

Inspection Report

Name of Service: Whitehead Nursing Home

Provider: Electus Healthcare 2 Ltd

Date of Inspection: 28 May 2025

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

1.0 Service information

Organisation:	Electus Healthcare 2 Ltd
Responsible Individual:	Mr Ed Coyle
Registered Manager:	Mrs Joanne Magee
<p>Service Profile – 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 overlooks Belfast Lough.</p> <p>There is also a registered residential care home located within the same building and for which the manager also has operational responsibility and oversight.</p>	

2.0 Inspection summary

An unannounced inspection took place on 28 May 2025, from 9.00 am to 8.00 pm by a care inspector. Both the nursing home and the residential care home, which are separately registered but in the same building, were inspected on the same day.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoken with said they were happy with the care from staff, they said they felt well looked after by the staff who were helpful and friendly.

Patients' comments included: "They look after me well", "The staff are very good" and "I Like it here". Some patients did comment that they had noted quite a few new staff and had thought the home was short staffed at times. These comments were shared with the management team.

Relatives commented positively about the provision of care within the home. Comments included: "The staff are lovely" and "The staff are amazing". Relatives told us that the communication from the home was good. Some individual comments regarding the food and staffing levels were shared with the management team.

Staff spoken with said that Whitehead nursing home was a good place to work and said the teamwork was generally good. Staff did comment on the reliance on agency staff to ensure the planned staffing was met and this brings additional challenges to ensure all the patients' care needs are met. These comments were shared with the management team.

We received two questionnaire responses from relatives, the relatives did confirm they felt the care delivered was good and were assured their relative was safe in the home. However, concerns were raised by these relatives in regard to staffing levels and the provision and quality of food and fluids. A further questionnaire was completed by a patient, the patient commented, "I am warm and comfortable and the food is good" the patient raised some issues with their bedroom; these were passed on to the manager to address.

In addition, two members of staff completed the online survey; the staff were dissatisfied with areas regarding safe and effective care delivery to patients and also the leadership and management within the home and wider organisation. This information was shared with a member of senior management of Electus for investigation.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Examination of the staff duty rota and discussions with staff confirmed that the planned number of care staff on duty was maintained however, the home recently is relying heavily on agency care staff as recruitment is ongoing for a number of vacant care staff positions. Staff expressed the challenges and pressures they felt when working with agency staff in making sure all the patients' needs are met. Some patients also commented that they thought the home was short staffed. These comments were discussed with the management team.

Further review of the duty rota and discussion with domestic staff raised concerns that although the hours of working for the domestic staff had been altered slightly; frequently there was only one domestic staff on duty. A number of areas of the home were observed in need of a better clean and the domestic staff told us that they do not have time to do all the work required. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job.

Checks were made to ensure that staff maintained their registration with the Nursing and Midwifery Council (NMC) or with the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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 were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position. A review of repositioning records identified deficits in the accurate recording of the patients' position and there was evidence that some patients were not repositioned as prescribed in their care plans. An area for improvement was stated for a second time.

Where a patient was at risk of falling, measures to reduce this risk were put in place. Examination of care records confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service or their GP. It was observed that the home's falls policy required updating; this was discussed with the company's quality manager and written confirmation was received following the inspection that this had been actioned.

The dining experience was an opportunity for patients to socialise. Patients were seen to be enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure patients 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. There was a variety of drinks available. The patients spoke positively in relation to the meals provided.

The importance of engaging with patients was well understood by management team and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. Patients were well informed of the activities planned. The monthly programme of social events was displayed on the noticeboard. Planned activities included games, outdoor walks, visits from the therapy dog, a book club. The home has also made intergenerational links with a local primary school.

Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

3.3.3 Management of Care Records

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

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Patients' bedrooms were personalised with items of importance to each patient, such as family photos and sentimental items from home.

Continued concerns were identified in regard to the general cleanliness of the home. This appears contributed to by the inconsistent number of domestic staff on duty. Floors, furniture and bathrooms were observed not effectively cleaned. These shortfalls were discussed with the management team to address and an area for improvement was stated for a second time.

Several items of equipment used by patients was also observed not clean; for example, shower seats, commodes and wheelchairs. An area for improvement was identified.

Additional concerns were identified in regard to the management of risks to patients; shortfalls were identified in regard to the safe storage of denture cleaning tablets and the hairdressing room was open with access to a number of hairdressing products. An area for improvement was identified.

Two radiators within patients' bedrooms were noted to be hot to the touch, this was discussed with the management team to address.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. However, a hoist was observed in the corridor; this was quickly addressed by a member of the management team.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Joanne Magee has been the manager in this home since November 2023.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to patients.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	5*	2*

*the total number of areas for improvement includes one regulation and one standard that have been stated for a second time a further two areas for improvement are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: Second time</p> <p>To be completed by: 28 May 2025</p>	<p>The registered person shall ensure that all parts of the home are kept clean.</p> <p>Ref: 2.0 and 3.3.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff meetings were held with relevant staff, to establish and review the present routine and challenges that housekeeping staff face. Additional housekeeping hours were approved in order to improve the standards of housekeeping in the home. The effectiveness of the adjusted routine and increased hours will continue to be monitored by management during walk abouts in the home.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 29 May 2025</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>This is stated with specific reference to domestic staffing levels.</p> <p>Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Following the inspection, additional hours were approved for both the housekeeping and the kitchen assistant. These hours will be monitored and reviewed where required.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 28 May 2025</p>	<p>The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>This relates specifically to the cleanliness of patient equipment.</p> <p>Ref: 3.3.4</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 28 May 2025</p>	<p>Response by registered person detailing the actions taken: Supervisions and additional training has been provided for staff, to increase the awareness of the importance of high standards of cleanliness in relation to equipment utilised by residents in the home. Cleaning is being spot checked and monitored by the Home Manager.</p> <p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Immediate action was taken in relation to items that were considered to be potentially hazardous to residents. Denture cleaning products are now stored in a locked area of the home, and distributed during medication rounds and where requested. The hairdressing room is now free from any products that could pose a risk to resident safety.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2022</p>	<p>The registered person shall ensure that robust arrangements are in place for the completion of controlled drug records.</p> <p>Ref: 2.0</p> <p>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.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 23 Stated: Second time To be completed by: 28 May 2025	The registered person shall ensure that patients who are assessed as requiring repositioning have a care plan in place and that repositioning records are consistently completed in a contemporaneous and accurate manner. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: Audits are being completed regarding repositioning schedules. Supervisions completed with Care Assistants and Registered Nurses regarding related documentation of all actions relevant to the repositioning schedule. Home Manager and Deputy Manager will be monitoring these during walk abouts. Compliance will be monitored by the Senior management during monthly monitoring visits.
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: 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: 2.0
	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.

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



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews