



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: Westlands
RQIA Number: 1372
Date of Inspection: 18 December 2014
Inspector's Name: Ruth Greer
Inspection ID: IN017774

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Westlands
Address:	2 Westland Road Cookstown BT80 8BX
Telephone number:	028 8672 3922
E mail address:	sean.mccartan@northerntrust.hscni.net
Registered Organisation/ Registered Provider:	Northern Health and Social Trust Anthony Baxter Stephens
Registered Manager:	Mr Sean McCartan
Person in charge of the home at the time of inspection:	Mrs Olga Gourley Senior Care Assistant
Categories of care:	RC-I
Number of registered places:	29
Number of residents accommodated on Day of Inspection:	18 in total 13 permanent 3 respite 2 Step up step down (rehabilitation scheme)
Scale of charges (per week):	Trust rates
Date and type of previous inspection:	Announced primary care inspection 07 August 2014
Date and time of inspection:	18 December 2014
Name of Inspector:	Ruth Greer

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 an unannounced secondary 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 unannounced inspection was to ensure that the service is 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

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

- Discussion with Mrs Gourley on the day and by telephone with Mr McCartan following the inspection
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 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 Standard:

Standard 9 – Health and Social Care

The health and social care needs of residents are fully addressed.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home'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.

6.0 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

7.0 Summary of inspection

This secondary unannounced care inspection of Westlands was undertaken by Ruth Greer on 18 December 2014 between the hours of 10:00 and 1:30. Mrs Olga Gourley, Senior Care Assistant was available during the inspection and for verbal feedback at the conclusion of the inspection. Feedback was provided to Mr Sean McCartan, Manager at a later stage, by telephone.

The requirements and recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed some areas as required within the timescales specified. Two requirements in relation to the environment have been re stated in the quality improvement plan. These must now be addressed as a matter of urgency. One recommendation was not met and has been escalated to a requirement in this report.

The focus of this unannounced inspection was on standard 9 – The Health and Social Care Needs of Residents are Fully Addressed. There was evidence that the home is compliant with the requirements of this standard. There were processes in place to ensure the effective management of the standard inspected.

During the inspection the inspector met with residents, staff, 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.

In discussion 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.

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

Comments received from residents and staff are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised and adequately heated. Décor and furnishings were found to be varied in terms of standards. For example, the dining room and lounge areas are of a satisfactory standard. The hall, stairs and corridors are in a very poor state despite a requirement being made at the previous inspection. This matter is detailed in section 10.0 and in the quality improvement plan appended to this report.

A number of additional areas were also examined these included the home's arrangements for the management of continence. Further details can be found in section 10.0 of the main body of the report.

Three requirements were made as a result of the secondary unannounced inspection, details 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, senior care assistant in charge of the home and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 16 July 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Regulation 27 (2) (b) 11.8 refers	The carpet in the hall, stairs and first floor corridor requires replacing.	<p><u>Response received from the home</u> "Funding for this has been agreed and the contract will be put in place asap".</p> <p>It was found at this inspection that this requirement has not been actioned. The stair carpet remains stuck in place with black tape. This will be re stated in this report.</p>	Not compliant
2	Regulation 27 (2) (b) 11.8 refers	The broken shelving noted in one bedroom requires replacing.	The shelving has been replaced.	Compliant
3	Regulation 27 (2) (b) 11.8 refers	The mal odour noted in one bedroom should be sourced and eradicated.	There was some improvement in this room. However there was a lingering mal odour. The carpet requires replacing to completely eradicate the problem. This has been re stated.	Not compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Standard 10 .1	The home's policy on the use of restraint should include reference to refer any such occasion to the RQIA.	The policy has been amended to include reference RQIA.	Compliant
2	Standard 10.1	Protection of vulnerable adults refresher training should be provided for staff annually (in line with RQIA guidance).	Training has been provided since the previous inspection.	Compliant
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.	A risk assessment has been devised in respect of the use of a key pad code to exit/enter the building. A copy of which was in place in each of the care files examined by the inspector.	Compliant
4	Standard 13.1	The Trust should review the suspension of the residents' bus trips with a view to having these re-instated.	This area remains under review as will be re-instated if and when funding becomes available.	Not compliant
5	Standard 13.1	The home should devise a policy on the provision of activities.	This policy was not available for inspection.	Inspector unable to validate
6	Standard 13.9	The record of activities provided should comply with this criterion.	This record is now reflective of the details in this criterion.	Compliant

9.0 Inspection Findings

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
The care files contain the contact details of all outside professionals who have input into the resident's care. If a resident needs or wishes to change GP the home provides information as to the local surgeries which service the home.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
Staff training is provided in the mandatory areas including first aid, infection control and moving and handling. Training is also provided where indicated by specific conditions. Each staff member of care staff has access to the care files which contain all information of the needs assessment and plan of care for each resident. New members of staff have an induction period and shadow more experienced staff for a period after recruitment.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
Daily progress/ deterioration notes are made in relation to each resident. At the conclusion of each shift there is a written and verbal handover between staff going off and those coming on duty. This exchange of information ensures that the care delivery is consistent and seamless. The care files examined showed that referrals are made to GPs, District Nurses etc. when required.	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
Some relatives take residents to healthcare appointments. Where staff accompanies a resident, the result of the appointment and any change in the care plan is recorded. The relative is contacted (usually by phone) and informed of the outcome of the appointment	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
The care files contain the details of the all health screening and appointments. There was evidence of referral to and visits from outside professionals.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
Personal items such as dentures and spectacles are washed as part of the daily hygiene routine for residents. Wheelchairs, walking aids etc. are cleaned on a weekly schedule. Larger equipment for example moving and lifting hoists are serviced and maintained by an outside company.	Compliant

10.0 Additional Areas Examined

10.1 Resident's consultation

The inspector met with 14 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.

Comments received included:

- "I used to visit in this home and now I'm on the receiving end - the care I've had is wonderful"
- "I'm going home on Sunday but I would love to stay a while longer"
- "The attention I get couldn't be better"
- "I'm the longest resident here and I still enjoy living here"

10.2 Relatives/representative consultation

No relatives were available.

10.3 Staff consultation

The inspector spoke with staff on duty. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

Comments received included:

- "we just want the residents to have a good life here"
- "it's great to see folk who come in for rehabilitation get better and go home well 2"
- "the residents are well cared for here"

Staffing levels on the day of the inspection was as follows:

- Senior Care Assistant x 1
- Care Assistant x 3
- Domestic x 3
- Catering x 3
- Administrative x 1

This is considered satisfactory to meet the needs and numbers of persons accommodated.

10.4 Visiting professionals' consultation

No professional visited the home.

10.5 Environment

The inspector viewed the home with Mrs Gourley and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised and adequately heated. Residents' bedrooms were observed to be homely and personalised. At the last inspection one bedroom was identified as mal odorous. The inspector was informed that the carpet had been shampooed and an improvement was noted. However, there remained a mal odour. The carpet must be replaced to eradicate this mal odour. Décor and furnishings were found to be tired and dated in many areas of the home. One issue in relation to the replacement of carpet on the stairs and corridors has not been made good. The carpet has been in place for many decades, is stained and secured to the stair treads in places by the use of black tape. This is restated in the quality improvement plan of this report and must now be addressed as a matter of urgency.

10.6 Management of continence

In addition to the chosen standard the inspector reviewed the home's arrangements for the management of continence. There were two residents assessed as incontinent. Their care files contained an assessment in this regard and a subsequent plan of care. The assessments had been reviewed on 16 and 11 November 2014.

If a resident shows any symptom of incontinence this is monitored and recorded by staff who refer to the district nurse. On her assessment the appropriate products are ordered and information relayed to care staff both verbally and written in the care plan.

The inspector was told that there is no issue with the re ordering of incontinence products which can be done directly to the supplier by the home.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Gourley, Senior Care Assistant and with Mr McCartan by telephone 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

Secondary Unannounced Care Inspection

Westlands

18 December 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 Mrs Gourley, Senior Care Assistant and with Mr McCartan by telephone 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) Requirement 1 of the previous quality improvement plan.	The carpet in the hall, stairs and first floor landing must be replaced without any further delay.	Two	This is currently out to tender, closure date 9 th Feb work due to commence 23 rd Feb	By 28 February 2015
2	Regulation 27 (2)(b) Requirement 3 of the previous quality improvement plan.	The floor covering in the resident's bedroom identified at the previous and the current inspection must be replaced and the mal odour eradicated.	Two	This is currently out to tender, closure date 9th Feb work due to commence 23rd Feb	By 28 February 2015
3	Regulation 19 (2)(b) Recommendation 5 of the previous quality improvement plan.	Records required by legislation should be available for inspection at all times.	One	Actioned A copy of the policy is now in the Activities File	Immediate 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 email to care.team@rqia.org.uk

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

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Ruth Greer	25 2 15
Further information requested from provider			