

# Inspection Report

23 May 2023



## Whitehead Residential Home

Type of service: Residential Care Home  
Address: 15-18 Marine Parade, Whitehead, BT38 9QP  
Telephone number: 028 9335 3481

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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> Electus Healthcare 2 Ltd  <b>Responsible Individual:</b> Mr Ed Coyle	<b>Registered Manager:</b> Mrs Louise Hamilton, Acting  <b>Date registered:</b> Not registered
<b>Person in charge at the time of inspection:</b> Mrs Louise Hamilton	<b>Number of registered places:</b> 13
<b>Categories of care:</b> Residential Care (RC): I – old age not falling within any other category PH(E) - physical disability other than sensory impairment – over 65 years	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 11
<b>Brief description of the accommodation/how the service operates:</b> Whitehead Residential Home is a residential care home registered to provide health and social care for up to 13 residents. This home is situated in the same building as Whitehead Nursing Home and shares the same manager.	

## 2.0 Inspection summary

An unannounced inspection took place on 23 May 2023, from 10.05am to 1.55pm. This was completed by a pharmacist inspector and focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The areas for improvement identified at the last care inspection will be followed up at the next care inspection.

Review of medicines management found that mostly robust arrangements were in place for the management of medicines. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed. Based on the inspection findings and discussions held, one area for improvement, detailed in the quality improvement plan, was identified in relation to ensuring that eye preparations are not administered after their expiry date.

RQIA would like to thank the residents and staff for their assistance throughout the 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 the home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke to management about how they plan, deliver and monitor the management of medicines within the home.

### 4.0 What people told us about the service

The inspector met with the team leader, the manager and the operations manager. Staff interactions with residents and visitors were warm, friendly and supportive. It was evident that staff knew the residents well.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no responses had been received by RQIA.

### 5.0 The inspection

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

The last inspection to this residential care home was undertaken on 6 April 2023 by a care inspector.

<b>Areas for improvement from the last inspection on 6 April 2023</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref: Regulation 21 (1) (b)</b>	The registered person shall ensure records of employment are available for review on inspection and evidence retained of managerial oversight of all such records.	<b>Carried forward to the next inspection</b>

<b>Stated:</b> Second time	<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 2</b> <b>Ref:</b> Regulation 21 (1) (b) Schedule 2 <b>Stated:</b> First time	The registered person shall ensure that all pre-employment checks are completed before any staff commence working in the home and that relevant staff are registered with the appropriate professional body. <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>Carried forward to the next inspection</b>
<b>Area for Improvement 3</b> <b>Ref:</b> Regulation 20 (1) (a) <b>Stated:</b> First time	The responsible individual shall ensure the staffing levels are maintained in the home at all times to meet the needs of the residents. <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>Carried forward to the next inspection</b>
<b>Area for Improvement 4</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> First time	The registered person shall ensure that all staff are made aware of their responsibility to recognise potential risks and hazards to residents and others and how to report, reduce or eliminate the hazard.  This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals. <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>Carried forward to the next inspection</b>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards Version 1:1 (August 2021)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall ensure that records are maintained to evidence the choice of meal offered to residents, that choices are varied, recorded accurately and retained in the home.	<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 11 <b>Stated:</b> First time	The registered person shall ensure activities are planned and provided to provide structure to the resident's day. Arrangements should be in place for activities to be provided to residents in the absence of the activity co-ordinator.	<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**

**5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?**

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were mostly accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate. A couple of minor discrepancies, were highlighted and addressed immediately.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

The management of medicines for pain, distressed reactions and diabetes were examined. Care plans were in place as necessary and prescription and administration records were well maintained.

### **5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Mostly satisfactory arrangements were in place for the safe disposal of medicines. However, two eye preparations prescribed for use 'when required' had been administered after their expiry date. These medicines have a limited shelf life after opening and must be used and discarded according to the manufacturers' instructions. An area for improvement was identified.

It was discussed and agreed that for infection prevention and control purposes, inhaler spacer devices should be covered when stored on the medicines trolley.

### **5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. The records were found to have been fully and accurately completed. The records were filed once completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audit medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice. It was discussed and agreed that the area for improvement identified would be included within audit procedures.

#### **5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

#### **5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

#### **5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?**

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available for staff.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

## 6.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with The Residential Care Homes (Northern Ireland) 2005.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5*	2*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Louise Hamilton, Manager and Ms Vera Ribeiro, Operations 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 Residential Care Home Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 21 (1) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required (6 April 2023)	The registered person shall ensure records of employment are available for review on inspection and evidence retained of managerial oversight of all such records.  <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>Ref:</b> 5.1
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 21 (1) (b) Schedule 2  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (6 April 2023)	The registered person shall ensure that all pre-employment checks are completed before any staff commence working in the home and that relevant staff are registered with the appropriate professional body.  <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>Ref:</b> 5.1



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (6 April 2023)</p>	<p>The responsible individual shall ensure the staffing levels are maintained in the home at all times to meet the needs of the residents.</p> <hr/> <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>Ref: 5.1</p>
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<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (23 May 2023)</p>	<p>The registered person shall ensure that medicines are administered and disposed of safely.</p> <p>This area for improvement is made with specific reference to eye preparations being used according to the manufacturers' instructions and discarded after their expiry date.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A supervision has been completed with relevant staff to ensure that dates of expiry are reviewed when opening new medications and that these are removed within appropriate timeline according to the manufacturers instructions.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards Version 1:1 (August 2021)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 May 2023</p>	<p>The registered person shall ensure that records are maintained to evidence the choice of meal offered to residents, that choices are varied, recorded accurately and retained in the home.</p> <hr/> <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>Ref: 5.1</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 May 2023</p>	<p>The registered person shall ensure activities are planned and provided to provide structure to the resident’s day. Arrangements should be in place for activities to be provided to residents in the absence of the activity co-ordinator.</p>
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*\*Please ensure this document is completed in full and returned via the Web Portal\**



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