



The Regulation and
Quality Improvement
Authority

Willowview
RQIA ID: 1664
45 Killyleagh Road
Saintfield
BT24 7EH

Inspector: Ruth Greer
Inspection ID: IN22253

Tel:0289751 0878

**Unannounced Care Inspection
of
Willowview**

16 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 16 June 2015 from 10.00 to 1 30. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. No areas for improvement were identified during this inspection.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Mrs Imelda Margaret Flanagan Mrs Elizabeth Joan Dolan	Registered Manager: Mrs Imelda Margaret Flanagan
Person in Charge of the Home at the Time of Inspection: Mrs Flanagan and Mrs Dolan were on duty	Date Manager Registered: 02/07/2009
Categories of Care: RC-DE, RC-I, RC-PH	Number of Registered Places: 11
Number of Residents Accommodated on Day of Inspection: 8	Weekly Tariff at Time of Inspection: £470.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

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

Prior to inspection we analysed the following records: notification reports and the previous inspection report.

During the inspection we met with 8 residents, 2 care staff and 1 resident's visitor/representative.

We inspected the following records:

Policy on death and dying
Policy on the management of continence
Accident/incident record
Complaints record
Care files (5)

The inspection

4.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced care inspection dated 20 January 2015. The completed QIP was returned and approved by the specialist inspector and can be seen below.

4.2 Review of requirements and recommendations from the last inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 19 Schedule 3 .2 Standard 10 .1	The care records should contain a recent photograph of the resident	Met
	Action taken as confirmed during the inspection: Photographs were in place in the care files	
Requirement 2 Ref: Regulation Regulation 19 Standard 10 .1	The home must devise and implement a policy on Responding to residents' behaviour .	Met
	Action taken as confirmed during the inspection: A policy has been devised and implemented	
Requirement 3 Ref: Regulation Regulation 19 Standard 13.1	The home must devise and implement a policy on the provision of activities.	Met
	Action taken as confirmed during the inspection: A policy has been devised and implemented	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.1	The policy on restraint should be dated.	Met
	Action taken as confirmed during the inspection: The policy has been dated at point of review	
Recommendation 2 Ref: Standard 13.9	The record of activities provided should include the name of the person leading the activity.	Met
	Action taken as confirmed during the inspection: The name of the person leading the activity is included in the record.	

4.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of Life)

Residents are able to spend their final days in the home unless there are documented assessed healthcare needs which prevent this. We were informed that one resident had died in the home last year. One resident, currently in the home, was receiving end of life care. Staff who spoke with us described their role in caring for residents who have been very ill and at the end of life stage. Staff demonstrated knowledge of the importance of hydration and pain control. Staff advised us that they were aware of when to contact a G P and/or district nurse and of the importance of keeping families updated on the resident's condition. Copies of an advanced end of life care plan completed by the G P was held in each residents' file. This document contained details of medical conditions, diagnosis and the wishes of the residents and their families.

Is care effective? (Quality of Management)

We inspected the home's policy on death and dying dated April 2015. The policy was robust and gave clear instructions to staff in the event of a resident's death. The policy stated "the home will provide support and refreshments for families who are sitting with an ill resident" The manager had provided training for staff on care of the terminally ill in April 2015 The induction for new staff includes an element of this training. Residents who become ill have their needs assessment reviewed and updated to reflect the change in their condition. The care plan includes the input of outside professionals. For example the resident who was very ill had a district nurse visiting on a regular basis. This resident had been provided with a specialised "profiling bed".

Is care compassionate? (Quality of Care)

Staff who spoke with us stated that they feel care in the home is compassionate especially at the end of life stage. Priests and ministers are welcome to visit at any time. The home offer to hold the wake of any resident who dies. Some families have taken up this offer. Management and staff attend the funeral of all residents. Staff also informed us that they visit any resident who has to be transferred to a nursing home. After the funeral the room remains vacant and the next of kin takes the lead in dealing with the deceased resident's belongings.

Areas for improvement

There were no areas of improvement identified with this standard. The overall assessment considered the care to be safe, effective and compassionate. The home is commended for the level of staff training in relation to death and dying

Number of Requirements:	0	Number of Recommendations:	0
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4.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of Life)

Staff have received training in continence management (April 2015).In our discussions with staff they demonstrated knowledge and understanding of this element of care. A review of residents' care records found that an individual assessment and plan of care was in place. Any issues identified were referred to district nursing. The district nurse prescribes the continence aids required and the home re orders these on a monthly basis. There were adequate supplies of aprons, gloves and hand sanitisers available. Our discussions with staff, observation of practice and inspection of care records identified no areas of mismanagement in this area.

Is care effective? (Quality of Management)

The home had a policy on the management of continence dated April 2015. Continence products are disposed of in line with infection control guidance. Staff were aware of the implications for skin integrity in respect of residents who are incontinent. There was no Malodour in any part of the home.

Is care compassionate? (Quality of Care)

Staff who spoke with us were knowledgeable about the embarrassment and potential loss of dignity associated with incontinence. We were informed that assistance in this area is provided in a discreet and private manner. The practice we observed showed that residents were treated with care, dignity and respect.

Areas for Improvement

There were no areas of improvement identified with this standard. The overall assessment considered the care to be safe, effective and compassionate

Number of Requirements:	0	Number of Recommendations:	0
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4.5 Additional Areas Examined

5.5.1 Residents views

We spoke with all residents in the home at the time of this inspection. In accordance with their capabilities, all expressed that they were happy with their care. One resident told us that she had recently had an accident. The medical staff who treated her commended the care assistant from the home who had given first aid in the first instance. A selection of comments is below:

“you get plenty of good food”

“staff are just wonderful”

“ I’m really well cared for”

“I really like this room”

5.5.2 Relatives views

We spoke with one relative who confirmed to us that her parent is well cared for in the home. The relative stated “I’m really happy she is here, they are very good to her”

5.5.3 Staffing levels

On the day of the inspection staffing levels were:

Management x2

Staff x2 staff were undertaking mixed duties of caring and cooking which is acceptable in homes of 9 or fewer residents.

This is considered satisfactory to meet the needs and numbers of the residents accommodated

5.5.4 Accidents/incidents

We reviewed accident reports. These were found to have been appropriately managed and reported.

5.5.5 Complaints

We reviewed the complaints record. This was found to have been appropriately managed.

5.5.6 Environment

We found the home to be clean and tidy. The general décor was of a good standard. Residents’ bedrooms were personalised to suit the preferences of the occupant.

No hazards were noted.

There were no areas of improvement identified with the additional matters examined.

No requirements or recommendations resulted from this inspection.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>J M Hanayan</i>	Date Completed	<i>06 July 2015</i>
Registered Person	<i>Log O'Brien</i>	Date Approved	<i>06 July 2015</i>
RQIA Inspector Assessing Response	<i>Patricia Gullin</i>	Date Approved	<i>29-7-2015</i>

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.