

Inspection Report

2 February 2023



Westlands

Type of service: Residential Care Home
Address: 2 Westland Road, Cookstown, BT80 8BX
Telephone number: 028 8672 3922

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northern Health and Social Care Trust (NHSCT) Registered Person/s OR Responsible Individual Ms Jennifer Welsh	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: 12
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. The home is divided into two floors and each resident has their own bedroom. Residents also have access to communal areas with secure outside spaces.	

2.0 Inspection summary

An unannounced inspection took place on 2 February 2023 from 10.05am to 3.30pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents said that they were happy in the home and the staff helped them when they needed help. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Residents and their relatives confirmed that they would have no issue with raising any concerns or complaints to staff. Specific comments received from residents are included in the main body of this report.

Two new areas requiring improvement was identified in relation to staff recruitment and fire safety.

RQIA were assured that the delivery of care and service provided in Westlands was safe, effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Westlands.

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 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 Sean McCartan, manager at the conclusion of the inspection.

4.0 What people told us about the service

We met with 11 residents, one relative and five staff either individually or in small groups.

Residents told us that they felt safe and well cared for. They described the staff as being respectful, helpful and friendly. Residents stated that they enjoyed the food and there was always a choice of food available. Residents commented that the care delivery was to a good standard and that there were lots of activities available in the home. Comments included: "I am getting on well, the food is really good. The staff are very kind. I am content in here." and "They are all kind to me."

We met with one relative during the inspection who commended the care delivery in the home. They commented "The care here is excellent; the staff are so good to my (relative). There is really good communication and they keep me updated."

Staff spoke positively about working in the home and advised there was good team work within the home. Discussion with the staff confirmed that they were knowledgeable in relation to the specific needs of the residents. Staff said that the manager was very approachable and that they felt well supported in their role. Comments included: "This is a great place to work; we all work well together; there is good teamwork and we all help each other out. The manager is fantastic; very approachable, everything is dealt with in confidence. Any concerns raised would be actioned appropriately." and "The care delivered here is excellent; we all work hard to treat the residents like our own family. There is a nice atmosphere in the home and the residents are all safe in here."

No completed questionnaires or responses to the on-line staff survey were received following the inspection.

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 7 October 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall ensure that all fire exits are kept clear from obstruction.	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that all fire exits were clear and free from obstruction.	

Area for improvement 2 Ref: Regulation 29 Stated: First time	<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>Action taken as confirmed during the inspection: A review of the reports of the monthly monitoring visits confirmed that these visits were unannounced and accurately recorded the name of the person completing them.</p>	Met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		
Area for Improvement 1 Ref: Standard 30 Stated: First time	<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>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>	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 20.15 Stated: Second time	<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>Action taken as confirmed during the inspection: A review of the records of incidents and accidents confirmed that these were appropriately reported to RQIA.</p>	
Area for improvement 3 Ref: Standard 23 Stated: First time	<p>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.</p> <p>Action taken as confirmed during the inspection: A review of staff training records confirmed that all staff had completed this training.</p>	Met
Area for improvement 4 Ref: Standard 6.2	<p>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.</p>	

Stated: First time	Action taken as confirmed during the inspection: A review of care records confirmed that this area for improvement was met.	
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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 appropriately. However, the manager did not have access to the full information so as to be assured that all necessary checks were carried out before staff commenced employment. This was identified as an area for improvement.

The manager had a system in place to monitor staff's professional registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering. Advice was given to the manager to sign these records when they were reviewed.

There were systems in place to ensure staff were trained and supported to do their job. There was evidence in place to verify that staff received regular supervision and appraisal. In addition, staff received training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff demonstrated good knowledge of their roles and responsibilities regarding Adult Safeguarding and Deprivation of Liberty Safeguards (DoLS).

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.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The person in charge told us that the staffing arrangements were reviewed regularly to ensure that any changing needs of the residents were met. It was noted on the day of the inspection that there was enough staff in the home to respond to the needs of the residents in a timely way.

Competency and capability assessments for those staff in charge of the unit when the manager was not on duty were carried out by the manager on a yearly basis.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner, for example, staff were observed to attend to residents' personal care needs promptly and during the lunchtime meal staff were observed responding quickly to the requests of residents for drinks. Staff told us that the residents' needs and wishes were very important to them.

Residents said that they felt safe in the home and that staff were always available and were kind to them. One comment was "I am getting on well in here; the staff are very kind to me."

Staff knew the residents well and knew how to respond to the different assessed needs and wishes of each individual resident.

One relative said “I couldn’t praise it enough; it’s a great place.”

5.2.2 Care Delivery and Record Keeping

The home had a calm and relaxed atmosphere. Positive interactions were observed between residents and the staff.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Observation of practice, review of care records and discussion with staff and residents 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.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents’ consent when delivering care. We observed residents able to walk around freely and light music was playing in the background.

Examination of records and discussion with the staff confirmed that the risk of falling and falls were well managed.

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.

Staff were seen to socialise with residents throughout the lunchtime meal. The mealtime was observed to be a pleasant and unhurried experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

A menu was displayed in the dining room with alternative choices catered for. Residents and staff spoke highly of the food provision within the unit. The food was attractively presented and smelled appetising. There was a variety of drinks available. Staff were knowledgeable in relation to residents’ nutritional requirements and a record of this was maintained in the kitchen. The tables were set with condiments.

Care records were accurately maintained to help ensure that staff had an accurate understanding of residents’ nutritional needs. There was evidence that residents’ weights were checked at least monthly to monitor weight loss or gain.

Residents’ needs were assessed at the time of their pre admission to the home. Following admission care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents’ needs. In addition, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents’ care records were held safely and confidentially.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a high standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. We viewed a sample of the bedrooms, bathrooms, lounges and the dining room.

Residents' bedrooms were personalised with items that were important to them. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Fire exits and corridors were observed to be clear of clutter and obstruction.

During the inspection we observed fire doors propped open for a lengthy period of time. This was discussed with the manager who advised that he had also observed and actioned this accordingly. This was identified as an area for improvement.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures was completed. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE) and to adhere to the correct infection control guidelines.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Staff were seen to be attentive to residents needs including their social well-being. A programme of activities was in place. We observed a number of residents participating in activities with staff. This included board games and reminiscence therapy. The residents and staff were both enjoying this very much. For those residents who chose to stay in their own rooms; we observed staff providing one to one activities; while others were reading their daily paper and watching television.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Two residents made the following comments; “I am so happy in here and so well cared for” and “I love it here; it’s a great place.”

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 remains the manager of Westlands.

Staff commented positively about the manager of the home and described him as supportive, approachable and always available for guidance. Staff said that the manager in the home is supportive when it comes to training and development.

Residents spoken with said that they knew if they had any concerns that they could speak to the staff or the manager of the home. During our discussions with staff it was evident that they 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. There was evidence of auditing across various aspects of care and services provided by the home such as regular audits of infection prevention and control.

There was a system in place to manage complaints. A record of compliments was maintained. Such recorded compliments were: “I would like to take this opportunity to thank each and every member of staff for the care and attention which I received during that time. Westlands deserved to be recognised for the work which is done there.” and “We have been very impressed by the pleasant atmosphere in the home and by the friendly and welcoming staff.”

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

The home was visited by a representative of the registered person to consult with residents, 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 residents, 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 Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes’ Minimum Standards (August 2011) (Version 1:1)

	Regulations	Standards
Total number of Areas for Improvement	2	1*

* the total number of areas for improvement includes one area which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 21 (1) (b) Schedule 2 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that a detailed recruitment checklist is made available for the home manager to ensure that they have adequate oversight of the recruitment process. Ref: 5.2.1
	Response by registered person detailing the actions taken: A detailed checklist is in place to ensure that there is adequate oversight of the recruitment process.
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that fire doors are not propped open. Ref: 5.2.3
	Response by registered person detailing the actions taken: Staff will ensure that fire doors are not propped open and fire safety training for all staff is up to date.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for Improvement 1 Ref: Standard 30 Stated: First time To be completed by: With immediate effect	The registered person shall review the auditing process to ensure this includes liquid medicines, inhaled medicines and medicines prescribed on a “when required” basis. Ref: 5.1
	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.

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