

Inspection Report

07 October 2021



Westlands

Type of service: Residential Care Home
Address: 2 Westland Road, Cookstown, BT80 8BX
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Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation/Registered Provider: Northern Health and Social Care Trust (NHSCT) Registered Person/s OR Responsible Individual Ms Jennifer Welsh (acting)	Registered Manager: Mr Sean McCartan Date registered: 1 April 2005
Person in charge at the time of inspection: Mr Sean McCartan	Number of registered places: 29 Maximum of 3 residents in RC-PH category of care. The home is approved to provide care on a day basis only to 4 persons.
Categories of care: Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of residents accommodated in the residential care home on the day of this inspection: 9
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 29 residents, including intermediate care and respite. The home is divided over two floors with residents having access to communal lounges and a dining room.	

2.0 Inspection summary

An unannounced inspection took place on 07 October 2021 from 10.00am to 3.15pm by two care inspectors.

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.

Residents told us that their experience of Westlands was positive. Those residents who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings. Positive interactions were observed during the inspection between staff and residents with staff knowledgeable about resident's needs and preferences.

Comments received from residents and staff are included within the body of this report.

RQIA were assured that the delivery of care and service provided in Westlands was safe, effective, compassionate and that the home was well led.

As a result of this inspection one area for improvement has been carried forward, one area for improvement was stated for the second time and four further areas were identified in respect of monthly monitoring visits, fire safety, staff training in relation to Mental Capacity Act (MCA) and care records.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

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

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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with registered manager Mr Sean McCartan.

4.0 What people told us about the service

We spoke with seven residents and four staff as part of the inspection. Residents were positive about their experience in Westlands and told us that they were happy and well cared for. Residents told us that they felt safe in the home. They described staff as "good" and "helpful." and said that there was enough staff available and that they get help and assistance when they need it. Observation during the inspection indicated that residents' needs were met. Residents stated Westlands was a great place.

One questionnaire was returned within the required timeframe from a relative which stated “best care in a home my family ever received.”

Staff spoke very positively about the care delivery in Westlands and positive team work among colleagues. Staff described the home as “very homely” and that the care provided in Westlands was magnificent. The staff reported that the manager was very approachable and that they felt supported in their work.

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 25 February 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 29 (1) and (3) Stated: First time	The registered person shall ensure that monthly monitoring visits are carried out by or on behalf of the registered provider and that records of these visits are maintained in accordance with the legislation.	Met
	Action taken as confirmed during the inspection: Review of these records confirmed that they were available in the home and undertaken on a monthly basis.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 30 Stated: First time	The registered person shall review the auditing process to ensure this includes liquid medicines, inhaled medicines and medicines prescribed on a “when required” basis.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.	

Area for improvement 2 Ref: Standard 20.15 Stated: First time	The registered person shall ensure that RQIA are informed of any event in the home which affects the care, wellbeing or safety of any resident.	Not met
	Action taken as confirmed during the inspection: A review of the accident and incident records identified some notifiable events that should have been reported to RQIA. This area for improvement has not been met and will be re-stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff were observed to be knowledgeable and compassionate in their interactions with residents and promptly responded to the needs of residents. Staff told us that they felt very supported in their role and commented on the effective team working within the home. Staff were satisfied with the number of staff on duty and told us that they found the management team in the home to be very approachable. Staff advised that they were able to raise any issues and were confident these would be addressed.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota included the full name of the staff member including their role and identified the person in charge when the manager was not on duty.

There were systems in place to ensure staff were trained and supported to do their job. Training provided included fire safety and safeguarding. However a review of the records indicated that a large number of staff had not completed training in relation to the Mental Capacity Act (2016) – Deprivation of Liberty (DoLs). This was discussed with the manager and an area for improvement has been made.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff were appropriately registered with their professional body and systems were in place to ensure this remained live. Newly appointed care staff were supported to register with the Northern Ireland Social Care Council (NISCC).

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way. Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to residents' requests for assistance promptly and in a caring and compassionate manner.

Residents said that they felt safe in the home and that staff were always available and were kind to them.

5.2.2 Care Delivery and Record Keeping

When we walked around the home; the atmosphere was calm and relaxed. Residents were well presented and willing to engage in conversation. All residents spoke positively about the care delivery in the Home.

Staff were observed to be prompt in recognising the needs of residents and were skilled in their communication when engaging with residents. Staff were knowledgeable of individual residents' needs, wishes and preferences. Staff met at the beginning of each shift to discuss any changes in the needs of the residents and reported communication within the home to be very good.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The daily menu was clearly displayed in a prominent area of the Home with choice offered at each meal time. Catering staff were knowledgeable about the dietary requirements of residents and advised that meals were prepared freshly each day. The dining experience was an opportunity for residents to socialise with the atmosphere calm, relaxed and unhurried. It was observed that residents were enjoying their dining experience and help and support was offered to those residents as required.

Care records were reviewed which were well maintained and detailed the needs of residents. Relevant risk assessments were in place including moving and handling and the management of falls. There was evidence that bridging care plans and multi-disciplinary assessments were received for any new admission to the home. Residents care records were held confidentially.

However we noted that there was a time delay in updating of some care records for residents who were recently admitted to the home. It is necessary that care staff update and amend care plans for those residents placed temporarily in the home to ensure their changing care needs are accurately reflected. This was discussed with the manager and an area for improvement has been made.

Daily records were kept of how each resident spent their day and the care and support provided by staff. These records were found to be detailed and person centred.

Residents looked well cared for in that they were well dressed with attention to detail in regards to personal appearance.

Staff reported that the care provided to the residents was of a high standard and was person centred.

5.2.3 Management of the Environment and Infection Prevention and Control (IPC)

Observation of the home environment included a sample of bedrooms, bathrooms, storage areas and communal areas such as lounges and dining rooms. The home was observed to be clean, warm, well-lit and free from malodours. Residents' bedrooms were observed to be clean, tidy and personalised with sentimental items in place.

The corridors within the home were observed to be clean, tidy and well-lit. One fire door was observed to be obstructed for a lengthy period of time with moving and handling equipment. This was brought to the attention of the manager and an area of improvement has been identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Personal Protective Equipment (PPE) was available throughout the home and was noted to be well stocked. Staff were observed to be wearing PPE in accordance with current guidance and carrying out hand hygiene at appropriate opportunities.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day in Westlands and all residents spoke positively about their experience and their relationship with staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Sean McCartan has been the manager in this home since 2005 and was available throughout the inspection. Staff spoken to indicated that the manager was supportive and approachable and good team work is promoted within the Home. Staff were particularly appreciative of the practical and emotional support provided to them by the management team during the COVID-19 pandemic.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager completed regular audits of; hand hygiene, equipment and the environment.

It was established that the manager had a system in place to monitor accidents and incidents. On review of these records we identified some incidents where RQIA were not appropriately informed. This was discussed with the manager of the home and an area for improvement has been stated for the second time.

There was evidence that the home was visited each month by the registered provider's representative. These reports were made available at time of inspection and evidenced consultation with residents, their relatives and staff. The reports also examined areas of the running of the home and action plans were devised and reviewed accordingly. It was noted that the monitoring visits were announced and did not accurately detail the name of the person completing the visit. This has been identified as an area for improvement.

6.0 Conclusion

Residents were supported by staff; the interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents.

The environment was clean, tidy and well maintained to a good standard. Staff responded to the needs of the residents and provided support in a timely way.

As a result of this inspection one area for improvement has been carried forward, one area for improvement was stated for the second time and four further areas identified in respect of monthly monitoring visits, fire safety, staff training in relation to MCA and care records.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011)

	Regulations	Standards
Total number of Areas for Improvement	2	*4

*This includes one area for improvement which was carried forward for review to the next inspection and an area for improvement which was stated for the second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Sean McCartan, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that all fire exits are kept clear from obstruction.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff will ensure that all fire exits are kept free from obstructions.</p>
Area for improvement 2 Ref: Regulation 29 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that monthly monitoring visits are unannounced and clearly record the name of the person completing the visit.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: All monthly monitoring visits will now be unannounced. Monthly monitoring reports will clearly state the name of the person completing the report on both the first and last pages of the report.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for Improvement 1 Ref: Standard 30 Stated: First time To be completed by: With immediate effect	<p>The registered person shall review the auditing process to ensure this includes liquid medicines, inhaled medicines and medicines prescribed on a “when required” basis.</p> <p>Ref: 5.1</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>
Area for improvement 2 Ref: Standard 20.15 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that RQIA are informed of any event in the home which affects the care, wellbeing or safety of any resident.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Westlands have reviewed processes for reporting of incidents. RQIA will be notified of any acute event that occurs within the home which affects the care, well-being or safety of any resident. Review of incidents in the home will be audited by senior manager to monitor compliance with this standard.</p>

Area for improvement 3 Ref: Standard 23 Stated: First time To be completed by: 30 November 2021	The registered person shall ensure that all staff employed in the Home receives training in respect of the Mental Capacity Act (2016) – Deprivation of Liberty (DoLs) safeguards. Ref: 5.2.1 Response by registered person detailing the actions taken: All senior care and care staff have previously received training in respect of the Mental Capacity Act (2016) - this is now reflected in our training records. Training is presently being provided to all our ancillary staff.
Area for improvement 4 Ref: Standard 6.2 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that resident care plans are completed in a timely manner, are kept up-to-date and reflects the resident's current needs. Ref: 5.2.2 Response by registered person detailing the actions taken: Care plans are now reviewed and updated on a regular and ongoing basis to reflect resident's current needs.

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