

# Inspection Report

**6 April 2023**



## Whitehead Nursing Home

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Electus Healthcare 2 Ltd  <b>Responsible Individual:</b> Mr Ed Coyle	<b>Registered Manager:</b> Mrs Sharon McCreary  <b>Date registered:</b> 22 December 2022
<b>Person in charge at the time of inspection:</b> Mrs Lucinda Hamilton – Deputy Manager	<b>Number of registered places:</b> 28
<b>Categories of care:</b> Nursing Home (NH) PH – Physical disability other than sensory impairment I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 20
<b>Brief description of the accommodation/how the service operates:</b> This is a registered Nursing Home which provides nursing care for up to 28 patients. The home is divided into three floors with patients' bedrooms located over all three floors. Patients 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 Residential Care Home in the same building 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 are discussed within the main body of the report and Section 6.0.

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

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

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

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' 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 patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Whitehead Nursing 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 patients 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**

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "I am very happy. The staff are good. They are kind. The grub is good and everything is done to time", while another patient said, "It is lovey here. The staff have a nice manner."

Staff spoken with said that Whitehead Nursing Home was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. Discussion with the deputy manager and staff confirmed that there were good working relationships between staff and management.

No questionnaires were returned by patients 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 18 October 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 21 (1) (b) <b>Stated:</b> 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.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> 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.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 (1) (a) <b>Stated:</b> First time	The registered person shall ensure safe moving and handling training is embedded into practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 16 (2) (b) <b>Stated:</b> First time	The registered person shall ensure that patient's care plans and risk assessments are kept under review to reflect any change in their assessed care needs.  This area for improvement is made with specific reference to the management of choking risk.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<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"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene</li> <li>• appropriate use of hypochlorite solution</li> <li>• staff knowledge and training regarding the use of cleaning chemicals.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Discussion with staff and observation of practice evidenced this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the current, maximum and minimum temperatures of the medicines refrigerator are monitored and recorded and the thermometer reset each day. Action must be taken to address deviations outside of the accepted range.</p> <p><b>Action taken as confirmed during the inspection:</b> Examination of records evidenced that temperatures of the medicines refrigerator were not consistently recorded. This is discussed further in section 5.2.6.</p> <p>This area for improvement is partially met and is stated for a second time.</p>	<p><b>Partially met</b></p>

<b>Area for improvement 6</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that robust arrangements are place for the completion of controlled drug records.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 39.9 <b>Stated:</b> First time	The registered person shall ensure that mandatory training requirements are met.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall ensure that the audit system for the management of medicines is robust and includes all of the areas for attention highlighted in this report.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 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 patients. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and 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 residential care home is located within the same building as the nursing 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 nursing home should not be depleted to supplement the staffing arrangements in the residential care home. The residential home may be in the same building but has a separate registration and should have separate staffing arrangements. An area for improvement was identified.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' 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 patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were generally well completed.



Management of wound care was reviewed. Examination of wound management for two identified patients evidenced that wound care was not consistently managed in keeping with best practice guidance. There was evidence that some of the shortfalls had been identified during the manager's wound care audit. However, the audit 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 operations manager who agreed to review wound management and the wound care audit action plans. An area for improvement was identified.

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 patients' next of kin, their care manager and to RQIA, as required.

Review of the management falls evidenced appropriate actions were taken following the fall in keeping with best practice guidance.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with staff confirmed that the correct procedures were followed if restrictive equipment was used.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal.

Patients may need support with meals; ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. There was a variety of drinks on offer and the menu was available for the patients 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 patients. 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 residential home. Patients 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.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.



Review of a selection of care records evidenced that care plans had not been fully developed within a timely manner to accurately reflect their assessed needs. In addition, elements of some of the care plans lacked personalisation. This was identified at the previous care inspection and an area for improvement was identified.

Daily records were kept of the care and support provided by staff. The outcome of visits from and consultations with 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 the home was warm and comfortable. Many patients' bedrooms were personalised with items important to the patient. 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 patients' 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 patients in the home. An area for improvement was identified.

Fire safety measures were in place to ensure that patients, 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 Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. Patients said they liked the privacy of their bedroom, but would enjoy going to the dining room for meals, while others enjoyed watching TV in the lounge and speaking with other patients.

Patients 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 patient said, "We don't really do activities, we just watch TV", while another patient said, "It can be hard to put your day in".

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 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 patients.

Activity provision was discussed with management during the previous care inspection. To ensure meaningful activities are planned and provided to patients, 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 patients, 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 patients. 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 generally well managed and reported appropriately. Review of records identified one notifiable event which had not been reported. This was submitted retrospectively.

The home was visited each month by a representative of the registered provider to consult with patients, 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 patients, their representatives, the Trust and RQIA.

### 5.2.6 Medicines management

Examination of medicine refrigerator temperature records evidenced that these had not been completed consistently on a daily basis. The inconsistent nature of the recordings indicated that the thermometer was not reset each day. This was identified as an area for improvement at the previous medicines management inspection and was stated for a second time.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	6*	5*

\*The total number of areas for improvement includes two which were stated for a second time and two which were carried forward for review at the next inspection.

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 Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that robust arrangements are place for the completion of controlled drug records.  Ref: 5.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 21 (1) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure records of employment are available for review on inspection and evidence retained of managerial oversight of all such records.  Ref: 5.1 and 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Recruitment will be overseen by manager after being reviewed by HR team, Any deficits will be addressed before start of employment.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that the current, maximum and minimum temperatures of the medicines refrigerator are monitored and recorded and the thermometer reset each day. Action must be taken to address deviations outside of the accepted range.  Ref: 5.1 and 5.2.6
	<b>Response by registered person detailing the actions taken:</b> The fridge temperatures will be monitored daily and deficits will be addressed with staff.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 21 (1) (b) Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A new pre employment checklist has been developed to ensure all checks are completed; and to identify any deficits before commencement of employment.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The responsible individual shall ensure the staffing levels are maintained in the home at all times to meet the needs of the patients.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Staffing levels are reviewed regularly to ensure they meet the needs of the patients.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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 patients 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> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Staff have been spoken to and are aware of their responsibilities with COSHH. All staff complete online COSHH training.</p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> 18 November 2022	The registered person shall ensure that the audit system for the management of medicines is robust and includes all of the areas for attention highlighted in this report.  Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by</b> 6 May 2023	The registered person shall review the provision of wound care to ensure that: <ul style="list-style-type: none"> <li>wounds are dressed in accordance with the prescribed frequency</li> <li>wound assessments are completed each time wounds are dressed</li> <li>wound care evaluations comment on the progress or condition of the wound.</li> </ul> Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Nurses are aware of the deficits identified. Pressure ulcer competencies are being completed on all nursing and care staff. Monthly audits will identify deficits and these will be addressed in a timely manner.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that records are maintained to evidence the choice of meal offered to patients, that choices are varied, recorded accurately and retained in the home.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> New sheets devised to ensure residents choice is recorded. These are kept as evidence.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>Care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 May 2023</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Registered nurses have been given guidance in relation to deficits identified. A training session is scheduled for new nurses to ensure they are aware of what is needed to ensure compliance.</p>
	<p>The registered person shall ensure activities are planned and provided to provide structure to the patient's day. Arrangements should be in place for activities to be provided to patients in the absence of the activity co-ordinator.</p> <p>Ref: 5.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></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>

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





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