

# Unannounced Follow Up Care Inspection Report 10 May 2018



## Westlands

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

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 provider 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 registered to provide care for residents over the age of 65 years.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual:</b> Dr Anthony Stevens	<b>Registered Manager:</b> Sean McCartan
<b>Person in charge at the time of inspection:</b> Sean McCartan	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category	<b>Number of registered places:</b> 29

### 4.0 Inspection summary

An unannounced inspection took place on 10 May 2018 from 10.15 to 14.15.

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

This inspection was undertaken to determine what progress had been made in addressing the areas for improvement made during the previous care inspection on 7 March 2018. Following the inspection on 7 March 2018 a serious concerns meeting took place in the office of RQIA on 15 March 2018.

The following areas were examined during the inspection:

- The environment,
- Registration of the home
- Care records
- Management and governance arrangements

Residents said that they were very happy in the home that they enjoyed coming to the home and the care provided to them was good.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Sean McCartan, Registered Manager and Liz Knight, Head of Service, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent care inspection

Following the most recent care inspection on 7 March 2018 a serious concerns meeting was held at RQIA offices on 15 March 2018. The areas of concern related to issues around the environment, category of care, care records and the management and governance arrangements.

During this meeting representatives from the Trust acting on behalf of the responsible individual provided a satisfactory action plan to ensure that these issues were completed without delay.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- the action plan submitted in response to the inspection undertaken on 7 March 2018

During the inspection the inspector met with 11 residents, three care staff of various grades, one visiting professional, the registered manager and the head of service.

The following records were examined during the inspection:

- Staff duty rota
- Five residents' care files
- Staff training schedule and training records
- Reports of visits by the registered provider
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or 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 7 March 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and was validated by the care inspector at this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 7 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (2) (d) <b>Stated:</b> First time	The registered person shall ensure that the following environmental matters are addressed: <ul style="list-style-type: none"> <li>• Address the malodour in the identified bedrooms</li> <li>• Address the odour present on one chair in the day room</li> </ul> <b>Ref:</b> section 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> On the day of the inspection there were no odours present in the home. The identified chair was removed from the day room.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 27 (4) (d) (v) <b>Stated:</b> First time	The registered person shall ensure that firefighting equipment is checked on a monthly basis. <b>Ref:</b> section 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the records of the firefighting equipment confirmed this was checked monthly.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 15 (2) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that assessments are kept under continual review, no less than annually.</p> <p>Ref: section 6.5</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manager confirmed that the assessments were reviewed annually or more often if required within the care management review process and amended accordingly.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that care plans and risk assessments are maintained on an up to date basis and reflect the current level of need.</p> <p>Ref: section 6.5</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of five care records confirmed these were maintained on an up to date basis and reflective of the needs of the residents.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 16 (2) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure a care management review is convened to confirm that the placement remains suitable to meet the needs of the resident.</p> <p>Ref: section 6.5</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of this specific care record confirmed this review was undertaken on 6 April 2018 and the placement remains suitable to meet the needs of the resident.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 16 (2) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the residents' care plans are evaluated and kept under continual review.</p> <p>Ref: section 6.5</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of five care records confirmed that these were reviewed a minimum of annually or more often if required.</p>		

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 23.3 <b>Stated:</b> Second time	The registered person shall ensure all staff working in the home undertakes annual updates in regard to adult safeguarding.  Ref: section 6.2	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the records of training confirmed that adult safeguarding training was completed by staff on 13 and 23 April 2018.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> Second time	The registered person shall ensure that the Trust care manager for one identified resident is contacted to arrange a review of the placement.  Ref: section 6.2	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of this specific care record confirmed this review was undertaken on 24 April 2018.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 3.7 <b>Stated:</b> First time	The registered person shall ensure that pre admission assessments are undertaken for any resident prior to admission to the home.  Ref: section 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed that pre admission assessments were undertaken by the registered manager where possible. Review of care records confirmed that these were in place for residents admitted for respite.	



<b>Area for improvement 4</b> <b>Ref:</b> Standard 20.11 <b>Stated:</b> First time	The registered person shall ensure that the monthly monitoring visits undertaken on behalf of the responsible individual provide a detailed account of the information reviewed and actions taken during the visit.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the reports of the monthly monitoring visits undertaken on behalf of the responsible individual confirmed they were improved upon and comprehensive in terms of information reviewed and actions taken during the visit.	

### 6.3 Inspection findings

#### Environment

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. Redecoration within the home had already commenced. The hallway and some of the bedrooms were completed. Discussion with the registered manager confirmed that a second phase of painting and redecoration is scheduled for later this month.

#### Fire safety

A review of the records of the firefighting equipment confirmed this was checked monthly. The records of fire safety training confirmed that this was completed by staff on 10 May 2018.

There were no obvious hazards to the health and safety of residents, visitors or staff.

#### Care records

Five care records were reviewed during the inspection. These records were maintained in line with the legislation and standards. They included an assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. 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 resident.

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. The care records reviewed contained evidence of annual care management review meetings.

#### Category of Care

An application for variation was received by RQIA on 3 May 2018. Confirmation was provided in writing that the required fee would be paid to RQIA. Discussion with the registered manager



confirmed that he was aware of the requirement to ensure that RQIA are informed of any future amendments to the category of care in the home.

### **Management and governance arrangements.**

On arrival to the inspection the staff were immediately able to state the whereabouts of the manager and the person in charge in their absence. A review of the duty rota confirmed that the manager's hours were recorded and that it accurately reflected the staff working within the home.

A review of the reports of the monthly monitoring visits undertaken on behalf of the responsible individual confirmed these were improved upon and comprehensive in terms of information reviewed and actions taken during the visit.

### **Residents' Views**

During discussion with residents they advised that they were happy and content in the home. Residents stated that the staff were kind and respectful to them. Positive interactions were observed between the staff and the residents. The residents also praised the food provided in the home. Comments made by residents were:

- "I like it here, I am very happy"
- "I like coming here. I have come on well in here. They changed my treatment and that has helped"
- "I love it here. I am very happy. The staff are all wonderful; they couldn't do enough for you"
- "I love this place. The manager is great. I am so happy here; the care is fantastic"

### **Staff Views**

Discussion with the staff on duty confirmed that they were happy to observe the redecoration underway in the home. They stated that the painting already completed had made a huge difference to the home environment. The staff advised that whilst they were busy; the needs of the residents were met. The staff confirmed that there was good communication among the staff team and that they all worked well together.

### **Areas of good practice**

There were areas of good practice observed during the inspection including the communication between the staff and the residents and the redecoration that is underway in the home.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## **7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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