



Unannounced Care Inspection Report 9 April 2019



Willowview

Type of Service: Residential Care Home
Address: 45 Killyleagh Road, Saintfield BT24 7EH
Tel no: 02897510878
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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 11 residents within the categories of care as outlined in Section 3.0 of this report.

3.0 Service details

<p>Organisation/Registered Provider: Willowview</p> <p>Responsible Individuals: Imelda Margaret Flanagan Elizabeth Joan Dolan</p>	<p>Registered Manager and date registered: Imelda Margaret Flanagan 1 April 2005</p>
<p>Person in charge at the time of inspection: Elizabeth Joan Dolan</p>	<p>Number of registered places: 11</p> <p>A maximum of 6 residents in RC-DE category of care. RQIA must be consulted before any further persons with diagnosis of dementia are admitted/accommodated in RC-DE.</p>
<p>Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment</p>	<p>Total number of residents in the residential care home on the day of this inspection: 9</p>

4.0 Inspection summary

An unannounced care inspection took place on 9 April 2019 from 10.45 to 16.30 hours.

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 care reviews, staff training, safeguarding, and maintaining good working relationships.

Areas requiring improvement were identified in relation to the staff induction to the home and environmental improvements.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents, people who visit them and staff during the inspection are included in the main body of this report.

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	2

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 inspection dated 13 December 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 13 December 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Five questionnaires were returned within the identified timescale, respondents indicated they were either satisfied or very satisfied with the care provided.

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

- staff duty rota
- staff training records
- staff supervision and appraisal information
- one staff recruitment and induction record

- three residents' records of care
- complaint records
- minutes of staff meetings
- cleaning records
- fire safety checks
- accident/incident records
- RQIA registration certificate

Areas for improvements identified at the last careinspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 3 September 2018

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

6.2 Review of areas for improvement from the last care inspection dated 3 September 2018

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.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and review of the care plan for the identified resident showed that it had been reviewed and updated to reflect the identified residents' needs.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 19.1 Stated: First time	The registered person shall ensure the home's recruitment and selection policy is reviewed and updated, ensuring it complies with legislative requirements and DHSSPS guidance.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and review of the homes recruitment and selection policy confirmed it had been reviewed and updated.	
Area for improvement 2 Ref: Standard 23 Stated: First time	The registered person shall ensure staff complete training in relation to care planning.	Met
	Action taken as confirmed during the inspection: The deputy manager advised staff had completed training in relation to care planning; records maintained confirmed this. In addition, records available in the home showed staff had also completed training in record keeping.	
Area for improvement 3 Ref: Standard 8.6 Stated: First time	The registered person shall ensure all resident's records contain a recent photograph of the resident.	Met
	Action taken as confirmed during the inspection: A sample of three care records were reviewed; each contained a recent photograph of each resident.	

6.3 Inspection findings

6.4 Is care safe?

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

Discussion with staff, residents and the deputy manager confirmed there were sufficient numbers of staff on duty to meet the needs of the residents. No concerns were raised by

residents or staff regarding staffing levels in the home. The deputy manager confirmed staffing levels are reviewed continuously to meet the changing needs of residents. Review of the duty rota showed it accurately reflected staff on duty.

Review of one recruitment record showed appropriate pre-employment checks were completed. Recruitment practices included the vetting of applicants to ensure they were suitable to work in the home. Access NI records had been maintained appropriately.

Discussion with the deputy manager and review of records showed an induction had been completed for the most recent new member of staff in the home. The benefit of ensuring there was a robust induction programme completed that was specific to the home and job specific was discussed with the deputy manager as the induction in place was of a general nature. This was identified as an area for improvement to comply with the standards.

Review of staff training records showed mandatory training was maintained on an up to date basis. Records maintained in the home showed supervision and appraisal were provided for staff on a regular basis.

Discussion with staff confirmed they were knowledgeable regarding safeguarding procedures in the home. Records in the home confirmed that an annual safeguarding position report had been completed for the period April 2018 to March 2019. Review of a sample of staff training records showed staff had completed training in relation to safeguarding. The deputy manager confirmed that any alleged or actual safeguarding incidents would be reported to the relevant bodies with records maintained.

The deputy manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

The deputy manager advised there were limited restrictive practices within the home, notably the use of one alarm mat. The use of the alarm mat was reflected in the residents' care records 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 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 trust policy and procedures, reported to the Public Health Agency 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.

Inspection of the home confirmed that it was clean, warm and tidy. Residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items. During the inspection some redecoration was being completed in the dining room. The deputy manager confirmed there-decoration was planned in such a way to minimise disruption to residents.

As part of the inspection some environmental improvements were identified; these related to the replacement or improvement of two identified bed side cabinets, side table in the main sitting room and an identified shower chair. In addition, the benefit of completing an audit to review the general environment of the home was discussed with the deputy manager.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. The importance of ensuring the underside of shower chairs were regularly cleaned and included on the cleaning schedule for the home was discussed with the deputy manager.

Records maintained in the home showed fire safety checks were completed regularly and maintained on an up to date basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, training, supervision and appraisal, adult safeguarding and infection prevention and control.

Areas for improvement

Two areas were identified for improvement in relation to furtherdeveloping the staff induction for the home and environmental improvements.

	Regulations	Standards
Total numb of areas for improvement	0	2

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; the deputy manager advised new templates had been developed; an improvement was noted. Care records reviewed included an up to date assessment of needs, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, where appropriate)were reviewed and updated on a regular basis or as

changes occurred. The benefit of more clearly reflecting the input from other professionals in the residents care records was discussed with the deputy manager.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Review of menus showed a varied and nutritious diet was provided to meet the dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. The importance of ensuring staff continually monitor residents weights to identify losses or gains was discussed with the deputy manager. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual residents' care plans and associated risk assessments.

Discussion with the deputy manager and staff confirmed that wound care would be managed by community nursing services. Staff advised that they would be able to recognise and respond to pressure area damage. Referrals would be made to the multi-professional team regarding any concerns identified.

The deputy manager advised 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. Minutes of staff 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 latest RQIA inspection reports were displayed in the home for visitors to read. In addition the deputy manager advised comments are welcomed from residents, representatives and visitors to the home.

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.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 advised that staff in the home promoted a culture and ethos that supported the values of dignity, respect, independence, choice and consent of residents.

The deputy manager and one representative spoken with 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 and dignity and explained how confidentiality was protected.

Discussion with staff, residents and one representative confirmed that residents' spiritual and cultural needs were met within the home.

Discussion with staff, residents, representative 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. Residents spoken with confirmed to the inspector in keeping with their capabilities that they were happy with their life in the home, the support received from staff, food and activities available.

Discussion with staff, residents and one representative, 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 are supported to participate in exercises, quizzes, and crafts. One resident shared how they like to go to the local shops in Saintfield.

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

- "I love it here, the food is very nice." (resident)
- "I am happy enough, the food is good. No complaints." (resident)
- "I am very content, I can't complain about anything. It's very good, the food is excellent. You couldn't complain." (resident)
- "I am delighted with how it is, its small, homely, everyone is very caring. We visit every day, we have no concerns, if we did we would be happy to raise them and know they would be dealt with." (resident representative)
- "Everything does seem to work well. I like working here. The manager is very supportive." (staff member)
- "It is very very homely, the residents are happy. I am happy here, it is home from home." (staff member)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, 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 retained electronically in a manner which was accessible by staff.

There was a complaints policy and procedure in place. There had been no new complaints recorded since the previous inspection. The benefit of recording compliments received, e.g. thank you letters and cards, was discussed with the deputy manager. RQIA's complaint poster was available and displayed in the home.

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.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, record keeping.

The need to ensure the completion of monthly monitoring reports was discussed with the deputy manager in order to provide an increased level of quality assurance.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The deputy manager is a joint responsible person and is involved in the day to day management of the home.

The returned QIP confirmed that the registered provider 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 23.1 Stated: First time To be completed by: 9 July 2019	<p>The registered person shall ensure the staff induction is developed further, ensuring it is orientated to the home and is job specific.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Staff Induction has been developed and orientated so it is both job and home specific. Completed , implemented and ongoing - 10May2019</p>
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: 9 June 2019	<p>The registered person shall ensure the following environmental improvements are made:</p> <ul style="list-style-type: none"> • Two bedside cabinets should be improved upon or replaced. • The side table in the main sitting room should be improved upon or replaced. • The identified shower chair should be replaced. <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Two bedside cabinets have been removed and replaced with new ones- 17May2019 Side Table in main sitting room has been removed and replaced- 15April2019 Shower chair has been removed and replaced - 10April2019</p>

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



The Regulation and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

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