

Inspection Report

17 May 2022



Whitehead Residential Home

Type of service: Residential (RC)

Address: 15-18 Marine Parade, Whitehead BT38 9QP

Telephone number: 0289335 3481

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation: Electus Healthcare 2 Ltd Responsible Individual: Mrs Hazel McMullan	Registered Manager: Mrs Sharon McCreary – Acting Manager Date Registered: Not registered
Mrs Sharon McCreary – Acting Manager	Number of registered places: 13
Categories of care: Residential Care (RC) PH(E) - Physical disability other than sensory impairment – over 65 years I – Old age not falling within any other category.	Number of residents accommodated in the residential care home on the day of this inspection: 11
Brief description of the accommodation/how the service operates: This is a registered Residential Home which provides social care for up to 13 residents. Resident bedrooms are located on the first floor. Residents have access to communal lounges, a dining room, a patio area at the rear of the building and the promenade at the front of the building overlooking the sea. There is also a registered nursing home under the same roof for which the manager is also responsible.	

2.0 Inspection summary

An unannounced inspection took place on 17 May 2022 from 10.00am to 6.00pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. An inspection of the nursing home was undertaken at the same time as the nursing home inspection.

Areas requiring improvement were identified during this inspection and this is discussed within the main body of the report and Section 7.0.

Residents were happy to engage with the inspector and share their experiences of living in the home. Residents expressed positive opinions about the home and the care provided. Residents said that staff members were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Whitehead Residential Home was provided in a compassionate manner by staff who knew and understood the needs of the residents.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care and their experience of living or working in Whitehead Residential 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 residents 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 manager at the conclusion of the inspection.

4.0 What people told us about the service

Five staff, one visiting professional and seven residents were spoken with. No questionnaires were returned and no feedback was received from the staff online survey.

Residents spoke positively about the care that they received and about their interactions with staff. Residents confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. The visiting professional spoke positively about communication with the home.

Staff agreed that Whitehead Residential Home was a good place to work. Staff members were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the residents.

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 1 July 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 20 (3) Stated: First time	The registered person shall ensure competency and capability assessments are completed for all staff who takes charge of the residential home in the absence of the manager.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that medicines are not pre-dispensed prior to administration.	Met
	Action taken as confirmed during the inspection: Observation of staff practice confirmed this area for improvement was met.	
Area for improvement 3 Ref: Regulation 27 (2) (c) Stated: First time	The registered person shall ensure that equipment provided at the residential home is in good working order, properly maintained and suitable for the purpose for which it is to be used.	Met
	Action taken as confirmed during the inspection: Examination of the environment evidenced that this area for improvement was met.	

Area for improvement 4 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall ensure fire doors in the home are not wedged open.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)(Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 44 and 46 Stated: First time	The registered person shall ensure that there is a sufficient number of housekeeping staff on duty, on a daily basis, to ensure strict adherence to infection prevention and control procedures. Any supporting documentation in respect of the health, hygiene and cleanliness procedures in the home must be maintained in an up to date manner.	Met
	Action taken as confirmed during the inspection: Discussion with staff, examination of the duty rota and review of the environment evidenced that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment evidenced that sufficient records were not retained within the home to provide assurances that staff were recruited in keeping with regulations. In addition, there was no system in place to ensure managerial oversight of staff recruitment. This was discussed with the manager and senior management post inspection who confirmed attempts to implement an automated recruitment system had proved challenging. Assurances were given that until this system is introduced the manager will review recruitment files and complete a checklist prior to the human resources manager issuing a contract of employment. An area for improvement was identified.

Discussion with staff and a review of records confirmed staff members were provided with an induction programme to prepare them for providing care to residents. It was unclear from records reviewed if the manager reviewed induction records once completed. This was discussed with the manager who confirmed a new provider had recently taken over operational control of the home and new induction records were being implemented. Assurances were given that inductions for recently recruited staff would be reviewed by the manager. This will be reviewed at a future care inspection.

Checks were made to ensure that staff maintained their registrations with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. However, review of staff training records confirmed that all staff members were not up to date with mandatory training. This was discussed with the manager who agreed to arrange for outstanding training to be completed. An area for improvement was identified.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good teamwork and had no concerns regarding the current staffing levels. Staff said there had been some staffing challenges previously but that these had been stable for the last month.

Residents spoke positively about the care that they received and confirmed that staff attended to them in a timely manner. Residents said that they would have no issue with raising any concerns to staff. It was observed that staff responded to residents' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff members were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff recognised and responded to residents' needs, including those residents who had difficulty in making their wishes or feelings known. Staff members were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff members were adept at comforting and reassuring residents who became distressed or expressed their wishes to leave the home.

At times some residents may require a secure environment or be required to use equipment that can be considered to be restrictive; such as, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of a selection of records and discussion with staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. It was observed that residents were enjoying their meal and their dining experience. The dining experience was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The menu was displayed in a suitable format for all residents.

Most residents spoke positively in relation to the quality of the meals provided although one resident did not. This was discussed with the manager who agreed to follow up with the resident directly. The manager confirmed the new care home provider had introduced diet notification forms which would inform an upcoming review of the menu in the home.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' 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 residents' needs; and included any advice or recommendations made by other healthcare professionals. There was evidence that care records were regularly reviewed and updated regarding residents' needs. The manager confirmed that care reviews were ongoing for residents in the home and that care plans would be updated following any reviews.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Some of the daily records reviewed were seen to contain repetitive statements which were not person centred. This was discussed with the manager and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished, clean and tidy. One store room was found to be cluttered while some areas of the home required decorating. This was discussed with the manager during the inspection who confirmed a refurbishment plan was in place for the home. This was shared with RQIA following the inspection and the above deficits had been identified as areas to address. This will be reviewed at a future care inspection.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Some of the lounges were arranged in such a way that residents could safely socially distance; although other lounges and the dining areas were not. This was discussed with the manager who agreed to review current seating arrangements and risk assesses the need for social distancing.

Fire safety measures were in place to ensure that residents, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE and hand sanitisers readily available throughout the home.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided; although review of records confirmed many staff required IPC training. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff members were not familiar with the correct procedure for the donning and doffing of PPE. Hypochlorite cleaning solution was observed to be used inappropriately and was not diluted in keeping with manufacturer's guidance. Staff spoken with required additional training regarding use of cleaning chemicals. This was discussed with the manager and an area for improvement was identified.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. Some residents told us they liked the privacy of their bedrooms, but would enjoy going to the lounge for meals.

Residents were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives or did arts and crafts with the activity co-ordinator. One resident said, "I enjoy the friendliness of people and we do arts and crafts" while another said "I enjoy chatting in the lounge and watching TV, Gabrielle does activities with us".

An activity planner was displayed in the home although this had not been completed to indicate what activities were planned. Discussion with staff confirmed events were planned to celebrate the Queen's jubilee. Review of care records confirmed some residents did not have an individual activity assessment with a supporting care plan. There was no evidence that the activity programme delivered had been reviewed recently in consultation with the residents. Examination of activity records confirmed that further work was required to evidence delivery of activities on a consistent basis to all residents.

This was discussed with the manager who confirmed activity provision had been identified internally as an area for review and this was being addressed by senior management. Information shared by the provider with RQIA following the inspection confirmed recent meetings were held with activity co-ordinators in order to drive improvement. Given these assurances and to allow time for activity provision to be reviewed additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

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 residents, care practices or the environment.

There has been a change in the management of the home since the last inspection. Mrs Sharon McCreary has been the acting manager since 21 February 2022. RQIA were notified appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good and it was acknowledged the new provider was introducing new governance systems. Given the deficits identified in some staffs' IPC knowledge and practice and record keeping, the manager agreed to increase audit activity around hand hygiene, PPE use and completion of care records.

Review of records confirmed that systems were in place for staff appraisal and supervision.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly. Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by residents, their representatives, the Trust and RQIA. It was noted that no visit had been completed for April 2022; this was discussed with the peripatetic manager during feedback who confirmed this was due to unforeseen circumstances. It was agreed they would review arrangements for completion of monthly monitoring visits in the absence of senior management.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	2	2

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: Firsttime To be completed by: Immediate action required	<p>The registered person shall ensure records of employment are available for review on inspection and evidence retained of managerial oversight of all such records.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Recruitment processes have been reviewed by Head Office and all required employment records will now be stored at home level to ensure managerial oversight at all times. A recruitment pack has also been compiled by HR alongside an updated SOP, to ensure correct procedure is followed consistently.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: 17 June 2022	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene • appropriate use of hypochlorite solution • staff knowledge and training regarding the use of cleaning chemicals. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Donning and doffing competencies are being completed with all staff- this encompasses appropriate use of PPE and correct hand hygiene practices. Supervision has been completed with relevant staff regarding correct dilution of hypochlorite solution. COSHH training will be updated for all relevant staff via the Company online training system.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 23.3 Stated: First time To be completed by 17 June 2022	The registered person shall ensure that mandatory training requirements are met. Ref: 5.2.1
	Response by registered person detailing the actions taken: The Company have a robust schedule of practical training sessions planned over the coming weeks and months to address mandatory training deficits. The Online Company e-learning system will address all other mandatory training requirements that are not offered in a face-to-face format.
Area for improvement 2 Ref: Standard 8.5 Stated: First time To be completed by: 17 June 2022	The registered person shall ensure daily evaluation records are meaningful and person centred. Ref: 5.2.2
	Response by registered person detailing the actions taken: Management have implemented a weekly spotcheck of several residents' daily evaluation records to ensure that they are meaningful and person-centred. This point was also reiterated to relevant staff via supervision and will be raised regularly as a point for discussion at daily flash meetings

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care