



The Regulation and  
Quality Improvement  
Authority

Willowview  
RQIA ID: 1664  
45 Killyleagh Road  
Saintfield  
BT24 7EH

Inspector: Ruth Greer  
Inspection ID: IN022254

Tel: 028 9751 0878

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**Unannounced Care Inspection  
of  
Willowview**

**14 January 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of inspection

An unannounced care inspection took place on 14 January 2016 from 10.30 to 14.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. 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 and the DHSSPS Residential Care Homes Minimum Standards (2011).

### 1.1 Actions/enforcement taken following the last inspection

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
<b>Total number of requirements and recommendations made at this inspection</b>	2	1

The details of the QIP within this report were discussed with Mrs Liz Dolan, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Imelda Flanagan & Elizabeth Dolan	<b>Registered Manager:</b> Imelda Flanagan
<b>Person in charge of the home at the time of inspection:</b> Elizabeth Dolan	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> RC-DE, RC-I, RC-PH	<b>Number of registered places:</b> 11
<b>Number of residents accommodated on day of inspection:</b> 7	<b>Weekly tariff at time of inspection:</b> £470

### 3. Inspection focus

The inspection sought to determine if the following standard had been met:

**Standard 1: Residents views and comments shape the quality of services and facilities provided by the home**

### 4. Methods/processes

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

During the inspection the inspector met with seven residents, one care staff, the registered person and the registered manager. There were no visiting professionals and no residents' visitors/representatives.

The following records were examined during the inspection: statement of purpose, residents' guide, three care files, complaints, staff training records and the record of accidents/incidents.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced finance inspection dated 25 August 2015. The completed QIP was returned and approved by the finance inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection dated 16 June 2015

No requirements or recommendations were made as a result of the last care inspection.

#### 5.3 Standard 1: Residents views and comments shape the quality of services and facilities provided by the home

##### Is care safe? (Quality of life)

The care files we examined contained notes of annual care management reviews. These reviews provide a forum for residents and their families to express their views, to the community named worker, about the care they receive in the home.

There were risks assessments in place in relation to mobility and nutrition. We were informed that four residents who smoke had had an assessment of this area of care undertaken and that the home hold lighters for these residents. There should be documentary evidence that risk assessments and care plans had been undertaken in relation to smoking.

Residents' meetings took place in April and July 2015. Minutes were available for the meeting in April. No minutes were available for the July meeting. A recommendation has been made that all residents' meetings should have minutes retained.

Care records showed that a resident had requested a change of bedroom. This was carried out as soon as an alternative became available. There are seven residents accommodated and the registered person and/or the registered manager work full time in the home. This ensures a high level of resident/staff contact.

### **Is care effective? (Quality of management)**

The registered person, Mrs Liz Dolan, is aware of the importance and quality assurance of all aspects of care. She stated that as she works in the home on a daily basis she is able to see first-hand the delivery of care to residents. We were informed that questionnaires are being prepared for inclusion in the annual quality review report in line with regulation 17. This is due to be completed by April 2016.

### **Is care compassionate? (Quality of care)**

In addition to the registered person and the registered manager there was one care assistant on duty. We observed care being provided in a friendly, caring manner. We spoke with all residents accommodated and their views about their experience of life in the home were positive. We examined the statement of purpose and residents' guide which set out the values underpinning the care to be delivered as, "residents will be treated with respect and dignity". Care notes showed that care is provided in a person centred manner and would include information on when the resident wakes in the morning and where they prefer to have their breakfast.

### **Areas for improvement**

There were two areas of improvement identified with this standard. These were in relation to the maintenance of minutes of residents' meetings and the assessment of risk associated with residents who smoke.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>1</b>
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## **5.4 Additional areas examined**

### **5.4.1 Residents**

We spent time with all seven residents who were happy to share their views. Residents stated they were happy in the home and well cared for. A selection of comments made is below:

- "This is a good place"
- "Beats living all alone, that's for sure"
- "They're (staff) very good"

### **5.4.2 Relatives**

There were no relatives in the home on the day of inspection.

### 5.4.3 Staff

We spoke with one care assistant who confirmed that the care in the home is caring and compassionate and that management were supportive and “always on hand”. The care assistant stated that mandatory training is provided annually for all staff in April each year.

We were informed that residents are offered choice in all aspects of care. The staff member felt this was easier to do because of the small numbers of residents accommodated.

### 5.4.4 Environment

The environment was found to be clean and fresh smelling throughout. Residents’ bedrooms are personalised to suit the needs and preferences of the occupant. There is a large lounge and a separate dining room with a variety of seating available for residents. It was noted that two pet dogs, belonging to the manager, had free access in the home. One resident stated, “I love this wee dog”. The dogs appeared to enhance life for some residents. However their presence may pose a risk for any resident with mobility or sensory difficulty. A requirement has been made that a risk assessment must be carried out in relation to these pets in the home.

### 5.4.5 Complaints

The record showed that no complaints had been received.

### 5.4.6 Accidents

The record of accidents showed that these were dealt with, recorded and reported appropriately.

### Areas for improvement

A risk assessment should be undertaken in relation to the pet dogs in the home.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Liz Dolan, registered person, 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 and The 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](mailto:care.team@rqia.org.uk) or RQIA's office (non- paperlite) 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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<b>Requirement 1</b>  Ref: Regulation 16.1  Stated: First time  To be completed by: 31 January 2016	An individual risk assessment and care plan should be in place for any resident who smokes.  <b>Response by Registered Person(s) detailing the actions taken:</b>  Individual risk assessments have been completed for all residents who smoke and they are included in the residents care plan. 15 Jan 2016
<b>Requirement 2</b>  Ref: Regulation 27 (1) (t)  Stated: First time  To be completed by: 31 January 2016	A risk assessment should be undertaken in relation to the pet dogs' presence in the home.  <b>Response by Registered Person(s) detailing the actions taken:</b>  Risk assessments have been carried out for the pet dogs' presence in the home. 15 Jan 2016.

### Recommendations

<b>Recommendation 1</b>  Ref: Standard 1.5  Stated: First time  To be completed by: 31 January 2016	Residents' meetings should be documented and the minutes held available for inspection.  <b>Response by Registered Person(s) detailing the actions taken:</b>  In place and ongoing.  22 Jan 2016
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Registered Manager completing QIP	<i>J. M. Flynn</i>	Date completed	22/1/16
Registered Person approving QIP	<i>Liz Dolan</i>	Date approved	22 Jan 2016
RQIA Inspector assessing response	<i>Kathy Rees</i>	Date approved	29.02.16