



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Willowview
Establishment ID No:	1664
Date of Inspection	3 June 2014
Inspector's Name:	Ruth Greer
Inspection No:	17748

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Willowview
Address:	45 Killyleagh Road Saintfield BT24 7EH
Telephone Number:	028 9751 0878
E mail Address:	No email
Registered Organisation/ Registered Provider:	Mrs Imelda Flanagan Mrs Elizabeth Dolan
Registered Manager:	Mrs Imelda Flanagan
Person in Charge of the home at the time of Inspection:	Mrs Imelda Flanagan Mrs Elizabeth Dolan
Categories of Care:	RC-I ,RC-PH, RC-DE
Number of Registered Places:	11
Number of Residents Accommodated on Day of Inspection:	10 7 permanent,1 temporary and 2 respite
Scale of Charges (per week):	Trust rates
Date and type of previous inspection:	27 February 2014 - Primary care inspection 13 May 2014- Estates inspection
Date and time of inspection:	3 June 2014 10:20am - 1:50pm
Name of Inspector:	Ruth Greer

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 a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether 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.

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 (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

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/s:

Standard 25 - Staffing

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service'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.

PROFILE OF SERVICE

Willowview Residential Home provides care to a maximum of 11 residents in a single storey building in the countryside between Killyleagh and Saintfield.

The home is registered with RQIA to provide care for up to 11 residents within the categories, elderly, elderly physical disability and a maximum of six dementia places.

The home is a single storey detached bungalow with facilities including, lounge, dining room, quiet room/visitors room, eleven bedrooms, toilets / bathrooms / shower, laundry and staff office.

Externally the home has a secure paved patio.

SUMMARY

An inspection was undertaken of Willowview residential care home on 3 June 2014 by an officer of the Regulation and Quality Improvement Authority (RQIA). The inspection was unannounced.

Matters raised as a result of the previous inspection had been addressed.

The home was warm, bright and clean. It was noted that a fire door had been wedged open. A requirement has been made in the quality improvement plan.

Residents looked well and told the inspector that they are well cared for in the home and that staff are kind. One resident had sustained an injury as a result of a visitor's dog. Medical advice had been sought. However the incident was not reported to the RQIA. A requirement has been made in the quality improvement plan.

There were no visitors in the home during the inspection.

The inspection focussed on Standard 25 – Staffing.

The inspector examined records in relation to this standard including duty rotas. Staff meeting minutes were not available. Staff were undertaking mixed duties and the registered manager was cook for the day. Training records showed that the registered manager did not have an up to date Basic Food Hygiene certificate. A review of four care plans highlighted an issue in relation to professional recording was identified by the inspector.

As a result of the inspection seven requirements and three recommendations have been made. There are referred to in the body of the report and detailed in the quality improvement plan. The inspector assesses the home as moving towards compliance in this standard. When actioned the requirements and recommendations will ensure full compliance with the requirements.

The inspector acknowledges the co-operation of residents, staff and management throughout this unannounced inspection.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 19.3	Records in relation to Access NI checks must be maintained in line with DHSSP guidance (para 5).	Records in relation to Access NI checks are now held in accordance with legislation.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 11.5	Reviews should be held and records maintained that all residents' placements are reviewed 6 to 8 weeks after admission and annually thereafter.	The resident to whom this applied has since been transferred to another placement. There have been no permanent admissions since the last inspection.	Compliant
2	Standard 16.5	Staff induction records should clearly state the subject covered by whom and on what date.	Staff induction records have been amended accordingly.	Compliant
3	Standard 27.1 Environment section in this report	The rusted commode and stained carpet noted should be made good.	The rusted commode has been replaced. The carpet has been shampooed, however on examination was seen to have residual stains. This will be re stated.	Substantially compliant

STANDARD 25 - STAFFING The number and ratio of staff at all times meet the care needs of residents.	
Criterion Assessed: 25.1 At all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.	COMPLIANCE LEVEL
Inspection Findings:	
<p>On the day of the inspection the following staff were on duty to provide care for the 10 persons accommodated:</p> <ul style="list-style-type: none"> • Registered provider x 1 • Care staff x2 • The registered manager was on duty as cook. <p>There was no designated domestic. One member of care staff had been delegated to domestic duties for part of her shift.</p> <p>Night duty is covered by one wakened staff and one sleep in on call.</p>	Substantially compliant
Criterion Assessed: 25.2 The number and ratio of staff to residents is calculated using a method that is determined by the Regulation and Quality Improvement Authority. Students and volunteers working in the home are not taken into account in the overall staffing calculation.	COMPLIANCE LEVEL
Inspection Findings:	
<p>Mrs Dolan confirmed that she is aware of the RQIA guidelines for the calculation of minimum staffing hours. Discussion took place regarding staff undertaking mixed duties. This is permitted in home of nine or less residents. Willowview is registered for 11 residents. A requirement has been made that staffing levels are reviewed in line with the RQIA minimum standards.</p>	Substantially compliant

STANDARD 25 - STAFFING The number and ratio of staff at all times meet the care needs of residents.	
Criterion Assessed: 25.3 There is a competent and capable person in charge of the home at all times.	COMPLIANCE LEVEL
Inspection Findings: In the main the home is managed on a daily basis by Mrs Flannigan and/or Mrs Dolan (registered person and registered manager). At other times a senior member of staff takes charge of a shift. There were no competency assessments in place for these staff. Mrs Dolan confirmed that staff appraisals are on-going at the minute and that these will include a competency and capability assessment for those staff who take a management role in the absence of the registered persons.	Substantially compliant
Criterion Assessed: 25.4 Administrative and ancillary staff are employed to ensure that minimum standards relating to their respective responsibilities are fully met.	COMPLIANCE LEVEL
Inspection Findings: Administrative tasks are undertaken by management. There are no designated catering / domestic staff. Refer to inspector's comments at point 25.2. There was evidence that all care staff have Basic Food Hygiene training. The registered manager was undertaking cooking although she did not have up to date Basic Food Hygiene training. A requirement has been made in this regard.	Moving towards compliance
Criterion Assessed: 25.5 Records are kept of all staff that includes name, date of birth, previous experience, qualifications, starting and leaving dates, posts held and hours of employment.	COMPLIANCE LEVEL
Inspection Findings: An examination of two staff personnel files contained the details outlined above.	Compliant

STANDARD 25 - STAFFING	
The number and ratio of staff at all times meet the care needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
25.6 A record is kept of staff working over a 24-hour period and the capacity in which they worked.	
Inspection Findings:	
The rota contained the names of staff and the hours worked and to be worked. There was no designation of staff for example cooking, domestic, management etc. In addition the hours of the registered manager were not included. A recommendation had been made in this regard.	Substantially compliant
Criterion Assessed:	COMPLIANCE LEVEL
25.7 Time is scheduled at staff or shift changes to handover information regarding residents and other areas of accountability.	
Inspection Findings:	
<p>The shift pattern in the home is as follows:</p> <ul style="list-style-type: none"> • 9:30pm to 8:30am (night duty) • 8:00am to 4:30pm • 4:30pm to 9:30pm <p>Apart from the change from night duty to day duty there is no time scheduled for a handover. A recommendation has been made in this regard.</p>	Substantially compliant

STANDARD 25 - STAFFING The number and ratio of staff at all times meet the care needs of residents.	
Criterion Assessed: 25.8 Staff meetings take place on a regular basis and at least quarterly. Records are kept that include: - <ul style="list-style-type: none"> <input type="checkbox"/> The date of all meetings <input type="checkbox"/> The names of those attending <input type="checkbox"/> Minutes of discussions <input type="checkbox"/> Any actions agreed. 	COMPLIANCE LEVEL
Inspection Findings: Mrs Dolan was unable to produce staff meeting minutes. She informed the inspector that these had last taken place in November 2012 and August 2013. Mrs Dolan stated that she speaks daily to staff as they are on duty and shares information in this manner. There were no records maintained for these discussions. A recommendation has been made in this regard.	Moving towards compliant

ADDITIONAL AREAS EXAMINED

RESIDENTS

The inspector spoke with residents as they relaxed in the lounge / bedrooms. Residents looked well and were in good spirits. One resident told the inspector that he was in the home for a period of respite and although looking forward to returning home he had been “really well looked after” in Willowview. One resident remembered the inspector from previous inspections and confirmed that she remains happy in the home. She stated that staff are kind and attentive. It was noted that one resident had an injured hand. She told the inspector that a dog had bitten her. The dog was brought to the home by a visitor of another resident four days prior to the inspection. The issue was reviewed by the inspector and findings can be seen below in the section, “**RECORDS**”.

ENVIRONMENT

The home was found to be warm and bright with no malodours noted. Resident’s bedrooms are personalised to varying degrees. Lounge and communal areas clean and well furnished. The carpet noted as requiring cleaning at the last inspection was examined and found to have residual stains. Mrs Dolan stated that a new carpet will be provided as despite shampooing all the stains could not be removed. It was noted that a corridor door had been wedged open. This is in breach of fire guidance and a requirement has been made accordingly.

RECORDS

The care file of the residents who has sustained an injury to her hand (see above) was examined. It was noted that the accident had been recorded at the time and that the out of hours GP had been contacted. The care manager and the RQIA had not been informed. The incident had not been recorded in the home’s accident / incident record. The standard of recording in the progress notes was poor. Writing was in parts illegible as were staff signatures. The language used was in places unprofessional. In discussion with Mrs Dolan she recognised that training for staff in the purpose and method of professional records needs to be provided. It is recognised that the correct action was taken at the time of the injury was undertaken. However there are three requirements made as a result of the handling and recording of this incident. A recommendation has also been made in regard to risk assessing animals visiting in the home.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Dolan, 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

Ruth Greer
Inspector/Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority



Quality Improvement Plan

Secondary Unannounced Care Inspection

Willowview

3 June 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 Dolan 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.

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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 20 (1) (a) Standard 25.2	Confirmation should be sent to the RQIA that the homes staffing arrangements are in line with legislative requirements and RQIA guidelines.	One	Confirmation given	By 30 June 2014
2	Regulation 20(3) Standard 25.3	The manager shall carry out a competency and capability assessment with any person who is given the responsibility to manage the home for a period.	One	Any person who is given the responsibility to manage the home for a period has had a competency and capability assessment carried out. in place.	By 30 June 2014
3	Regulation 20 (1) (c) (i) Standard 25.4	Confirmation should be sent to RQIA that all staff who undertake catering duties have an up to date Food Hygiene certificate.	One	Confirmation given.	By 30 June 2014

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
4	Regulation 14 (2) (c) Standard 29.2	Fire doors should not be wedged open.	One	All wedges removed from the premises	Immediate and on going
5	Regulation 30 (d) Additional Matters in this report	The manager must report the incident referenced in line with the legislative requirements.	One	The incident referenced has been reported and dealt with in line with the legislative requirements	By 30 June 2014
6	Regulation 19 (2) Schedule 2 Additional Matters in this report	Any accident / incident detrimental to a resident should be recorded in the home's accident record.	One	All accidents are recorded in the home's accident book. Immediate and on-going	Immediate and on-going

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
7	Regulation 20 (c) (i) Additional matters in this report	Training should be provided for staff whose role is to record in records required by legislation.	One	All staff whose role is to record in records have been trained on record keeping	By 30 June 2014

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 25.7	Rotas should show the designated roles of staff and should include the hours of the registered manager. The rota should also include a specified time at the beginning of each shift for "handover"	One	In place and on going	Immediate and on going
2	Standards 25.8	Staff meetings should take place at least quarterly and minutes maintained.	One	In place and on going	Immediate and ongoing
3	Standard 1.3 and Standard 28.5	Risk assessments should be undertaken of any animals visiting the home. A policy should be devised in relation to resident's views on animals in the home.	One	In place and on going.	By 30 June 2014

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: Liz Dolan

NAME: LIZ DOLAN
 Registered Provider

DATE 10 Jul 2014

SIGNED: J McFlanagan

NAME: IMELOA FLANAGAN
 Registered Manager

DATE 20 10 Jul 2014

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Ruth Greer	24.7.14
Further information requested from provider			