

Unannounced Care Inspection Report 11 February 2021



Willowview

Type of Service: Residential Care Home (RCH)
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.

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 residential care home registered to provide residential care for up to 11 residents.

3.0 Service details

<p>Organisation/Registered Provider: Willowview</p> <p>Responsible Individual(s): Imelda Margaret Flanagan Elizabeth Joan Dolan</p>	<p>Registered Manager and date registered: Imelda Margaret Flanagan – 01 April 2005</p>
<p>Person in charge at the time of inspection: Elizabeth Dolan, deputy manager/ RI</p>	<p>Number of registered places: 11 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>Number of residents accommodated in the residential home on the day of this inspection: 8</p>

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress since the previous inspection to the home.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management

Residents spoken with were complimentary about their life in the home and relations with staff.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Elizabeth Dolan, deputy manager/responsible individual, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report

During the inspection the inspector met with eight residents, one residents' representative, two staff and the deputy manager. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us' cards to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. Three completed questionnaires were returned within the identified timescale respondents indicated that they were very satisfied with the care provided.

- Staff duty rota
- Two residents care records
- Staff training records
- Staff supervision information
- Staff professional registration information
- A selection of daily environmental checks
- Complaints and compliments records
- Incident and accident records
- Certificate of registration

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 previous inspection(s)

The most recent inspection of the home was an unannounced combined medicines management inspection undertaken on 29 June 2020.

No further actions were required to be taken following the most recent inspection on 29 June 2020.

6.2 Inspection findings

6.2.1 Staffing

We arrived at the home at 10.00 hours; the senior carer was in charge who then contacted the deputy manager/responsible individual who arrived at approximately 10.30 am. We discussed with the deputy manager the staffing arrangements in the home.

Staff duty rotas for the period of 1 February 2021 until 14 February 2021 were reviewed. It was noted that there was two omissions on the duty rota; the deputy manager advised that these shifts were covered by a bank staff member. The deputy manager was advised on the importance of ensuring the rota accurately reflects the details of all staff who work in the home over a twenty four hour period. In addition the benefit of recording people's job title on the duty rota was discussed. An area for improvement was identified.

During discussion staff confirmed there was stable staffing arrangements in place, staff confirmed that the staffing levels were appropriate to meet the needs of the residents. Staff spoke positively about their experiences of working in the home. Staff were aware of the reporting arrangements and who to speak to if they had any concerns and showed good knowledge of the homes safeguarding and whistleblowing procedures.

Comments received from staff included:

- "Everything works well, Liz is very approachable and supportive. It's like a family here, because it is so small everyone works well together."
- "I enjoy coming to my work, I like to see everyone."

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid 19, signage was also displayed throughout the home regarding handwashing technique. Upon arrival the inspector's temperature was recorded and a relevant health declaration was completed. The person in charge advised all visitors to the home had checks completed prior to entering and residents and staff temperatures were recorded twice daily. Records available in the home confirmed this.

PPE supplies and hand sanitizer were available throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately and in accordance with current guidance.

Staff showed good knowledge on how to reduce or minimise the risk of infection and confirmed there was an enhanced cleaning schedule in place which included regular cleaning of frequent touch points throughout the home. Staff were observed on occasions cleaning touchpoints during the inspection. We observed staff carrying out hand hygiene and changing PPE as required .

6.2.3 Environment

We undertook an inspection of the home environment which was found to be warm, clean and tidy. We viewed the communal living area, dining room, resident's bedrooms as well as bathroom and toilet areas. The deputy manager confirmed work was currently ongoing to an identified toilet area; this was out of use during the inspection.

Resident's bedrooms reflected personal interests; residents spoken with in keeping with their level of understanding were complimentary in respect of the home environment.

6.2.4 Care delivery

We observed staff practice in the home, interactions with residents were warm and friendly. Staff showed good knowledge of the individual needs of residents. Residents were well presented with obvious time given to their personal care. Staff explained how they were aware of the individual preferences of residents.

Staff were observed supporting residents with activities including a quiz and music session. The deputy manager outlined the visiting arrangements in place and confirmed that visiting was arranged on a pre-booked basis. In addition the deputy manager confirmed she was aware of the "Care Partners" initiative and had liaised with relatives regarding opportunities.

During the inspection residents looked comfortable and relaxed within their surroundings, and staff were available throughout the day to meet their needs.

Comments from residents and one visitor during the inspection included:

- "I couldn't say a bad word, the girls are all so nice they would do anything for you. The food is lovely, it's like what your mother would have made at home."
- "I like it yes, the food is very good."
- "The girls here are very good, very helpful. I am happy enough."
- "Im getting on well, everyone is very nice."
- "I think it is a good home, we are well informed of any changes. The visiting can be arranged whenever you want. I think it is very homely and (relative) is well looked after."

6.2.5 Care records

A sample of two care records were reviewed, these included an assessment of needs, care plans, and risk assessments as required. We could see resident's evaluation records were regularly updated to reflect care delivered and any changes noted.

We could see residents individual preferences were recorded including residents preferred rising and retiring times, residents life history information was also included.

We discussed with the deputy manager a recent change with regards to the identified needs of one resident; the deputy manager addressed the relevant change during the inspection. Records showed that care reviews were maintained on an up to date basis.

6.2.6 Governance and management arrangements

Staff spoken with confirmed that they felt well supported by the management structure in the home. Staff shared that they were kept well informed of changes as they developed due to the Covid 19 pandemic situation.

There was a system in place regarding the reporting of notifiable events. Review of records showed that these were reported onward to relevant bodies as required.

We could see there was a system in place whereby staff received regular supervision; there was also evidence that staff professional registration with the Northern Ireland Social Care Council (NISCC) was recently reviewed. We discussed with the deputy manager the benefit of introducing a matrix system to clearly reflect the regular review of registration information.

There was a system in place regarding the management of complaints. Review of complaints records showed the nature of complaints received was recorded, the outcome of the investigation and the complainant's level of satisfaction was also recorded.

We reviewed a sample of staff training records, it was noted that whilst staff had completed a number of different types of training; the test papers had not been forwarded for verification therefore there was no evidence available to give assurances that staff had met the appropriate level of understanding. The need to ensure all mandatory training requirements are met was discussed with the deputy manager. An area for improvement was identified.

The homes certificate of registration was up to date and displayed appropriately.

Areas of good practice

Areas of good practice were identified in relation to staff interactions with residents, promoting the individual preferences of residents and infection prevention and control measures.

Areas for improvement

Two areas for improvement were identified, these related to ensuring the duty rota accurately reflects all staff working over a twenty four hour period and to ensure staff mandatory training in maintained on an up to date basis.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Residents looked well cared for, interactions between staff and residents were warm and friendly. Staff spoke positively about their experiences of working in the home.

One visiting representative spoke positively about their experience of visiting their relative in the home. The home environment was warm, clean and tidy.

Two new areas for improvement were identified as a result of this inspection.

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/responsible individual, 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 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.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: 15 February 2021	The registered person shall ensure a record is kept of staff working over a 24 hour period and the capacity in which they worked. Ref: 6.2.1 Response by registered person detailing the actions taken: Rotas have been ammended to reflect staff capacity within Willowview and staff working over a 24hr period showing the capacity they have worked in. In place and on going - 15-02-2021
Area for improvement 2 Ref: Standard 23.3 Stated: First time To be completed by: 25 March 2021	The registered person shall ensure mandatory training requirements are met. Ref: 6.2.5 Response by registered person detailing the actions taken: All staff have completed mandatory training requirements 25-03-2021 - Awaiting certificates -

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



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