

Inspection Report

1 July 2021



Whitehead Residential Home

Type of service: Residential (RC)

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

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Whitehead Nursing Home Ltd	Registered Manager: Mrs Sarah Martin
Responsible Individual(s): Mr Colin Nimmon	Date registered: 17 December 2019
Person in charge at the time of inspection: Mrs Lucinda Hamilton – deputy manager	Number of registered places: 13 comprising of: 1 identified individual in category RC-DE
Categories of care: Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	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 1 July 2021, from 9.15 am to 6.00 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.

New areas requiring improvement were identified in relation to competency and capability assessments, medication management, resident equipment, fire safety practices and housekeeping arrangements.

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 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 an effective and compassionate manner.

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, staff and relatives were asked 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 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 deputy manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with five residents and six staff. No questionnaires were returned and we received no feedback from the staff online survey.

Residents spoke highly of 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.

Staff acknowledged the challenges of working through the COVID-19 pandemic but all staff agreed that Whitehead Residential Home was a good place to work. Staff 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 18/11/2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 21 (Appendix 2) Stated: Second time	The registered person shall review and amend the policy and procedure records, so that this is maintained separately for the residential care home and it is in accordance with those listed in line with the DHSSPS Residential Care Homes Minimum Standards, August 2011.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall ensure that arrangements and records for the management and disposal of controlled drugs and other medicines are separate from those for the nursing home and are appropriate for the residential care home.	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

A review of staff selection and recruitment records evidenced that staff were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post. All staff 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). Review of records confirmed not all staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so. An area for improvement was identified.

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. The majority of training during the COVID-19 pandemic had been completed electronically. Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about how to report concerns about residents' safety and/or poor practice.

Staff said there was good team work and that they felt well supported in their role and the level of communication between staff and management.

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

Residents spoke highly 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 met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of residents' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in residents' care throughout the day.

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. Staff were observed to be prompt in recognising resident's needs and any early signs of distress, especially in those residents who had difficulty in making their wishes known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Observation of the medicine round noted medicines had been pre-dispensed for several residents. This practice is unsafe as it increases the likelihood of medicines being administered to the wrong resident. Medicines should be dispensed immediately prior to administration to each individual resident. An area for improvement was identified.

Where a resident was at risk of falling, measures to reduce that risk were put in place, for example, through use of an alarm mat. Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to residents' next of kin, their care manager and to RQIA, as required.

At times, some residents may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of residents' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used. It was good to note that, where possible, residents were actively involved in the consultation process associated with the use of restrictive interventions and their informed consent was obtained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need support with meals ranging from simple encouragement to full assistance from staff. Lunch was a pleasant and unhurried experience for the residents. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Staff attended to residents' dining needs in a caring and compassionate manner while maintaining written records of what residents had to eat and drink, as necessary. Residents spoke positively in relation to the quality of the meals provided. Residents' weights were monitored monthly or more often if required, for weight loss and/or weight gain.

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. Residents care records were held confidentially. Minor deficits in one identified resident's care plan were a plan of care had not been personalised for the resident. This was discussed with the deputy manager who arranged for these to be addressed before the end of the inspection.

Residents' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

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

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced that some areas of the home required painting. This was discussed with the regional manager who confirmed general refurbishment was ongoing and agreed to address the areas identified. Some resident equipment that was in use required replacing. This was discussed with the manager who agreed to remove the equipment and have it replaced. An area for improvement was identified.

Staff told us that enhanced cleaning of the home was carried out, as required; although deficits in environmental/resident equipment cleanliness and IPC standards were identified. Review of environmental cleaning records evidenced gaps in recording. One housekeeper was on duty and staff told us they did not feel there was enough staff to complete all the cleaning duties. Review of the duty rota and discussion with management confirmed that an additional six hours had been allocated to housekeeping provision which they felt were sufficient. The regional manager agreed to discuss sufficiency of housekeeping hours with staff. An area for improvement was identified.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were appropriately decorated and suitably furnished. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Residents were complimentary in relation to the environment of the home and remarked on the views of Belfast Lough.

Fire safety measures were in place to ensure that residents, staff and visitors to the home were safe. Staff 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 23 November 2021; no recommendations were made by the assessor. Corridors and fire exits were clear of clutter and obstruction although a number of fire doors were observed to be wedged open. This was brought to the attention of the deputy manager for immediate action as fire doors must not be propped open. An area for improvement was identified.

The deputy 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) such as aprons, masks and/or gloves.

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; however they were not always displayed in the appropriate area. The deputy manager agreed to review this. There was an adequate supply of PPE and hand sanitiser.

Discussion with staff confirmed that training on infection prevention and control measures and the use of PPE had been provided. The majority of staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; one member of staff did not. This was discussed with the deputy manager who agreed to address this with the member of staff.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents confirmed that they could go out outside when they wanted, remain in their bedroom or go to a communal room when they requested.

Residents were observed enjoying listening to music, reading newspapers/magazines and watching TV. Other residents enjoyed a visit from friends or relatives. Residents spoke positively about activities delivered in the home. Examples of arts and crafts made by the residents were displayed in the home and residents told us they liked using the bird feeders which were located outside.

Staff told us that a range of activities were provided including music and movement, clay modelling, light exercise and reminiscence. While a schedule of activities was displayed for residents, it was only completed for the three days on which the activity co-ordinator was

working. Discussion with staff confirmed that no staff are allocated to provide activities in the absence of the activity co-ordinator. Staff spoken with confirmed that the activity programme had not been reviewed recently in consultation with the residents; also, review of care records confirmed that individual activity assessments had not been completed and that activity provision was not regularly commented on in residents' daily progress notes. This was discussed with the deputy manager and regional manager who agreed to review activity provision. 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. Staff told us they assisted residents to make phone or video calls. Visiting and Care Partner arrangements were in place with staff noting positive benefits to the physical and mental wellbeing of residents.

Observation of practice confirmed that staff engaged with residents on an individual and group basis throughout the day.

5.2.5 Management and Governance Arrangements

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 residents, care practices or the environment.

There has been no change in the management of the home since the last inspection. Mrs Sarah Martin has been the registered manager in this home since 21 October 2019.

There was evidence that a robust 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.

Discussion with staff confirmed that systems were in place for staff supervision and appraisal. There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The regional manager told us that complaints were seen as an opportunity to for the team to learn and improve. 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 deputy 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.

6.0 Conclusion

Residents were observed to be comfortable in their surroundings and were attended to by staff in a timely and effective manner.

Residents' privacy and dignity were maintained throughout the inspection and staff were observed to be polite and respectful to residents and each other. Residents, staff, relatives and visitors did not express any concerns about the service.

New areas for improvement were made in relation to competency and capability assessments, medication management, resident equipment, fire safety practices and housekeeping arrangements.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing care in an effective and compassionate manner.

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).

	Regulations	Standards
Total number of Areas for Improvement	4	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Louise Hamilton, deputy 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 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure competency and capability assessments are completed for all staff who take charge of the residential home in the absence of the manager.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Team leader in charge competencies have been completed for all staff who may be in charge of the residential unit. Medication competencies have also been renewed.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure that medicines are not pre-dispensed prior to administration.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: This issue has been addressed with staff and medication training has been arranged with the home's pharmacy to take place on the 02/09/21. The situation will be monitored and appropriate action taken for any recurrence.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>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.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Equipment identified as requiring repair or upgrade at the time of inspection was removed and replaced without delay. Monthly equipment checks will now be completed to identify any equipment which needs attention. Staff have also been reminded of the need to report any deficits without delay to the manager.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure fire doors in the home are not wedged open.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Whilst the fire risk assessment completed for the home had not identified any issues in relating to the temporary opening of doors, action was taken immediately to remove wedges to prevent the propping open of any doors and where appropriate Dorgards have been fitted which will automatically close in the event that the fire alarm sounds.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 44 and 46</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2021</p>	<p>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.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Housekeeping hours were reviewed and increased following the last RQIA inspection. A full deep clean of the home has been organised to ensure that all areas meet a high standard. This will be maintained within current Housekeeping hours and current paperwork and best working practices are being reviewed in collaboration with the housekeeping team to ensure a high standard of cleanliness can be met in all areas.</p>

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