

Inspection Report

Name of Service: Whitehead Residential 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 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 overlooks Belfast Lough.</p> <p>There is also a registered nursing 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 residential care home and the nursing 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 residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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.

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

As a result of this inspection four 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 resident'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

Residents described staff as "very good". Residents spoken with said that they were happy living in the home. Comments included, "I'm all good" and "I have no concerns".

Staff told us that they enjoyed working in the home and that the resident's care was very important to them.

We did not receive any questionnaire responses from residents or their visitors or any responses from the staff online survey within the timescale specified.

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 residents. 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 well maintained. However, the staff explained how staffing shortages over the past few months had been a challenging time, but staffing levels recently had improved.

Further review of the duty rota and discussion with the 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 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 residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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

Observation of practice 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.

At times some residents 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 residents and to manage this aspect of care.

Where a resident was at risk of falling, measures to minimise this risk of falls should be put in place. Examination of records did not provide evidence that staff observed the resident after they had a fall for any complications. Review of the home's falls policy established the policy was not prescriptive to the care the resident should receive post fall. This was discussed with the company's quality manager who agreed to review the policy and update it with the care expected for the resident post fall in the residential setting. Written confirmation was received following the inspection that the falls policy had been rewritten and additional assurance was provided that documented evidence will be in place going forward to evidence the post fall care of the resident. This will be followed up on the next inspection.

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. There was a variety of drinks available. Residents spoke positively in relation to the quality of the meals provided.

The importance of engaging with residents was well understood by management team and staff and residents 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 residents' social, religious and spiritual needs. Residents 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.

Residents 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

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

Residents care records were held confidentially.

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

3.3.4 Quality and Management of Residents' Environment

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.

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 residents 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 residents; shortfalls were identified in regard to the safe storage of denture cleaning tablets and the hairdressing room was open with access to hairdressing products. An area for improvement was identified.

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 residents.

Residents 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	4*	0

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

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 Residential Care 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: Staff meetings were held with relevant staff, to establish and review the present routine and challenges that housekeeping staff may face. Additional housekeeping hours were approved in order to improve the standards of housekeeping in the home. The effectiveness of the adjusted routine and will continue to be monitored by management during walkabouts 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 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: 3.3.1</p> <p>Response by registered person detailing the actions taken: Following the inspection, additional hours were approved for both the housekeeping and kitchen. These hours will be continuously 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 resident equipment.</p> <p>Ref: 3.3.4</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. Cleaning records are being spot checked and necessary actions carried out as soon as practically possible. This will be closely monitored by Home Management.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which residents have access are free from hazards to their safety.</p> <p>Ref: 3.3.4</p>
<p>To be completed by: 28 May 2025</p>	<p>Response by registered person detailing the actions taken:</p> <p>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>

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