



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Westlands (1372)
Date of Inspection: 7 August 2014
Inspector's Name: Ruth Greer and Alice McTavish
Inspection No: 17751

The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	Westlands
Address:	2 Westland Road Cookstown BT80 8BX
Telephone number:	028 8672 3922
Email address:	sean.mccartan@northerntrust.hscni.net
Registered Organisation/ Registered Provider:	Paul Cummings
Registered Manager:	Sean McCartan
Person in charge of the home at the time of inspection:	Sean McCartan
Categories of care:	RC-MAX, RC-I, MAX
Number of registered places:	29
Number of residents accommodated on day of inspection:	23
Scale of charges (per week):	Trust rates
Date and type of previous inspection:	12 December 2013 Secondary Unannounced
Date and time of inspection:	7 August 2014 10:00 – 16:30
Name of Inspectors:	Ruth Greer and Alice McTavish

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	12
Staff	4
Relatives	1
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	25	0

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Westlands Residential Care home is situated within the town boundaries of Cookstown. The residential home is owned and operated by the NHSSB. The current registered manager is Mr Sean McCartan.

Accommodation for residents is provided single on both ground and first floors. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided in various locations on both floors of the home.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. A hairdressing room is situated on the ground floor.

The home is registered to provide care for a maximum of 29 persons under the following categories of care:

Residential care

I Old age not falling into any other category

8.0 Summary of Inspection

This primary announced care inspection of Westland residential home was undertaken by Ruth Greer on 7 August 2014 between the hours of 10:00 and 16:00. On this occasion Mrs Greer was accompanied by Mrs Alice McTavish who has recently been recruited as an RQIA inspector, as part of her induction programme. Mr McCartan was available during the inspection and for verbal feedback at the conclusion of the inspection.

As the previous inspection resulted in no recommendations or requirements being made, no follow up was required during this inspection.

Prior to the inspection, Mr McCartan had completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mr McCartan in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, one relative, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of his responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Westlands was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home did not have a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities provided was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. One issue was raised in relation to the suspension of weekly bus runs which has been suspended due to a change in resources. The evidence gathered through the inspection process concluded that Westlands is substantially compliant with this standard.

Resident, representatives, staff and consultation

During the course of the inspection the inspector met with residents, one relative and staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Discussion with one relative evidenced "complete satisfaction" with the home.

Comments received from residents, one relative and staff are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and, in the main, fresh smelling. One bedroom was found to emit a malodour. One bedroom had broken shelf fittings which could be a safety risk to the resident who was accommodated in this room. Décor and furnishings were found to be tired and institutionalised in appearance. Further details have been included in section 11 of this report and a requirement has been made in the quality improvement plan appended to this report.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints and information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

Three requirements and six recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, the registered manager and staff for their assistance and co-operation throughout the inspection process. The RQIA acknowledge the home's willingness to facilitate with the induction of a new inspector.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 12 December 2013

The previous inspection resulted in no recommendations or requirements being made.

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
All residents have individualised care plans and risk assessments in place which identify their daily assessed needs. Permanent residents have a completed social history summary which was completed with staff and this outlines their usual conduct and behaviours..	Compliant
Inspection Findings:	
<p>The home had a policy and procedure in place (Policy on Use of Restrictive Physical Interventions, January 2008, reviewed December 2012). A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It did not, however, detail that RQIA must be notified on each occasion restraint is used and a recommendation is made that this should be included in the policy document.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge. This was included in Safeguarding and Protection of Vulnerable Adults training and was provided in June 2013. The training included a human rights approach. It was not evident that any refresher training has been provided since June 2013. The RQIA guidance in relation to training for the protection of vulnerable adults recommends that refresher training is provided annually. A recommendation has been made accordingly.</p> <p>A review of two residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of residents’ usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	Compliant

Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
When a resident presents behaviour that is uncharacteristic and causes concern this is reported to Senior Care Staff or manager and the situation is monitored and recorded in the residents progress notes. If it is deemed necessary other professionals may be contacted for advice/opinion. Family or identified next of kin are also informed..	Compliant
Inspection Findings:	
<p>The policy document on the use of restrictive physical interventions, Jan 2008, reviewed 2012 included the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust and relatives. . Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Two care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour. The care records of one resident who had been identified as having the potential to display some aggressive behaviour gave clear consideration to triggers to such behaviours and provided guidance for staff responses in such event. A care review completed in February 2014 gave consideration to current DOLS (Deprivation of Liberties Safeguards) guidance. There was clear evidence that a written contract, which related to the management of challenging behaviour, had been signed by the resident.</p> <p>A review of the records and discussions with one visitor confirmed that they had been informed appropriately.</p>	Compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment Care plans are the tool which outlines and directs a consistent and effective approach from staff when interacting with residents. These are reviewed regularly to ensure that they are effective. With the resident's consent, relatives or next of kin are involved in the care planning and review process and will be informed when specific approaches or responses are needed.</p>	Compliant
<p>Inspection Findings: A review of two care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager. The care plans examined were up to date.</p>	Compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment If a resident has a specific behaviour management programme, this would be implemented by the Behavioural Sciences Team or an appropriately professional. The resident's care plan would be updated to reflect the programme and the approaches that lie therein.</p>	Not applicable
<p>Inspection Findings: The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not applicable

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>If a management programme is in place staff would be provided with the necessary training guidance and support.</p>	Not applicable
<p>Inspection Findings:</p>	
<p>Although no specific behavioural programmes are in place staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the usual behaviours of the residents and would be able to identify any uncharacteristic behaviour and to report these accordingly to senior staff.</p>	Compliant
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>Named workers are kept up-to-date in respect of all incidents that involve a resident. As well as this an incident form would be completed and forwarded to line manager and NHSCT Governance Dept. Named workers would organise a multi-disciplinary review if required.</p>	Compliant

Inspection Findings:	
<p>A review of the accident and incident records from 12 November 2013 to 20 July 2014 and discussions with staff identified that no incidents had occurred outside of the scope of a resident’s care plan.</p> <p>A review of two care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>A visitor and staff members confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	Compliant
<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Restraint is not used within Westlands Residential Home	Not applicable
Inspection Findings:	
<p>Discussions with staff, visitors, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint would be used only as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</p> <p>A review of the accident and incident records and residents’ care records identified that no physical restraint had been used.</p> <p>Inspectors noted that entry and exit at Westlands is controlled by use of a keypad system at the front door. The registered manager stated that this system had been put in place when one resident had been assessed as being at risk of leaving the building unaccompanied coming to harm. An examination of the care records notes that the risk is no longer present. The registered manager stated that residents are aware of the access code and are at liberty to come and go without restriction. It was recommended that the use of the keypad system at the front door is reviewed.</p>	Substantially compliant

<p>A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose.</p>	
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<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Provider to complete</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
A section of the resident's care plan focuses on activities, and looks at interests, hobbies etc. This formed the basis of a recent review of our activities programme	Compliant
Inspection Findings:	
The home did not have a policy on the provision of activities and a recommendation has been made accordingly. A review of six care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided Several residents expressed disappointment that weekly bus trips had been suspended. The inspectors were informed that this is due to the reorganisation the Trust's bus and driver (supplied from the adjacent day centre). A recommendation has been made this this service, or a replacement is provided.	Substantially compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Through discussions with residents on a one-to-one basis, as well as in residents meetings, we have drawn up an activity programme which aims to meet their needs. A spiritual aspect is also important and this is included as well as healthy living and maintaining community links.</p>	Compliant
Inspection Findings:	
<p>Examination of the programme of activities identified that social activities are organised several times each week.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis. The activities provided includes Bingo (reported to be a favourite with residents) Bocca, Armchair exercises and sessions.</p>	Compliant
<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>All residents were consulted about the activity programme and encouraged to contribute to same.</p>	Compliant
Inspection Findings:	
<p>A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents were also invited to express their views on activities by means of residents meetings, one to one discussions with staff and care management review meetings.</p>	Compliant

<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment The activity programme is displayed in large poster form in several locations throughout the Home. Any ad hoc events are also suitably displayed.</p>	Compliant
<p>Inspection Findings: On the day of the inspection the programme of activities was on display in the hallways of the home. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussions with residents confirmed that they were aware of what activities were planned. The programme of activities was presented in an appropriate format to meet the residents’ needs.</p>	Compliant
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment All of our activity programme is led by the Home staff and any necessary equipment, aids or support are provided.</p>	Compliant
<p>Inspection Findings: Activities are provided for several hours each week by designated care staff. The care staff and residents confirmed that there was an acceptable supply of activity equipment available.</p>	Compliant

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>The activity programme's schedule reflects an understanding of the residents' needs and abilities.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Care staff, the registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Any activities provided by 'outside' personnel are carefully monitored by staff in the Home to ensure that the activity is both appropriate and properly delivered.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that ministers of religion and music therapists who provide a service to the home are appropriately monitored.</p>	Compliant

<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>Staff normally sit in our such activities and therefore would be in a position to inform of changing needs and get feedback regarding the activity.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home’s staff), of any change in residents’ needs which could affect their participation in the planned activity.</p>	Compliant
<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>A record of the activity and those participating is taken by the person leading same.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the record of activities was examined and found to be incomplete. Activities are provided in line with residents wishes but the record does not full reflect the requirements of this criterion. A recommendation to develop this record is made in the quality improvement plan.</p>	Substantially compliant

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Activities are a standard item at the Residents' Meetings and are regularly reviewed to ensure they reflect the residents' needs and the the staff's training.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of residents' meeting minutes showed that the range of activities is reviewed at each meeting.</p> <p>The registered manager confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities (apart for the suspension of the bus trips) and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with 12 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

- "I'm so glad we are staying open"
- "I'm very well looked after here"
- "I wouldn't want to be anywhere else"
- "I really miss the bus trips they were good"

11.2 Relatives/representative consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to her relative and complimented staff in this regard. No concerns were expressed or indicated.

Comments received included: "I fought tooth and nail to get my mother is here and she has improved greatly since her admission. The staff are even good to me too."

11.3 Staff consultation

The inspector spoke with four staff of different grades. Discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff raised concerns in regard to having to take on extra work due to sick leave/annual leave but stated that residents care always remained good. This issue was shared with the registered manager at the feedback session. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- "Residents care has always been the priority in Westlands and that remains so"
- "I think residents are really well cared for here and are free to do whatever they choose"
- "I have worked here for eight years and I have never seen anything like that at all" (when asked about restraint).

11.4 Visiting professionals' consultation

Not on this occasion.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspectors viewed the home accompanied by Mr McCartan and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised and adequately heated throughout. Residents' bedrooms were observed to be homely and personalised. One bedroom was found to be malodorous. The source should be found and eradicated. The shelving in one bedroom had become detached from the wall and requires replacement. The hall stairs and upstairs carpet has been in place for several decades. This is stained in places and the carpet is held to the stairs with tape on many stair treads. This issue has been raised in previous reports but is now recorded as a requirement for action in the quality improvement plan. Décor and furnishings were found to be, although fit for purpose, in many areas of the home was tired and dated.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

There were no obvious fire safety risks observed on the day of the inspection. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mr McCartan. Mr McCartan confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr McCartan as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Ruth Greer
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

Westlands Residential Care Home

7 August 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr McCartan either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 27 (2) (b) 11.8 refers	The carpet in the hall, stairs and first floor corridor requires replacing.	Once	Funding for this has been agreed and the contract will be put in place asap	On or before 30 September 2014
2	Regulation 27 (2) (b) 11.8 refers	The broken shelving noted in one bedroom requires replacing.	Once	Replaced	With immediate effect
3	Regulation 27 (2) (b) 11.8 refers	The mal odour noted in one bedroom should be sourced and eradicated.	Once	Carpet has been shampooed and sink cleared. Floor covering due to be replaced.	With immediate effect

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 10 .1	The home's policy on the use of restraint should include reference to refer any such occasion to the RQIA.	One	Actioned	On or before 31 August 2014
2	Standard 10.1	Protection of vulnerable adults refresher training should be provided for staff annually (in line with RQIA guidance).	One	Actioned	On or before 31 August 2014 and on going
3	Standard 10.7	The registered manager should review the need to the use of the key padded entrance/exit to the home's front door in line with the assessed needs of the residents accommodated.	One	Reviewed and monitored on an ongoing basis	On or before 31 August 2014
4	Standard 13.1	The Trust should review the suspension of the residents' bus trips with a view to having these re-instated.	One	This is being kept under review and will be held on an ad hoc basis when funding is available	On or before 30 September 2014
5	Standard 13.1	The home should devise a policy on the provision of activities.	One	Actioned	On or before 30 September 2014
6	Standard 13.9	The record of activities provided should comply with this criterion.	One	Actioned	On or before 31 August 2014 and on going

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Sean McCartan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Dr Tony Stevens Una Cunning

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Ruth Greer	13 10 14
Further information requested from provider			