

Unannounced Care Inspection Report 31 May 2016



Westlands

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Westlands took place on 31 May 2016 from 10.15 to 15.15.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Two recommendations were made in relation to safe care. These were in relation to the implementation of a matrix for staff training and for staff supervision.

Is care effective?

One recommendation was made in relation to effective care. This related to the frequency of staff meetings.

Is care compassionate?

No recommendations were made in relation to compassionate care. There were examples of good practice found throughout the inspection in relation to residents' independence and the person centred ethos of the care provision within the home.

Is the service well led?

Two requirements and one recommendation were made in regard to well led care; these related to the frequency of staff supervision and appraisal, the introduction of competency and capability assessments for staff left in charge of the home in the absence of the registered and a review of the policies and procedures.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	4

Details of the QIP within this report were discussed with Gertie Monaghan, senior care assistant, on the day of the inspection and Sean McCartan, registered manager, on 3 June 2016 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.

1.2 Actions/enforcement taken following the most recent inspection

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

2.0 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: Gertie Monaghan senior care assistant	Date manager registered: 31/12/2014
Categories of care: I - Old age not falling within any other category	Number of registered places: 29
Weekly tariffs at time of inspection: £494	Number of residents accommodated at the time of inspection: 18 9 residents on a permanent basis 9 residents on a temporary basis

3.0 Methods/processes

Prior to inspection we analysed the following records: The report of the previous inspection and notifications of accidents/incidents.

During the inspection the inspector met with twelve residents, four care staff, two catering staff and one visiting professional. There were no resident's visitors/representatives present on the day.

The following records were examined during the inspection:

- Staff duty rotas
- Complaints record
- Accident/incident record
- Staff training
- Staff supervision
- Managerial audits
- Five care files
- A selection of policies and procedures.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 29/09/2015

The most recent inspection of Westlands was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 29/09/2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.4 Stated: First time	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.	Partially Met
	Action taken as confirmed during the inspection: The policies identified in this recommendation had been updated. However, several policies related to the current inspection were found to be out of date. Therefore this recommendation has been re stated.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Some concerns were raised regarding staffing levels during discussion with staff specifically to a shortage of senior care assistants. The registered manager confirmed that this had been dealt with by the recent appointment of two professionally qualified social workers on a temporary basis.

On the day of inspection the following staff were on duty –

Senior care assistant x1
 Care assistants x 3
 Domestic staff x 2
 Catering staff x2
 Administrator x1

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The senior care assistant on duty had recently been promoted after many years as a care assistant. She confirmed that she had had an induction and had worked several shifts were she had been “shadowed” by the manager. The record of her induction was available for inspection.

Discussion with staff and the registered manager confirmed that mandatory training was up to date. However this was difficult to validate in the records examined by the inspector. Records showed that a matrix of staff training had been completed in previous years. This practice had not been maintained and a recommendation has been made that the registered manager compiles a matrix of staff training for ease of audit. Supervision for staff was not up to date. This issue is also dealt with under the domain of well led. A recommendation has been made that a schedule is devised and maintained for annual staff appraisals and staff supervision.

Review of the home’s recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation’s personnel department.

Written confirmation is received by the manager that all elements required are in place, including enhanced N I Access checks, before any new staff commence employment in the home.

Arrangements were in place to monitor the registration status of staff with their professional body. The registered manager confirmed that this is audited by him on a monthly basis. A record was maintained of the date on which staff re registration with the NI SCC was due.

The adult safeguarding policies and procedures in place which were consistent with current regional guidance definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. The procedure included the contact details for safeguarding officers to be contacted out of hours. 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 to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for staff on 15 January 2016.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

A general inspection of the home was undertaken to examine a number of residents' bedrooms communal lounges and bathrooms. The bedrooms of permanent residents were personalised with photographs, pictures and personal items. The home fresh smelt, clean and appropriately heated. Discussion with a domestic assistant confirmed that daily work schedules were in place.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that staff had received training in IPC in line with their roles and responsibilities on 23 September 2015, 23 October 2015 and 30 October 2015. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC in a range of formats for residents, their representatives and staff.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).

The registered manager confirmed that no areas of restrictive practice were employed within the home. On the day of the inspection no obvious restrictive practices were observed to be in place. The front door is operated by a coded key pad. A resident who was outside when the inspector arrived entered the code to facilitate her entering the home. Throughout the inspection there was evidence of residents independently accessing/exiting the building.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced. Observation of equipment, record of individual equipment and aids supplied maintenance /cleaning records.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, 31 March 2016, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 3 February 2016 and 19 April 2016 and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly audited by senior staff, most recently on 1 March 2016.

Areas for improvement

Two areas of improvement were noted during the inspection these were in relation to the implementation of a schedule for staff supervision and a matrix for staff mandatory training.

Number of requirements:	2	Number of recommendations:	2
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4.4 Is care effective?

Discussion with the registered manager and the senior care assistant in charge on the day of the inspection established that the home responded appropriately to and met the assessed needs of the residents.

A review of five care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care records were 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 and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. The manager audits, on a monthly basis, care plans, care reviews, accidents and incidents (including falls) and complaints. These were available for inspection and evidenced that actions identified for improvement were incorporated into practice. Further evidence of audits was contained within the monthly monitoring visits reports and the annual quality report

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews and residents meetings. Records showed that the most recent staff meeting had taken place in April 2014. A recommendation has been made that staff meetings should take place more frequently. A thirty minute overlap is scheduled for handover at each staff shift change.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. Staff stated that the manager is approachable for advice and support.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and other key stakeholders.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of residents meetings were available for inspection.

Areas for improvement

One area of improvement was noted during the inspection. This was in relation to staff meetings which should be scheduled at least quarterly.

Number of requirements:	0	Number of recommendations:	1
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected by giving examples in discussion with the inspector.

Discussion with staff and residents confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

There were systems in place to ensure that the views and opinions of residents, and/or their representatives, were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. Residents were happy to share their views with the inspector. A selection of comments is below:

“I’m pampered, the girls are just lovely”

“The staff are powerful and the food is great”

“This place is the top of the pops – I’d give it the highest recommendation”

“I have great chats with two other men and I have to go home soon where I’ll be on my own all day. I wish I could stay” (respite resident)

“I couldn’t be better cared for I wish I could stay a while longer” (respite resident)

The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

The inspector spoke with a community nurse who visits the home daily. The nurse confirmed that her patients are well cared for in Westlands and that any instructions she gives in regard to care are carried out. The nurse stated that residents “tell me daily how happy they are here”.

Areas for improvement

No areas for improvement were noted during the inspection.

Number of requirements:	2	Number of recommendations:	1
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures was in place to guide and inform staff. Policies were held electronically. Some policies were also available in hard copy. It was noted that several policies had not been reviewed for many years, for example, the policy on accidents/incidents and the policy on consent. This issue was identified at the previous inspection and some policies had been reviewed and updated as a result. However the recommendation is made that a complete review of all the homes policies and procedures must be undertaken to ensure that all have been reviewed within the three year period and that they are readily available for staff to access.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and leaflets available in the hallway of the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there have been no complaints since the previous inspection.

The registered manager and staff confirmed that supervision and appraisals were not up to date. One file examined showed that the staff member had not had supervision since 2014. The registered manager stated that this was due to the shortage of senior staff. Supervision is an important component in the home's governance and management arrangements and is a requirement of the legislation and of the Trusts own procedures. A programme of staff supervision must be re-introduced and delivered as planned. A requirement has been made in line with regulation 20 (1)(c)(i).

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA. The most recent monitoring reports were 5 May 2016 and 10 May 2016.

There was evidence of a structured induction for care staff who "acted up" for temporary periods to a senior role. However, the registered manager and staff confirmed that competency and capability assessments had not been undertaken for any person who is given the responsibility of being in charge of the home for any period in his absence. A requirement has been made in line with regulation 20 (3).

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents who spoke with the inspector were very clear about who they would talk to in relation to any aspect of their care in the home.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration was on display.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. This policy had been reviewed in July 2014. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

Three areas for improvement were highlighted in the well led domain. These were in relation to the frequency of staff supervision, competency and capability assessments for staff and a review of the homes' policy file.

Number of requirements:	2	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sean McCartan 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. 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 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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 20 (1)(c)(i) and Standard 24.4</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person must ensure that staff supervision takes place at least six monthly or more frequently if required.</p> <p>Response by registered person detailing the actions taken: Senior staff have now returned to their posts and regular staff supervision has recommenced</p>
<p>Requirement 2</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person must ensure that competency and capability assessments have been undertaken for any person taking charge of the home in his absence. and a copy maintained</p> <p>Response by registered person detailing the actions taken: Competency and capability assessments have been, and continue to be, undertaken for any person taking charge of the home</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person should devise a matrix of staff mandatory training in order to ensure and audit that mandatory training is up to date for all staff.</p> <p>Response by registered person detailing the actions taken: Matrix of staff mandatory training has now been brought up to date.</p>
<p>Recommendation 2</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person should devise a schedule for staff supervision to ensure and audit the frequency of staff supervision.</p> <p>Response by registered person detailing the actions taken: A formal schedule of supervision is in place and will be audited regularly in future</p>

<p>Recommendation 3</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person should ensure staff meetings are held regularly and no less than quarterly.</p> <hr/> <p>Response by registered person detailing the actions taken: Staff meetings are held regularly on a 3 monthly basis</p>
<p>Recommendation 4</p> <p>Ref Standard 21</p> <p>Stated second time</p> <p>To be completed by 30 June 2016</p>	<p>The registered person should review the home's policies and procedures to ensure these are up to date and have been reviewed within a three year period.</p> <hr/> <p>Response by registered person detailing the actions taken: The authors of the policies and the NHSCT Policy Unit have been made aware of this recommendation</p>



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