

Unannounced Care Inspection Report 3 August 2017



Willowview

Type of Service: Residential Care Home
Address: 45 Killyleagh Road, Saintfield, BT24 7EH
Tel No: 028 9751 0878
Inspector: Bronagh Duggan

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 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 which provides accommodation for up to 11 people under RC-I, RC-PH and RC-DE categories of care. The home can provide care for a maximum of six people under category RC-DE.

3.0 Service details

Organisation/Registered Provider: Willowview Responsible Individual(s): Elizabeth Dolan & Imelda Flanagan	Registered Manager: Imelda Flanagan
Person in charge at the time of inspection: Elizabeth Dolan - deputy manager	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	Number of registered places: 11

4.0 Inspection summary

An unannounced care inspection took place on 3 August 2017 from 10.30 to 17.30.

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

The inspection assessed progress to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, communication between residents, staff and other key stakeholders and maintaining good working relationships.

Areas requiring improvement were identified in relation to recruitment practices and care records.

Residents and or their representatives said they were happy in the home, staff were helpful and representatives felt they were kept well informed of any changes in their relatives condition.

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	4

Details of the Quality Improvement Plan (QIP) were discussed with Elizabeth Dolan, registered provider and deputy manager as part of the inspection process. The registered manager

Imelda Flanagan was present for a short time during the inspection. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 23 February 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the previous inspection report and complaints return information.

During the inspection the inspector met with seven residents, two staff and three residents' visitors/representatives.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Thirteen questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Two staff recruitment files
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Fire safety risk assessment
- Fire drill information
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Sample of policies and procedures

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 23 February 2017

The most recent inspection of the home was an unannounced secondary care inspection.

There were no areas for improvements made as a result of the last care inspection.

6.2 Review of areas for improvement from the last care inspection dated 23 February 2017

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The deputy 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. Willowview is registered to provide accommodation for up to eleven residents but has chosen to operate with nine residents accommodated. This ensures that all residents have single room accommodation. Staff undertake mixed duties in the home. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of one completed staff competency and capability assessment was reviewed and found to be satisfactory.

A recruitment and selection policy and procedure was in place. Two staff personnel files were reviewed one file contained only one reference, confirmation of staff members identity was not available for inspection. Pre-employment health assessment information was not available in one record. The importance of ensuring all relevant information is obtained before making an offer of employment was discussed with the deputy manager. This was identified as an area for improvement to comply with standards.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. A copy of the regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 was available for staff within the home. Staff were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. The deputy manager provided a safeguarding provision report compiled for 2016-2017.

The deputy manager confirmed there had been no recent adult safeguarding referrals. Discussion with the deputy manager confirmed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

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

The deputy manager confirmed there were restrictive practices employed within the home, notably pressure alarm mats. The deputy manager confirmed a bed hand rail was in place for one identified resident. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The deputy manager confirmed there were risk management policy and procedures in place. Discussion with the deputy manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. legionella risk assessment, fire safety etc.

An infection prevention and control (IPC) policy and procedure was in place. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had

understanding of IPC policies and procedures. Inspection of the 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.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

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. Discussion with the deputy manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 16 October 2016. Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 16 November 2016 records were 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 nightly/ weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Thirteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments received from completed questionnaires were as follows:

- "The staff are all very good and attend to my (relative) with great care and compassion. All are friendly." (representative)
- "My (relative) is well looked after and plenty of staff keeping an eye when she needs help." (representative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

One area for improvement was identified in relation to recruitment practices.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed. These included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. It was noted the falls risk assessment for one identified resident should be reviewed and updated to reflect recent changes. This was identified as an area for improvement to ensure compliance with standards. Further to this review of an identified residents care plan showed limited information regarding how diabetes should be managed. The care plan should be developed further to reflect the plan of care including for example signs to look out for, management and blood glucose monitoring arrangements.

The care records reflected the multi-professional input into the residents' health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice for example residents have preferred rising and retiring times.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The records of the most recent care review were not available for one identified resident therefore there was no evidence of completion and that any agreed actions were dealt with. The record of the most recent care review should be maintained in the identified residents active care file. This was identified as an area for improvement to ensure compliance with standards. The deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident and/or their representative meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The deputy manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Thirteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments received from completed questionnaires were as follows:

- “The staff keep us fully informed of my (relative's) care and any medical issues or changes. They are very prompt about dealing with the GP when required.” (representative)
- “Willowview has a very personal approach and has looked after my (relative) extremely well.” (representative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

Three areas for improvement were identified in relation to review and updating the identified residents falls risk assessment, further developing the information contained in an identified residents care plan regarding the management of diabetes and to ensure care review records were maintained in the identified residents care file.

	Regulations	Standards
Total number of areas for improvement	0	3

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The deputy manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs were met within the home.

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 for example menus were provided in the dining area to support residents at meal times.

The deputy manager, residents and their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The deputy manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

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.

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 for example residents' meetings, annual reviews etc.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read, the report was made available on a notice board in the reception part of the home.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example residents were observed participating in armchair exercises during the inspection. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents and residents' representatives spoken with during the inspection made the following comments:

- "It is very good, no complaints. The staff couldn't be better both night and day. I'm very happy here". (resident)
- "I like it here, its lovely." (resident)
- "This has been a great place to stay, the staff are very kind." (resident)
- "The staff are very helpful and always about if you need them. There is always a choice at meal times if there is something on the menu I don't like." (resident)
- "We are delighted, very pleased and feel fortunate to have got (relative) in here." (relative)
- "The home is always clean, staff are very helpful." (relative)

Thirteen completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments received from completed questionnaires were as follows:

- "Wonderfully compassionate staff who deal sensitively with not only my mother, but all residents when we are visiting." (representative)
- "Staff are extremely friendly and helpful." (representative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The deputy manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The 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 with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the residents guide. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. There had been no new complaints recorded since the previous inspection.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. 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.

There were quality assurance systems in place to drive continuous quality improvement which included for example regular medication audits and satisfaction surveys.

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 for example

dementia awareness, record keeping, swallowing awareness. The deputy manager also confirmed the importance of maintaining confidentiality was addressed with staff.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home’s Statement of Purpose and Residents Guide.

The deputy manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers’ liability insurance certificate were displayed.

Review of records and discussion with the deputy manager and staff confirmed there had been no recent safeguarding incidents but if there had been these would be managed appropriately and reflective learning would take place. The deputy manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The deputy manager confirmed that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The deputy 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.

Thirteen completed questionnaires were returned to RQIA from residents, residents’ representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied/satisfied.

Comments received from completed questionnaires were as follows:

- “All staff are knowledgeable about the residents and their needs and all appear well motivated and keen to care for the residents. Liz is very approachable as senior management and often takes time to keep us updated”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elizabeth Dolan, deputy manager / registered provider 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 19.2 Stated: First time To be completed by: 24 August 2017	<p>The registered person shall ensure that all relevant information is obtained prior to making an offer of employment.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All relevant information will be maintained prior to an offer of employment. Up to date and on going 21st August 2017</p>
Area for improvement 2 Ref: Standard 5.5 Stated: First time To be completed by: 24 August 2017	<p>The registered person shall ensure the falls risk assessment is reviewed and updated for the identified resident.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Falls risk assessment has been reviewed and updated for the identified resident. 03rd August 2017</p>
Area for improvement 3 Ref: Standard 11.5 Stated: First time To be completed by: 24 August 2017	<p>The registered person shall ensure the care plan regarding the management of diabetes for the identified resident is further developed.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Further development of the management of diabetes has been completed and included in the careplans of relevant residents. 21st August 2017</p>
Area for improvement 4 Ref: Standard 11.5 Stated: First time To be completed by: 24 August 2017	<p>The registered person shall ensure the record of the most recent care review is maintained in the residents active care file. This is to enhance the accessibility of these reports and to make sure that the reviews are up to date and that any agreed actions at the meetings are acted on.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Copies of the most recent care reviews for all residents have been received and are maintained in the residents active careplan. 23rd August 2017</p>

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



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