

Inspection Report

23 April 2024



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

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: Whitney Nyario	Number of registered places: 28
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 22
Brief description of the accommodation/how the service operates: <p>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.</p> <p>There is also a registered residential care home in the same building for which the manager is also responsible.</p>	

2.0 Inspection summary

An unannounced inspection took place on 23 April 2024, from 9.15 am to 4.45 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.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home, the care and food 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 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 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 RQIA will seek to speak with patients, 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 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 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

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 felt safe in the home. Patients said, "The staff are good", "The staff do their best" and "The care is good". While the other patients spoken with said they had nothing to complain about.

Relatives spoken with were complimentary about the care provided in the home; "The home is very good; you can't fault them".

Staff spoken with said that Whitehead Nursing Home was a good place to work and that the new manager was very approachable. Staff did raise concerns regarding the current staffing levels and this is discussed in section 5.2.1. Individual staff comments were shared with the management team for their appropriate action.

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 6 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that robust arrangements are place for the completion of controlled drug records.	Carried forward to the next inspection
	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.	
Area for Improvement 2 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.	

<p>Area for Improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second 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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for Improvement 4</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for Improvement 5</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: Separate staffing arrangements were observed for the nursing and residential home.</p> <p>Review of the duty rota, observations on inspection and discussion with care, domestic and kitchen staff raised concern that the current staffing levels did not meet the needs of the patients.</p> <p>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.</p>	<p>Met</p>

<p>Area for Improvement 6</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>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.</p> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p>	<p>The registered person shall review the provision of wound care to ensure that:</p> <ul style="list-style-type: none"> • wounds are dressed in accordance with the prescribed frequency • wound assessments are completed each time wounds are dressed • wound care evaluations comment on the progress or condition of the wound. <p>Action taken as confirmed during the inspection: Review of wound care records confirmed a wound assessment chart had been completed at each dressing change and wound care evaluations commented on the wound progress. However, gaps were identified in the frequency of wound dressings.</p> <p>This area for improvement has been partially met and was stated for a second time.</p>	<p>Partially met</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>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.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		
<p>Area for Improvement 4</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</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>	Met
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</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>	Not met
<p>Action taken as confirmed during the inspection:</p> <p>There was limited evidence that the current activity arrangements were responsive to the needs of the patients.</p> <p>This is discussed further in section 5.2.4.</p> <p>This area for improvement has not been met and was stated for a second time.</p>		

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 patients. Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

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.

In addition, the care staff expressed concern regarding the current staffing levels and that they felt they don't have enough time to do their duties to the quality they wished. It was also observed on the duty rota that care staff are allocated the role of activity champion to co-ordinate activities for the patients when the activity staff member is off duty, this is in addition to their caring duties. The care staff shared that it is not always possible to do this role on top of their caring 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 Nursing and Midwifery Council (NMC) or 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 told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well.

Staff said that they felt well supported in their role and found the new manager approachable. Staff spoke positively on teamwork in the home. Other individual staff comments were shared with the management team.

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.

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.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

Patients were well presented in their appearance and told us that they were happy living in the home.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. There was evidence that patients' needs in relation to nutrition and the dining experience were being met.

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 were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were well reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

Patients who are less able to mobilise require special attention to their skin care and were assisted by staff to change their position. A review of repositioning records identified deficits, the records reviewed were not consistently or accurately completed to include all the required detail relating to the patients' position, repositioning regime or the pressure relieving equipment in use. Furthermore, the records reviewed did not always evidence that the patient was repositioned as prescribed in their care plans and a number of patients did not have a care plan detailing a prescribed repositioning regime. An area for improvement was identified.

The review of care records specifically for patients who required wound care, evidenced that some wounds had not been dressed as prescribed. An area for improvement was partially met and is stated for a second time.

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. Patients' bedrooms were personalised with items of importance to each patient, such as family photos and sentimental items from home.

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

The treatment room was also observed unlocked with access to a number of unlocked cupboards containing prescription medicines, creams and nutritional supplements. This was immediately brought to management's attention who organised for the maintenance personnel to fit a lock. An area for improvement was identified.

A small number of patients were observed not to have a call bell. This was discussed with the manager who agreed to audit patient 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 patient 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 Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Patient's 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.

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 Nursing 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 patients, 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 patients.

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.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

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 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; 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 patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	6*	4*

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

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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2024</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 care, domestic and kitchen staffing levels.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Care Assistant hours were reviewed based on current dependencies and occupancy and the care hours were increased accordingly.</p> <p>Domestic hours were reviewed and a new more practical shift pattern which required an increase in hours was put in place and to be kept under review.</p> <p>Kitchen assistant hours are under review, and involve discussions with the kitchen staff around shift patterns and hours worked.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2024</p>	<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:</p> <p>A new e-learning system is now in place whereby short term goals are set for staff in respect of modules to complete, and is monitored monthly for compliance.</p> <p>Numerous face to face trainings as was planned and discussed during the time of inspection, were carried out and more additional training sessions were completed and further planned training is on the training schedule. Both internal and external training providers were/are being utilized.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 24 April 2024</p>	<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: Shift patterns and hours were reviewed and a more practical shift pattern is now in place, with the new pattern and the increase in hours allowing better standards of cleaning.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 24 April 2024</p>	<p>The registered person shall ensure that the treatment room is locked and secure when not in use.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: In order to mitigate this risk in future we now have a double - lock system in place at the door which leads into our clinical room where medications are being stored and or prepared. This entails a key pad lock and manual key entry. All staff during meetings have been advised that this door must remain secured, they also advise on agency induction and handover , that the treatment room door must be secured at all times.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 24 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>Area for improvement 6</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: 5.1</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)	
<p>Area for improvement 1</p> <p>Ref: Standard 21.1</p> <p>Stated: Second time</p> <p>To be completed by: 24 April 2024</p>	<p>The registered person shall review the provision of wound care to ensure that:</p> <ul style="list-style-type: none"> • wounds are dressed in accordance with the prescribed frequency • wound assessments are completed each time wounds are dressed • wound care evaluations comment on the progress or condition of the wound. <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Gaps in documentation was discussed with staff who perform wound care, during a clinical supervision and staff meeting. Wound care audits are now being completed by relevant staff and overseen by the home manager in order to enhance the understanding of documentaion requirement, and to ensure complaince.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 11</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 patient's day.</p> <p>Arrangements should be in place for activities to be provided to patients 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>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>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.</p> <p>Ref: 5.2.2</p>

24 April 2024	<p>Response by registered person detailing the actions taken:</p> <p>Repositioning supervisions were drawn up and discussed with all staff members. A new system is now in place which proves to be more beneficial in order to ensure that all repositioning is recorded at the time of repositioning. This also provides for an enhanced overview by registered staff and management.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2022</p>	<p>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.</p> <p>Ref: 5.1</p> <hr/> <p>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</p>

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