

Unannounced Care Inspection Report 8 June 2017



Westlands

Type of service: Residential care home
Address: 2 Westland Road, Cookstown, BT80 8BX
Tel no: 028 8672 3922
Inspector: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 29 beds which provides care for older people.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust/Dr Anthony Stevens	Registered Manager: Mr Sean McCartan
Person in charge at the time of inspection: Aideen McFerran, senior care assistant, until 14.00. Ceceline Cuddy, senior care assistant, after 14.00	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Number of registered places: 29

4.0 Inspection summary

An unannounced care inspection took place on 8 June 2017 from 10.45 to 15.15.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff training, care records, the culture and ethos of the home and the management of incidents.

Areas requiring improvement were identified in regard to the duty rota, adult safeguarding training, the environment and care reviews.

Residents and/or their representatives said:

- “This is a good place; we get good food in here”
- “I like it in here”
- “The staff are all helpful, you get anything you need and have to wait no time at all. This place is great”
- “This is a great place, it’s like home from home. The food is just lovely”

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Sean McCartan, registered manager, by telephone following the inspection. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent medicine management inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 2 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and the notifications of accidents and incidents.

During the inspection the inspector met with 14 residents individually, six staff of various grades and one resident's visitor.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- One staff competency and capability assessments
- Staff training schedule/records
- Three residents' care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 2 May 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 1 December 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 23.4 Stated: First time	The registered provider should ensure that the staff have sufficient access to a computer for the purpose of undertaking e learning courses.	Not met
	Action taken as confirmed during the inspection: Discussion with the staff identified that a new computer was purchased but had not been installed in the home. This area for improvement will be stated for the second time.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The senior care assistant confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' visitors and staff.

The duty roster was reviewed during the inspection. The manager's hours were not recorded on the rota for the three weeks reviewed and the staff were unsure if the manager was on duty the following day. It was also noted that two staff members were scheduled to be on duty

during the week and that both staff members were off on long term sick leave. Action was required to ensure compliance with the regulations in relation to the accuracy of the staff duty rota.

Discussion with the staff during the inspection and with the registered manager following the inspection evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The registered manager and staff confirmed that there has had been no new staff recruited to the home since the last inspection.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

Discussion with the staff during the inspection and with the registered manager following the inspection confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. One completed staff competency and capability assessment was reviewed and found to be satisfactory.

Subsequent discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Written confirmation was provided to the registered manager to confirm that all the required elements are were in place including the completion of enhanced AccessNI disclosures.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has had been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was last completed in October 2015 for all staff. This was identified as an area for improvement under the standards to ensure all staff undertake annual updates in regard to adult safeguarding.

Discussion with the senior care assistant, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The senior care assistant confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior care assistant identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The senior care assistant confirmed there were no restrictive practices employed within the home. The front door was operated through the use of a keypad entry system. Those residents who were assessed as safe to leave the home unaccompanied were provided with the keypad number.

The senior care assistant confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection validated this.

Discussion with staff established that they were knowledgeable and had understanding of infection prevention and control (IPC) policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

The senior care assistant reported that any outbreaks of infection within the last year had been managed in accordance with the trust's policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling and appropriately heated.

On the day of the inspection it was noted that there were a number of areas in the home where the paint was discoloured or marked, skirting boards were chipped and the wallpaper was torn on the hallway upstairs. Action was required to ensure compliance with the regulations in relation to home environment.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 24 April 2017 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. A fire drill was completed on 23 March 2017. Records were retained of staff who participated and any learning outcomes.

The fire safety records were reviewed. A review of the fire safety records identified there were gaps in the weekly checks of the fire safety systems. Review of records and discussion with the registered manager confirmed that this had already been identified and an action plan was put in place to ensure this was addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal and to infection prevention and control.

Areas for improvement

Areas for improvement were identified in regard to the duty rota, adult safeguarding training and the environment.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the senior care assistant established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and a regular statement of health and well-being of the resident. Care needs assessments and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

Records were stored safely and securely in line with data protection.

The senior care assistant confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. A review of one care record identified that the resident had not had a care management review since 2013. Action was required to ensure compliance with the standards in relation to the completion of regular reviews of residents’ placements in the home.

The staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and other key stakeholders. Minutes of residents meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified to ensure that the Trust care manager for one identified resident is contacted to arrange a review of the placement.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The senior care assistant confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, there were care plans in place for management of pain.

The staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected.

The staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions with the staff, residents’ meetings, annual care reviews and the monthly monitoring visits.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents in the home were relaxing or enjoying the company of one another or watching television. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Comments made by residents during the inspection were:

- “This is a good place; we get good food in here”
- “I like it in here”
- “The staff are all helpful, you get anything you need and have to wait no time at all. This place is great”
- “This is a great place, it’s like home from home. The food is just lovely”

Comments made by staff during the inspection were:

- “There is good communication among the staff. The care is good”
- “There is good communication, everyone works well together. We all help each other out. The manager is good, he is very approachable. If he can help you at all, he will”
- “The manager is very approachable and very kind to the residents. It’s a real homely environment where we all look out for each other. Everyone gets on well”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The senior care assistant outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The senior care assistant confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose.

The senior care assistant confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The senior care assistant confirmed that staff could also access line management to raise concerns and that management would offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sean McCartan, registered manager, following the inspection. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (2) Stated: First time To be completed by: 22 June 2017	The registered person shall ensure that at all times the duty rota accurately reflects the staff working in the home. In addition, the hours worked by the registered manager must be recorded. Ref: section 6.4 Response by registered person detailing the actions taken: Actioned and now in place
Area for improvement 2 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 31 July 2017	The registered person shall ensure that an action plan for a programme of redecoration within the home is completed and submitted to RQIA. Ref: section 6.4 Response by registered person detailing the actions taken: A business case is being compiled to source funding for this.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 23.4 Stated: Second time To be completed by: 8 July 2017	The registered provider should ensure that the staff have sufficient access to a computer for the purpose of undertaking e learning courses. Ref: section 6.2 Response by registered person detailing the actions taken: A MCW has been in place for this for some time and funding has now been approved.
Area for improvement 2 Ref: Standard 23.3 Stated: First time To be completed by: 31 July 2017	The registered person shall ensure all staff working in the home undertake annual updates in regard to adult safeguarding. Ref: section 6.4 Response by registered person detailing the actions taken: Actioned and a programme of safeguarding updates is now being processed

<p>Area for improvement 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>The registered person shall ensure that the Trust care manager for one identified resident is contacted to arrange a review of the placement.</p> <p>Ref: section 6.5</p>
	<p>Response by registered person detailing the actions taken: This resident has had their review carried out. All residents normally have an annual review of their placement carried out by the Permanent Care Review Team</p>

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



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