



The Regulation and
Quality Improvement
Authority

Westlands
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**Unannounced Care Inspection
of
Westlands**

29 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 29 September 2015. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the Mrs Cuddy (senior in charge of the home at the time) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern Health and Social Care Trust	Registered Manager: Sean McCartan
Person in Charge of the Home at the Time of Inspection: Mrs C Cuddy - senior care assistant	Date Manager Registered: 31/12/2014
Categories of Care: RC-I	Number of Registered Places: 29
Number of Residents Accommodated on Day of Inspection: 22	Weekly Tariff at Time of Inspection: £470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

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

Prior to inspection the following records were analysed: the previous inspection report and notifications of any accidents/ incidents since the previous inspection.

During the inspection we met with 14 residents, 3 care staff and 2 catering staff. There were neither visiting professionals nor resident's visitors/representative in the home. On this occasion the inspector was accompanied by a lay assessor.

The following records were examined during the inspection:

- Policy on death and dying
- Policy on managing continence
- Care files (6)
- Staff training record
- Complaints record
- Accident record

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 12 May 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (2)(b)	The carpet in the hall, stairs and first floor landing must be replaced without any further delay. Action taken as confirmed during the inspection: The carpet has not been replaced in the hall or stairs. The floor covering had been replaced on the first floor. The Trust is considering plans to close the home. It is expected that the capital funds required to replace the carpet will not be made available until a final decision has been made on the home's future.	Not fully Met
Requirement 2 Ref: Regulation 27 (2)(b)	The floor covering in the resident's bedroom identified at the previous and the current inspection must be replaced and the mal odour eradicated. Action taken as confirmed during the inspection: There were no malodours noted on this occasion. The identified floor covering had been replaced.	Met
Requirement 3 Ref: Regulation 19 (2)(b)	Records required by legislation should be available for inspection at all times. Action taken as confirmed during the inspection: The records requested were available for inspection on this occasion.	Met

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

Residents are able to spend their final days in the home unless there are documented healthcare needs which would prevent this. We were informed that there has not been a death in the home for some time. Staff who spoke with us described their role in caring for residents who were very ill and at end of life stage. Staff were aware of when to contact the GP and of the importance of keeping families updated on the resident's condition. Staff were aware of the importance of keeping families updated on the resident's condition. Staff were

aware of the need for close monitoring of nutrition and hydration for residents who were very ill.

Care notes recorded the spiritual needs of residents and details of next of kin. We were informed that medical reviews for individual residents had commenced in September 2015. Two of the care files examined contained recent G P medical review notes. The notes highlighted the end of life wishes and a medical care plan for the resident.

Is Care Effective? (Quality of Management)

The home has provided training for staff on infection control on 23 September 2015. Training on continence care was provided on 5 November 2013. The home had a policy on death and dying. The policy provided guidance for staff in the event of a death in the home. However the policy was not dated. A recommendation has subsequently been made. We were informed that when a resident dies his/her room is left untouched until families are ready to remove any personal belongings. Priests and Ministers are contacted when a resident becomes ill, if this is in line with the residents' own wishes. Other residents are told individually and sensitively.

Is Care Compassionate? (Quality of Care)

Staff we interviewed stated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff spoke affectionately of residents who had died in the home. On some of these occasions the wake had been held in the home. Staff were able to articulate the values that underpin care within the home as they related to death and dying. We were informed that the room of a deceased resident is left untouched until family feel ready to remove personal belongings. The manager and/or staff members attend the funeral of all residents. We were informed that this extends to residents who have to relocate to nursing homes due to deterioration in health. Staff gave a current example of how they visit a resident recently transferred to nursing care.

Areas for Improvement

Overall the standard was assessed as safe, effective and compassionate. One recommendation has been made in relation to the home's policy on death and dying.

Number of Requirements:	0	Number of Recommendations:	1
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Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

The home had a policy on the management of continence. The policy was comprehensive and provided guidance for staff on the possible causes for incontinence and the steps to be taken. The policy was not dated and subsequently a recommendation has been made. A review of residents' care files found that an individual assessment and care plan was in place in relation to continence. Staff with whom we spoke were aware of the system of referral to community services for specialist continence advice/support.

Is Care Effective? (Quality of Management)

Staff received training in continence care in November 2014. Skin integrity is monitored as part of each residents' daily hygiene routine. In the first instance the district nurse prescribes the type and amount of continence aids. The home then reorders on a three monthly basis. There was a plentiful supply of gloves, aprons and hand sanitisers. Continence products are disposed of in line with infection control guidelines. Our discussion with staff, observation of care practice and inspection of care records identified no mismanagement in this area.

Is Care Compassionate? (Quality of Care)

Staff with whom we spoke recognised the potential loss of dignity associated with incontinence. They gave examples of how they ensure, as far as possible, the resident's dignity and independence is maintained when assisting with individual continence management. Staff stated that regular toileting programmes are in place to help maintain continence and preserve dignity. From our observation of care practice we found residents were treated with care and respect when being assisted by staff. Continence care was undertaken in a discreet, private manner. There was evidence that there is a good standard of continence management in the home which is person centred, underpinned by informed values and delivered with compassion.

Areas for Improvement

Overall the theme of continence is assessed as being met. One recommendation has been made in relation to the home's policy on continence management.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Additional Areas Examined

5.4.1 Residents

We spoke with many of the residents all of whom were complimentary about the care they receive in the home. Residents shared their anxiety about the future of the home which is under consideration for closure. Several residents had been to Stormont on the day before the inspection to lobby to keep the home open. Photographs of the visit were published in the local newspaper and residents were keen to show us.

On this occasion the inspector was accompanied by a lay assessor. The lay assessor's role was to spend time with individual residents to ascertain their views of life in the home. The lay assessor spoke individually with eight residents all of whom were happy to share their views and opinions. These were, without exception, positive. A selection of comments is below:

"This is a great place"

"What a crime to close this home"

"The food is lovely"

"The staff are so kind"

"I'm looked after very well"

5.4.2 Staff

Staffing levels on the day were as follows –
Senior care assistant (in charge of the home) x 1
Care assistants x 3
Domestic x 3
Catering x 4
Administrative x 1

The senior care assistant considered this satisfactory to meet the needs and numbers of persons accommodated.

We spoke with staff who confirmed that a good standard of care was provided in the home. Staff spoke positively about their roles, staff morale and managerial support. Staff were concerned about the future and of how the potential closure of the home would impact on their careers. Staff were determined that the standard of care would be maintained despite the uncertainty the home is facing. Staff informed us that when residents are at end of life stage the whole team “go the extra mile” to ensure they receive “the best care we can give.” Staff spoke affectionately of residents who had previously died in the home.

5.4.3 Relatives

There were neither relatives nor visiting professionals in the home on the day.

5.4.4 Complaints

Inspection of the record of complaints showed that no complaints had been received since May 2014.

5.4.5 Accidents/incidents

Inspection of the accident record showed that all accidents/incidents are recorded and dealt with appropriately.

5.4.6 Environment

It has been many years since the home has been updated and redecorated internally. The home’s internal décor, fittings and furnishings remain dated and tired. For example, toilet facilities are in “blocks”. It is unlikely that the Trust will invest any capital to make the improvements to reach the standards most people would have in their own homes. However, if the home is to remain open, this area will have to be dealt with as a matter of urgency. On the day the home was clean, warm and tidy. No hazards or malodours were noted.

5.4.7 Fire safety

A fire safety assessment in line with HTM 84 was undertaken on 6 March 2015. Fire training was most recently provided on 27 July 2015 and 9 September 2015. Fire alarms are tested weekly from a different point and the result is recorded in the fire log.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Cuddy, senior care assistant as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

Recommendation 1	All policies required to be in place should be dated. This relates to the policies Death and Dying and Management of Continence which were examined as part of this inspection.
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Ref: Standard 21.4

Stated: First time

To be Completed by:
30 October 2015

Response by Registered Person(s) Detailing the Actions Taken:
The two policies referred to have now been dated

Registered Manager Completing QIP	S McCartan	Date Completed	12/11/15
Registered Person Approving QIP	Dr Tony Stevens Una Cunning	Date Approved	16.11.15
RQIA Inspector Assessing Response	Ruth Greer	Date Approved	18.11.15

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address