



The **Regulation** and
Quality Improvement
Authority

Unannounced Secondary Follow-up Care Inspection Report 26 March 2019



Westlands

Type of Service: Residential Care Home
Address: 2 Westland Road, Cookstown BT80 8BX
Tel No: 0288672 3922
Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service 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 registered to provide care and accommodation for 29 persons in the categories of care cited on the home’s certificate of registration and detailed in section 3.0 of this report

3.0 Service details

| | |
|--|---|
| Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Anthony Baxter Stevens | Registered Manager: Sean McCartan |
| Person in charge at the time of inspection: Remya Sasi senior care assistant | Date manager registered: 1 April 2005 |
| Categories of care: Residential Care (RC) I - Old age not falling within any other category PH - Physical disability other than sensory impairment | Number of registered places: 29 |

4.0 Inspection summary

An unannounced inspection took place on 26 March 2019 from 10.15 to 13.30.

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

This was a focused inspection to review the provision of meals and mealtimes, and to assess the progress made from the previous care inspection.

There were areas of good practice found in relation to general observations of care practices and atmosphere in the home and the environment.

One area of improvement was identified during this inspection. This was in relation to risk assessing all individual free standing wardrobes in accordance with current safety guidelines.

Feedback from residents was all positive in regards to the provision of care, the kindness and support received from staff and the provision of staff.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

The one area of improvement and details of the Quality Improvement Plan (QIP) were discussed with Remya Sasi, senior care assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 October 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and returned QIP, accident and incident notifications and any verbal and written communication received from the home since the last care inspection.

During the inspection the inspector met with 16 residents, five staff of various grades and the senior care assistant in charge.

The following records were examined during the inspection: three residents' care records, records of dietary intake, menus, accidents and incident records and records of complaints.

The one area of improvement identified at the last care inspection was 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 30 October 2018

The most recent inspection of the home was an announced finance inspection. The completed QIP was returned and approved by the finance inspector.

6.2 Review of areas for improvement from the last care inspection dated 18 October 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 |
| Area for improvement 1 Ref: Regulation 16 (1) Stated: First time To be completed by: 18 November 2018 | The registered person shall ensure that care plans are reviewed to reflect the residents current care needs. Consideration should also be given to the need for: up to date moving and handling assessments and supplementary risk assessments which reflects the management of identified needs. | Met |
| | Action taken as confirmed during the inspection: An inspection of a sample of three residents' care records confirmed these actions to have been addressed. | |

6.3 Inspection findings

6.3.1 Meals and mealtimes

A varied and nutritious diet is provided for which met the individual and recorded dietary needs and preferences of the residents. The menu is rotated over a three weekly cycle. The menu offered a choice of meal each mealtime. Residents are involved in the planning of menus.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussions with staff confirmed that they were aware of matters concerning residents' eating and drinking as detailed in residents' care plans. Staff were also aware of the International Dysphasia Diet Standardisation Initiative (IDDSI) and information had been disseminated to staff who had attended training. A colour IDDSI chart was available in the kitchen and in the dining room for staff reference.

An inspection of a sample of two residents' care records pertaining to eating and drinking was undertaken. These records were maintained in informative detail with account of prescribed needs and evaluations of care.

A record was kept of the meals provided in sufficient detail to enable any person inspecting it to determine whether the diet for each resident was satisfactory.

Meals were provided at conventional times throughout the day with drinks and snacks available in between. Residents can also have a snack or drink on request. Fresh drinking water was readily available.

The lunch time meal was appetising and nicely presented. The dining room was nicely facilitated. Tables were nicely set with choice of condiments. Staff assisted residents' in an organised unhurried manner. There was a nice ambience in place for residents to enjoy their meal.

Discussions with residents during this inspection confirmed that they were very satisfied with this area of care. Some of the comments made included statements such as;

- "The food is lovely"
- "There is a nice choice of what you like to eat"
- "The meals couldn't be any better"
- "I am very fond of the desserts."

The kitchen facility was tidy and well organised.

6.3.2 The environment

The home was clean and tidy with good standard of furnishings and décor being maintained. Extensive new flooring and paintwork had been put place in the home with good effect. This is to be commended.

Communal areas were comfortable and nicely facilitated. Residents' bedrooms were comfortable and nicely furnished. The home was appropriately heated and fresh smelling.

An area of improvement was identified to risk assessed all free standing wardrobes in accordance with current safety guidelines. These posed as a risk if a resident were to pull on same in the event of a fall.

There were no other obvious health and safety risks observed in the internal and external environment.

6.3.3 Residents' views

The inspector met with 16 residents in the home at the time of this inspection. All residents advised that they felt a good standard of care was provided for, that staff acted with kindness and support, they enjoyed the meals and that the overall general atmosphere was good.

Some of the comments made included statements such as;

- "It's lovely here. I am treated very well, as are all of us"
- "I am very well looked after. I feel much better from coming here"
- "This is a lovely home. I cannot praise the staff enough. "

6.3.4 Care practices

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff spoke positively about their roles, duties and training. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

Staff advised that they were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

Some of the comments made from staff included statements such as;

- “The care is very good here. The staff are all very kind and take time to talk to residents”
- “It’s like a new home with all the new décor and flooring. I feel very proud to work here.”

Discussion with the senior care assistant, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The senior care assistant advised that the home did not accommodate any individuals whose assessed needs could not be met.

The general atmosphere in the home was relaxed, homely and supportive. Residents were content, relaxed and at ease with their interactions with staff and their environment. Staff interactions were found to be polite, friendly, warm and supportive.

Areas of good practice

There were areas of good practice found in relation to feedback from residents, general observations of care practices and atmosphere in the home and the environment.

Areas for improvement

One area of improvement was identified during the inspection. This was in relation to individually risk assessing all free standing wardrobes in accordance with current safety guidelines.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

7.0 Quality improvement plan

The one area of improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Remya Sasi, senior care assistant, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

| | |
|---|---|
| <p>Area for improvement 1</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be completed by: 27 June 2019</p> | <p>The registered person shall risk assessed all individual free standing wardrobes in accordance with current safety guidelines, with subsequent appropriate action.</p> <p>Ref: 6.3.2</p> |
| | <p>Response by registered person detailing the actions taken: All free standing wardrobes in the bedrooms have now been secured to the wall by our Estate Services Department.</p> |

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



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