaneous and accurate manner.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>A full review of the information detailed on the repositioning charts has taken place following the completion of the Mattress audit. This is to ensure that the Mattress type and settings are aligned with care plan and repositioning booklet. Staff supervisions have been completed in relation to accurate, contemporaneous recording of repositioning. This will be monitored through the completion of the daily walkaround and during the course of the Regulation 29 visit.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 October 2023</p>	<p>The registered person shall ensure that the activity provision to all patients is understood to be an integral part of the care process and is planned and delivered to suit the patients' preferences and individual needs.</p> <p>Activity care records should evidence a meaningful record of the activity provision to all patients and a record of the patient's involvement in the activity where appropriate.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>A residents meeting has been held on 13th October 23 in which the agenda included a discussion on activities. A further audit of activities preference will be completed to assist in developing the activities programme. The personal activities</p>

	leader will ensure the records now reflect the next action taken when a resident declines engagement. This will be reviewed monthly by the home manager and monitored as part of the Regulation 29 visit.
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***\*Please ensure this document is completed in full and returned via Web Portal***



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