

Inspection Report

6 April 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

Organisation: Electus Healthcare 2 Ltd	Registered Manager: Mrs Sharon McCreary
Responsible Individual: Mrs Hazel McMullan	Date registered: 22 December 2022
Person in charge at the time of inspection: Miss Clodagh Connolly – team leader	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: 12
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 6 April 2023 from 9.10 am to 6.40 pm 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.

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

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 RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting 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 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

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. One resident told us, "I am happy enough here, the staff are very kind to me", while another resident said, "I couldn't be better looked after. They are very very good those girls. There isn't a bad one among them. The food is brilliant, I couldn't complain."

Staff commented positively about the manager 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.

No questionnaires were returned by residents or relatives and no responses were received.

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 17 May 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall ensure records of employment are available for review on inspection and evidence retained of managerial oversight of all such records.	Partially met
	Action taken as confirmed during the inspection: Records of employment were available for review on inspection although there was no evidence of managerial oversight of these records. This is discussed further in section 5.2.1. This area for improvement is partially met and is stated for a second time.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: <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. 	Met
	Action taken as confirmed during the inspection: Discussion with staff and observation of practice evidenced 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 23.3 Stated: First time	The registered person shall ensure that mandatory training requirements are met.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 8.5 Stated: First time	The registered person shall ensure daily evaluation records are meaningful and person centred.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff selection and recruitment records were available for inspection although there was no evidence that the manager had oversight of these. An area for improvement identified at the previous care inspection was stated for a second time.

Review of a selection of recruitment records confirmed not all pre-employment checks had been completed prior to each staff member commencing in post. This was discussed with the operations manager and an area for improvement was identified.

Staff members were provided with a comprehensive induction programme to prepare them for providing care to residents. Checks were made to ensure that staff maintained their registrations with the Northern Ireland Social Care Council (NISCC). From records reviewed it was evident that at least three staff were not registered with the appropriate professional body.

This was discussed with the manager following the inspection who provided assurances that NISCC registration for all staff had been progressed. An area for improvement was identified.

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. The manager confirmed all of the staff who takes charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

There were systems in place to ensure that staff were trained and supported to do their job. Examination of training records and consultation with staff confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety.

Review of staff training records confirmed that all staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

Staff said they felt well 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 staffing levels.

A nursing home is located within the same building as the residential care home. Staff who were working in the residential care home were observed assisting patients in the nursing home. Staff spoken with said they would routinely assist each other in the nursing home and residential home. Discussion with the deputy manager and the operations manager confirmed that the staffing levels in the residential care home should not be depleted to supplement the staffing arrangements in the nursing home. The nursing home may be in the same building but has a separate registration and should have separate staffing arrangements. An area for improvement was identified.

Residents spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; residents also 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 and were skilled in communicating with residents; they were respectful, understanding and sensitive to residents.

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.

If a resident had an accident or a fall, a detailed report was completed. Review of the management falls evidenced appropriate actions were taken following the fall in keeping with best practice guidance.

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 lunch. 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 a varied choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Residents spoke positively in relation to the quality of the meals provided.

A menu was available for the residents to see what the options were. However, the menu did not accurately reflect the meal options available at lunchtime. This was discussed with staff who arranged for the menu board to be updated.

Staff told us they completed a meal choice sheet to inform the kitchen what options were requested by the residents. Examination of records confirmed meal choices offered on at least nine days were not recorded; those records that were completed did not have a date recorded. Separate records were not retained for the nursing home. Residents said they were not consulted regarding their meal preferences although records shared by the manager following the inspection confirmed this was discussed at a residents meeting on 20 March 2023. The manager agreed to audit the dining experience to ensure the shortfalls highlighted are addressed. An area for improvement was identified.

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 changes in residents' needs. Daily records were kept of how each resident spent their day and the care and support provided by staff; these records were person centred.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm and comfortable. Many residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and tidy. There was evidence that new furniture had been purchased for the lounge areas and plans were in place for ongoing refurbishment and decoration; this included replacement of carpets in the home.

Shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing. Cleaning chemicals were found to be inappropriately stored and/or unsupervised on three occasions. This was discussed with identified staff who ensured that the risks were reduced or removed immediately. Assurances were provided by the operations manager that further action would be taken to reduce risks to residents in the home. An area for improvement was identified.

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. A fire risk assessment had been completed on 6 December 2022; no areas of concern were identified by the fire risk assessor.

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 personal protective equipment (PPE). There was an adequate supply of PPE and hand sanitisers were 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. Staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly. A small number of shortfalls in individual staff practice were discussed with the manager who agreed to address this through supervision.

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 dining room for meals. Other residents enjoyed watching TV in one of the lounges and speaking with other residents.

Residents were observed enjoying listening to music, reading and watching TV, while others enjoyed a visit from family and friends and attended Easter church service in one of the lounges. One resident said, "We do activities, I enjoy the exercises", while another resident said, "I get fed up at times. I listen to the radio. We don't have bingo or anything like that." A further resident said, "I only watch TV. I spend most of my time in the room because there is nothing to encourage me downstairs".

An activity planner displayed in the home highlighted planned events and activities; these included a flower arranging, light exercise, board games, films and arts and crafts. Review of the staff duty rota evidenced that the activity co-ordinator works three days per week in both the nursing home and residential care home and no staff had been allocated as an activity champion in their absence. There was no evidence that the activity programme delivered had been reviewed recently in consultation with the residents.

Activity provision was discussed with management during the previous care inspection. To ensure meaningful activities are planned and provided to residents, an area for improvement was identified.

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 no change in the management of the home since the last inspection. Mrs Sharon McCreary has been the registered manager in this home since 22 December 2022.

Staff commented positively about the manager 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.

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. Action plans were developed when shortfalls were highlighted by the auditor although the timescales were insufficiently robust so as to ensure that identified deficits had or would be met in a timely and effective manner. This was discussed with the regional manager who agreed to review this with the registered manager.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were analysed on a monthly basis.

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.

6.0 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	4*	2

*The total number of areas for improvement includes one that has been partially met and was stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Lucinda Hamilton, Deputy Manager and Mrs Angela Dorrian, Operations 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<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: 5.1 and 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 and manager will have overview of same.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>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.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A new pre employment checklist has been developed to ensure all checks are completed. Also all relevant staff will apply to appropriate professional body.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</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> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Staffing levels are reviewed regularly in the home.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>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.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals.</p> <p>Ref: 5.2.3</p>
<p>Response by registered person detailing the actions taken:</p> <p>Staff are aware of their responsibility with COSHH; All staff complete online training.</p>	
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 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> <p>Ref: 5.2.2</p>
<p>Response by registered person detailing the actions taken:</p> <p>New sheets were devised to reflect residents choices and these are maintained for evidence.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 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> <p>Ref: 5.2.4</p>
<p>Response by registered person detailing the actions taken:</p> <p>Going forward arrangements will be made to ensure that there will be provision of activities in the absence of the activity co-ordinator. Activities will be planned and delivered over 7 days and all activities provided will be documented. The activity champion will be highlighted daily on the rota.</p>	

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