

Inspection Report

24 April 2024



Whitehead Residential Home

Type of service: Residential 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 Responsible Individual: Mr Ed Coyle	Registered Manager: Mrs Joanne Magee – not registered
Person in charge at the time of inspection: Dorada Kempaik -Senior care staff	Number of registered places: 13
Categories of care: Residential Care (RC) I – Old age not falling within any other category. PH(E) - Physical disability other than sensory impairment – over 65 years.	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 in the same building for which the manager is also responsible.	

2.0 Inspection summary

An unannounced inspection took place on 24 April 2024, from 10.30 am to 5.00 pm by a 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.

Areas requiring improvement were identified during this inspection are discussed within the main body of the report and 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, the care and food 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 safe, effective, compassionate and that the home was well led.

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 this 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 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.

The findings of the inspection were discussed with Joanne Magee, manager and Caron McKay, operations manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were happy living in the home. Residents' comments included, "this is a lovely place", and "we are being spoilt".

Staff spoken with said that Whitehead Residential Home was a good place to work and that the new manager was very approachable. Staff in the home did not raise any concerns regarding current staffing levels.

No questionnaires were returned by residents or relatives and no responses were received from the staff online survey.

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 23 May 2023		
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: Second 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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 21 (1) (b) Schedule 2 Stated: 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	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 Ref: Regulation 20 (1) (a) Stated: 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.	Met
	Action taken as confirmed during the inspection: Separate staffing arrangements were observed for the nursing and residential home. Review of the duty rota, observations on inspection and discussion with domestic and kitchen staff raised concern that the current staffing levels did not meet the needs of the residents.	

	This area for improvement has been met as worded however, a new area for improvement was identified with specific reference to the findings from this inspection as discussed in section 5.2.1.	
Area for Improvement 4 Ref: Regulation 14 (2) (a) (c) Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for Improvement 5 Ref: Regulation 13 (4) Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 12 Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

Area for improvement 2 Ref: Standard 11 Stated: 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.	Not met
	Action taken as confirmed during the inspection: There was limited evidence that the current activity arrangements were responsive to the needs of the residents. This area for improvement has not been met and was stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents. Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the residents.

Observations, review of records and discussion with domestic staff raised concern regarding the cleanliness of the home; a number of areas of the home were observed in need of a better clean. The domestic staff stated they feel they do not have enough time to do all their required tasks as routinely only one domestic staff is on duty.

Further staffing concerns were identified in the kitchen, review of the rota identified that the cook / chef was on their own from 11.30 am daily to manage all the kitchen duties.

The above staffing concerns were discussed with the management team who agreed to review the current staffing and further discuss with Electus senior management. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. Staff compliance with a number of mandatory training topics was observed low. This was discussed with the manager and although planned dates were in place an area for improvement was identified.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

There was a system in place to monitor that all relevant staff were registered 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. 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.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff said, "I love my job".

Staff told us that the residents' needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that the staff knew the residents well and knew how to respond to the different assessed needs and wishes of each individual resident.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way and to provide residents with a choice on how they wished to spend their day. For example, staff were observed spending time with residents, supporting them to make choices throughout the day.

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. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

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.

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.

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 included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Residents' bedrooms were personalised with items of importance to each resident, such as family photos and sentimental items from home.

Concerns were identified in regard to the general cleanliness of the home. Floors, furniture and bathrooms were observed not effectively cleaned. These shortfalls were discussed with the manager for action and an area for improvement was identified.

A small number of residents were observed not to have a call bell. This was discussed with the manager who agreed to audit resident bedrooms to ensure where appropriate a call bell was available; it was further discussed that if a patient has been assessed as unable to use the call system that they should be appropriately supervised and the resident care plans should accurately reflect this. This will be reviewed at a future care inspection.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

A review of the most recent fire risk assessment did not provide any evidence that the actions identified by the fire risk assessor had been completed within the required timeframe. This was discussed with the management team for their immediate attention and to provide RQIA with assurance regarding the completion of the required actions. An area for improvement was identified. Following the inspection, the home arranged for a new fire risk assessment to be completed, this was forwarded to RQIA and shared with the estates inspector for the home.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day.

An activity planner displayed in the home highlighted planned events and activities; these included, light exercise, baking, films and reminiscence. Review of the staff duty rota evidenced that the activity co-ordinator works part time to cover both the nursing and residential home. Care staff are allocated to the role of activity champion in the activity staffs absence however, as discussed previously care staff are not having time to adequately fulfil this role. An area for improvement was stated for a second time.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Joanne Magee is the new manager of Whitehead Residential Home and will be submitting an application to be registered with RQIA in due course.

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 was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The operations manager is the safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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 manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

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; 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 residents, their representatives, the Trust and RQIA.

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/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	4	1*

*the total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Joanne Magee, manager and Caron McKay, 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	
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: 30 April 2024	<p>The registered person shall ensure the staffing levels are maintained in the home at all times to meet the needs of the residents.</p> <p>This is stated with specific reference to domestic and kitchen staffing levels.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Domestic staff - now working a more practical shift pattern, the hours have been increased to whereby two staff are now on duty for three days of the week. Kitchen staffing - is currently under review with discussions taking place with the cook and kitchen staff to review the overall hours worked per day.</p>
Area for improvement 2 Ref: Regulation 20 (1) (c) (i) Stated: First time To be completed by: 30 April 2024	<p>The registered person shall ensure that all staff receive and complete mandatory training appropriate to their job role.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: New e-learning system now in place. This is being monitored via setting short term goals and evaluated monthly for completion of these identified goals. Numerous face to face training was completed since inspection (as per training planning matrix) and additional training sourced from both internal and external providers.</p>
Area for improvement 3 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 25 April 2024	<p>The registered person shall ensure that all parts of the home are kept clean.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Domestic staff now working a more practical shift pattern whereby two staff are now on duty for three days of the week after evaluation of shift pattern and available hours as per time of inspection. Home Manager completes daily walk rounds to</p>

	<p>ensure that the cleaning standards are maintained. When the Quality Manager or Operations Manager complete the reg 29 visit they will also complete a walk of the home to review the standards of cleaning with in the service.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 25 April 2024</p>	<p>The registered person shall ensure the following in regard to fire safety arrangements:</p> <ul style="list-style-type: none"> • The fire risk assessment is effectively maintained by the manager and evidences any actions taken in regard to the recommended actions required. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All actions of fire risk assesment which was in place during the time of this inspection; are now signed off and was the case from the 03.05.2024. A new additional fire risk assesement was carried out where two actions were identified, and has also since been actioned and completed</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2024</p>	<p>The registered person shall ensure activities are planned and provided to provide structure to the resident's day.</p> <p>Arrangements should be in place for activities to be provided to residents in the absence of the activity co-ordinator.</p> <p>Ref: 5.1 and 5.2.4</p> <p>Response by registered person detailing the actions taken: Due to recruitment difficulties, and staff sickness provision of activity hours had been low. At present a new activity co-ordinator is going through the recruitment process and is due to start in July. In the meantime care staff who wish to pick up extra duties are encouraged to do so, to provide an activity programme whilst we await the start of the new staff member. Care staff will pick these hours up as additional so this does not take away from the care being delivered by the care staff on the floor.</p>

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