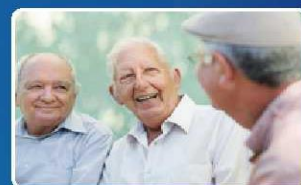




Unannounced Care Inspection Report

3 September 2018



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 registered to provide care and accommodation for up to 11 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Willowview Responsible Individuals: Imelda Flanagan Elizabeth Dolan	Registered Manager: Imelda Flanagan
Person in charge at the time of inspection: Elizabeth Dolan	Date manager registered: 01 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 September 2018 from 10.30 to 17.00.

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 with any areas for improvement identified during and since the last care inspection and sought 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 induction, training, supervision and appraisal, care reviews and communication between residents, staff and other interested parties, the culture and ethos of the home, management of complaints and incidents, and maintaining good working relationships.

Areas requiring improvement were identified in relation to updating the homes recruitment and selection policy and procedure, developing care plans, ensuring photographs were contained in all care records and staff training in care planning.

Residents and one representative spoken with said they were very happy, it felt like home and the staff were very nice.

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	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Elizabeth Dolan, Deputy Manager, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the deputy manager, eight residents, two staff, and one residents' visitor/representative.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Five questionnaires were returned by residents' representatives within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three staff files
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits accidents and incidents
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings

- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Sample of policies and procedures

Areas for improvements identified at the last careinspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of theinspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 January 2018

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 23 January2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16.(1) Stated: First time	The registered person shall ensure the care plan in place accurately reflects how the identified residents’ needs in respect of his care, health and welfare are to be met. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and review of the care plan showed that it had been updated accordingly.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 24.5 Stated: First time	The registered person shall ensure staff have a recorded annual appraisal to review their performance against their job description and to agree personal development plans. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and review of information showed annual appraisals were completed with staff accordingly.	
Area for improvement 2 Ref: Standard 19.3 Stated: First time	The registered person shall ensure AccessNI information is stored in keeping with the principals of the Data Protection Act 1998, and with Access NI's code of practice. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and review of records maintained in the home showed AccessNI information was managed accordingly.	
Area for improvement 3 Ref: Standard 11 Stated: First time	The registered person shall ensure the identified resident has a care review completed with the referring trust regarding the suitability of the identified residents placement. Ref:6.5	Met
	Action taken as confirmed during the inspection: The deputy manager confirmed a care review was completed for the identified resident and they no longer reside at the home.	

Area for improvement4 Ref: Standard 20.10 Stated: First time To be completed by: 23 March 2018	The registered person shall ensure the completion of regular audits regarding accidents and incidents in the home to help identify any patterns or changes. Ref: 6.7	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and review of information showed there was ongoing review of accidents and incidents in the home.	

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 advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in the home.

No concerns were raised regarding staffing levels during discussion with residents, a residents' representative and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A 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 confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the deputy manager 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the deputy manager and review of staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The need to review and update the homes recruitment and selection policy was discussed with the deputy manager. This was identified as an area for improvement to comply with the standards.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

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

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements and contact information. An annual safeguarding position report from 1 April 2017 to 31 March 2018 was in place and available for review.

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 whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

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 stated the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The deputy manager advised there were restrictive practices within the home, notably the use of pressure alarm mats, and where these were in place they had been appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records evidenced 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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 home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

"The Falls Prevention Toolkit" was discussed with the deputy manager and advice was given on the benefits of using this or a similar toolkit. Audits of accidents/falls were undertaken on a

monthly basis and analysed for themes and trends; there had been a low incidence of accidents and incidents in recent months.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised 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. The deputy manager confirmed plans were in place to replace/improve the outside patio tables and chairs. Improvements were noted to the fencing in the outdoors area of the home.

The deputy manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety etc.

Information regarding legionella risk assessment dated 13 October 2017 was available in the home this was shared with the estates inspector.

It was established that no residents smoked.

The deputy manager advised that there was a system in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 23 October 2017 and all recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis the most recent October 2017. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, infection prevention and control and the home's environment.

Areas for improvement

One area for improvement was identified during the inspection this related to the review and updating of the homes recruitment and selection policy.

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

Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

A review of three care records confirmed that 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 however the overall quality of the records maintained should be improved upon. It was noted from one of the care plans inspected there was insufficient information available regarding how to support an identified resident with their identified mobility needs. This issue was discussed with the deputy manager and was identified as an area for improvement to comply with the regulations. The need to ensure there is a full review of the systems in place regarding the completion of assessments and care plans was discussed with the deputy manager. Care record layout had been improved upon since the previous care inspection however the need to ensure that all relevant information is recorded to reflect the specific care needs of residents in sufficient detail to ensure care staff members can clearly follow was discussed at length with the deputy manager. The benefit of staff completing training in care planning was discussed with the deputy manager. This was identified as an area for improvement to comply with the standards.

Care records reviewed were observed to be signed by the resident and/or their representative. Two of the three care records inspected did not contain a recent photograph of the resident. This was identified as an area for improvement to comply with the standards. The need to ensure consent is given by residents regarding the use of photography and holding of personal information was discussed with the deputy manager.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided to meet the individual dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights there were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care records.

Discussion with the deputy manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin and that referrals would be made to the multi-professional team regarding any areas of concern identified in a timely manner.

The deputy manager advised that systems were in place to ensure effective communication with residents, their representative and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift

handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the annual quality review report was displayed in a central part of the home for residents, their representatives and any other interested parties to read.

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.

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

Comments received from completed questionnaires were as follows:

- “Am totally satisfied with my (relative) care.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care reviews and communication between residents, staff and other interested parties.

Areas for improvement

Three areas for improvement were identified during the inspection these related to the improvement of an identified care plan, ensuring staff complete training in care planning and to ensure recent photographs of residents are maintained in care records.

	Regulations	Standards
Total number of areas for improvement	1	2

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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The deputy manager advised 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.

The deputy manager, residents and representative advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and explained how confidentiality were protected.

Discussion with staff, residents and one representative 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 the daily menu was displayed in the dining room for residents.

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; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included for exampleresidents' meetings.

Residents were 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 in a central part of the home.

Discussion with staff, residents, one representative, observation of practice and review of care records confirmed that residentswere enabled and supported to engage and participate in meaningful activities. For example quizzes, armchair exercises, crafts and short walks. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example visitors are welcome to the home, St Vincent de Paul volunteers visit regularly, one resident shared with the inspector how they were supported to visit the local shops.

Residents, staff, and one resident's representative spoken with during the inspection made the following comments:

- "I love it here, no complaints at all. Everyone is very nice, the boss is really good she is so down to earth. I am very happy, the food is really good. It's no bother to get whatever you want." (resident)
- "It's a lovely place, Liz took me out for my dinner on my birthday I am well cared for. The staff couldn't be nicer." (resident)
- "They (staff) are very nice; the lunch is good if I don't want something I can get something else. My room is comfortable." (resident)
- "I am very happy here". (resident)
- "I am so pleased we found here, it feels like home, its treated like home. (My relative) is well looked after, she is well fed, is always clean and well-presented and we are kept up to date if there are any changes. I am happy with it." (representative)
- "I would describe the home as being friendly, homely and enjoyable I think that's what anybody would want, it is very homely I think because it is a small home." (staff)

Five completed questionnaires were returned to RQIA residents' visitors/representatives Respondents described their level of satisfaction withthis aspect of careas very satisfied.

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 and stated that 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.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. There had been no new complaints recorded since the previous care inspection.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these 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 was reviewed as part of the inspection process.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the deputy 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 staff completed training in dementia awareness.

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 reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered providers responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer’s liability insurance certificate were displayed.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The deputy manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. The deputy manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Five completed questionnaires were returned to RQIA from residents’ visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to 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, 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 providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16.1 Stated: First time To be completed by: 5 September 2018	The registered person shall ensure the care plan in place accurately reflects how the identified residents' needs in respect of his care, health and welfare are to be met. Ref: 6.5 Response by registered person detailing the actions taken: Careplans have been reviewed and now accurately reflect residents' needs in respect of care, health and welfare
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 19.1 Stated: First time To be completed by: 3 October 2018	The registered person shall ensure the homes recruitment and selection policy is reviewed and updated ensuring it complies with legislative requirements and DHSSPS guidance. Ref: 6.4 Response by registered person detailing the actions taken: The recruitment and selection policy has been reviewed and complies with legislative requirements
Area for improvement 2 Ref: Standard 23 Stated: First time To be completed by: 3 November 2018	The registered person shall ensure staff complete training in relation to care planning. Ref: 6.5 Response by registered person detailing the actions taken: Care Plan training has been implemented and ongoing
Area for improvement 3 Ref: Standard 8.6 Stated: First time To be completed by: 3 October 2018	The registered person shall ensure all resident's records contain a recent photograph of the resident. Ref: 6.5 Response by registered person detailing the actions taken: All resident records contain a recent photograph of the resident

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



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