

# Inspection Report

20 May 2021



## Whiteabbey

**Type of service: Nursing Home (NH)**  
**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

<p><b>Organisation/Registered Provider:</b> Four Seasons Health Care</p> <p><b>Responsible Individual:</b> Mrs Natasha Southall</p>	<p><b>Registered Manager:</b> Miss Arni Operario</p> <p><b>Date registered:</b> Not registered</p>
<p><b>Person in charge at the time of inspection:</b> Miss Arni 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> 40</p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>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.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 2 May 2021 between 9.15 am and 6.15 pm by the 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.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, relatives and staff, are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in Whiteabbey Care Home was safe, effective, compassionate and well led.

Areas requiring improvement were identified in relation to patient repositioning, care documentation in regard to patients who require repositioning and care of patients who require enteral feeding.

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 patients their relatives or visitors and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this 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 manger and regional manager at the conclusion of the inspection.

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

We spoke with 11 patients, one relative and 11 staff. We received no questionnaires, one online staff survey was submitted but unfortunately it was incomplete. Patients spoke highly on the care they received and on their interactions with staff. Patients confirmed staff treated them with respect and they would have no issues in raising any concerns with staff. One patient said "The staff are very nice in here". A relative expressed no concerns about the quality of care they told us "the staff are brilliant".

## 5.0 The inspection

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

The last inspection of Whiteabbey Care Home was undertaken on 6 January 2021 by a care inspector.

Areas for improvement from the last inspection on 6 January 2021		
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 27 (4)(c) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Corridors and fire exits were observed clear and free from obstruction.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 12 (1) <b>Stated:</b> First time	The registered person shall ensure that repositioning records evidence the delivery of pressure area care as prescribed in the patients care plan.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of patient care documentation did not evidence delivery of pressure area care as prescribed in the patients care plan. This is further discussed in section 5.2.5.  This area for improvement has not been met and is stated for a second time.	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure the following in regard to those patients who are assessed as requiring a pressure relieving mattress: <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>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of patient care documentation did not evidence consistent documentation of the above requirements. This is further discussed in section 5.2.5.  This area for improvement has not been met and is stated for a second time.	

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place in relation to the selection and recruitment of staff. All staff were provided with a comprehensive induction programme to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed they were satisfied that the training provided in the home was sufficient in enabling them to perform their roles safely. The majority of training during the COVID pandemic had been completed electronically. Socially distanced face to face training had been reintroduced. There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due.

Appropriate checks had been made to ensure that staff nurses maintained their registrations with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. It was noted that there were enough staff in the home to respond to the needs of the patients in a timely way.

Call bells were answered promptly by staff who were observed to respond to requests for assistance in a caring and compassionate manner. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Staff said there was a good sense of team work in the home. Staff told us that the patients' needs and wishes were very important to them. A number of staff shared with us how they felt the morning time on the ground floor can be very busy. The comments made by staff were shared with the manager for her appropriate action.

Patients said they were well looked after and how the staff were nice and were available if they needed anything.

There were safe systems in place to ensure staff were recruited and trained appropriately; and that patient needs were met by the number and skill of the staff on duty.

### **5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?**

The manager was identified as the appointed safeguarding champion for the home; the manager therefore has responsibility for implementing regional adult safeguarding guidance and the home's adult safeguarding policy.

Review of staff training records confirmed that all staff were required to completed adult safeguarding training on a yearly basis. Staff told us they were confident about reporting concerns about patients' safety and poor practice.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. Review of patient records, discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required.

Staff were observed promptly recognising and responding to patients' needs. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

There were effective systems in place to ensure that patients were safely looked after in the home and that staff were appropriately trained for their role.

### **5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?**

The home's internal environment was noted to be well maintained and a review of records confirmed that a range of environmental safety checks were in place and regularly monitored.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. The area above the wardrobes in the patients' bedrooms continues to be used as storage space; items such as decorations and boxes of personal items were observed. This was discussed with the manager again for her appropriate action; this will be reviewed at a future inspection.

The flooring in the laundry was observed in need of repair; timescales for the repair work was discussed with the regional manager and will be followed up on a future inspection.

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. Patients were assisted by staff to adhere to social distancing guidance while seated in the lounges or in the dining rooms.

There was evidence throughout the home of 'homely' touches. Flowers, newspapers, magazines and jugs of juice or water were available in lounges and bedrooms and patients were offered suitable drinks and snacks between their main meals.

There were robust fire safety measures in place to help ensure that patients, staff and visitors to the home were safe.

There were robust systems in place to ensure that the environment of the home was well maintained in order that patients were comfortable and safe.

#### **5.2.4 How does this service manage the risk of infection?**

Feedback from the manager provided assurance that effective systems were in place regarding the management of risks associated with COVID-19 and other potential infections. The home has also been 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).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

There were systems were in place to manage the risk of infection.

#### **5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicates with patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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.

Patients who were less able to mobilise were assisted by staff to change their position regularly. However, a review of repositioning records evidenced that patients were not always

repositioned as prescribed in their care plans. Repositioning booklets also lacked detail in regards to patient details, repositioning frequency and type of mattress in use on the patient's bed. The two areas for improvement in regard to patient repositioning and record keeping have not been met and will be stated for the second time.

A review of care records for patients who required enteral feeding evidenced; inconsistent delivery of mouth care, care of the feeding tube and monitoring of bowel pattern. The specific examples were discussed with the manager and an area for improvement was identified.

Patients who required care for wounds or pressure ulcers had this clearly recorded in their care records. There was evidence that nursing staff had consulted with specialist practitioners in the management of wounds or pressure ulcers, for example, the Podiatrist and the Tissue Viability Specialist Nurse (TVN) and were following any recommendations made by these professionals.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. Nursing staff appropriately reviewed and updated patients care plans and risk assessments after the fall. The manager completes a monthly audit of falls that occur in the home to identify trends or patterns.

There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The dining experience was an opportunity for patients to socialise; the dining atmosphere was calm, relaxed and unhurried. Patients were observed enjoying their lunch in the downstairs dining room. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. In an effort to adhere to social distancing only a small number of patients ate their meal in the dining room. The other patients chose to have their lunch in their bedroom or in the lounge. There was choice of meals offered, the food was attractively presented and smelled appetising and a variety of drinks were available. The lunchtime meal was a pleasant and unhurried experience for the patients. The patients commented positively on the quality of the food.

A number of staff commented how they had observed a difference in the quality and presentation of the food served to patients on different days of the week. This was shared with the manager and regional manager who agreed to action. This will be followed up on a future inspection.

There was a system in place to ensure that all staff were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT).

Nutritional assessments had been conducted monthly using the Malnutrition Universal Screening Tool (MUST). Patients' weights were monitored monthly or more often if required, for weight loss and/or weight gain.

There were systems were in place to ensure that patients' needs, including any changes, were communicated to all staff in a timely manner. Patients' privacy and dignity was maintained and their needs regarding falls management and wound care were met. Care delivery to patients will be further improved through compliance to those areas for improvement identified.



### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?**

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. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

Patients' individual likes and preferences were 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.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

There were systems in place to ensure that care records were regularly evaluated, updated to reflect any changes in patients' needs and to ensure that staff were aware of any changes.

### **5.2.7 How does the service support patients to have meaning and purpose to their day?**

It was observed that staff offered choice to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for patients by activity staff. An activity schedule was on display and records of patient involvement and participation in activities is recorded by the activity staff. Patients were seen enjoying a game of bingo and having a relaxing hand massage.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Indoor visiting arrangements were now in place in accordance with the latest visiting guidance. Staff told us how the visits from relatives and loved ones into the home again have resulted in positive benefits to both the physical and mental wellbeing of the patients.

A care partner said they had no complaints at all and "the staff are brilliant".

There were systems in place to support patients to have meaning and purpose to their day within Whiteabbey Care Home.

## 5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff 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. A new manager has been appointed and is expected to commence employment in June 2021. Miss Arni Operario who has been the deputy manager of the home for many years is acting manager until this time. RQIA were appropriately informed of this change.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or members of the nursing team completed regular audits of accidents/incidents, complaints, wound care, care records, infection prevention and control and staff registrations.

It was noted that patients and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve the quality of services provided by the home.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

A record of compliments and thank you cards received about the home was kept and displayed in the home.

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.

There were systems in place to monitor the quality of care and services provided and to drive improvement in the home.

## 6.0 Conclusion

Staff were observed engaging compassionately with patients and in a manner which promoted their privacy and dignity. The home was observed to be clean, tidy and well maintained.

The lived experience of patients was promoted by activity staff that provided a schedule of activities so that patients had meaning and purpose to their day. Inspection findings provided assurance that care delivery to patients was safe and effective in regard to falls management and wound care.

There were systems were in place to monitor the quality of care delivery and service provision within the home. One new area for improvement was identified in respect of the care of patients who receive enteral feeding.

## 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	1*

\* The total number of areas for improvement includes one area under regulation and one area under the standards which have not been met and are stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Arni Operario, manager and Patricia Greatbanks, regional manager 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 12 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 May 2021	<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>Ref: 6.2.4 and 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Manager held Flash meetings to inform staff of the improvement required</p> <p>Regular spot checks by Manager and RN in relation to pressure area care ensuring it is documented and carried out correctly. Ensuring the mattress is aligned to the care plan and that the correct mattress is in use for the resident</p> <p>RN counter signing supplementary booklets at the end of each shift and ensuring the care delivered is documented in care plan</p> <p>Daily spot checks by Home Manager regarding care plans and pressure area care</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2021</p>	<p>The registered person shall ensure supplementary care records for patients who require enteral feeding evidence the following:</p> <ul style="list-style-type: none"> <li>• Mouth care as prescribed in the patients plan of care</li> <li>• Care of the enteral feeding tube as prescribed in the patients plan of care</li> <li>• Monitoring of the patients bowel pattern.</li> </ul> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Flash meetings to discuss plan ahead to ensure accuracy of documentation - mouth care being monitored and care plans updated regularly</p> <p>Review of supplementary booklet undertaken by the RN on a daily basis to ensure accuracy and monitoring of the booklets. RN's countersigning supplementary booklets on both units to ensure care is delivered accurately</p> <p>Supervision of the transcribing of the booklets each week undertaken by the RN on duty to ensure accuracy</p> <p>Accuracy of recording bowel motions and the importance of same discussed at the Flash meetings - regular monitoring of bowel charts by Home manager</p>

<b>Action required to ensure compliance with the 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> Second time</p> <p><b>To be completed by:</b> 31 May 2021</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 and 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Discussed at Flash meetings with staff and updated the team on the importance of the accuracy of all documentation</p> <p>Regular checks of mattresses completed at each handover and documented evidence available within the home</p> <p>Repositioning records discussed at handover reports and at Flash meetings to ensure all staff aware of the importance of repositioning and the recording of same.</p>

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



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