



The Regulation and
Quality Improvement
Authority

Announced Primary Care Inspection

Name of Establishment: Willowview
RQIA Number: 1664
Date of Inspection: 20 January 2015
Inspector's Name: Ruth Greer
Inspection ID: IN017776

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Willowview
Address:	45 Killyleagh Road Saintfield BT24 7EH
Telephone Number:	028 9751 0878
Email Address:	No email
Registered Organisation/ Registered Provider:	Mrs Imelda Flanagan Mrs Elizabeth Dolan
Registered Manager:	Mrs Imelda Flanagan
Person in Charge of the Home at the Time of Inspection:	Mrs Flanagan was on duty -- Mrs Dolan facilitated the inspection
Categories of Care:	RC-I ,RC-PH, RC-DE
Number of Registered Places:	11
Number of Residents Accommodated on Day of Inspection:	8
Scale of Charges (Per Week):	Trust rates
Date and Type of Previous Inspection:	3 June 2014
Date and Time of Inspection:	20 January 2015 from 10:00am to 3:00pm
Name of Inspector:	Ruth Greer

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered provider
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	8
Staff	4
Relatives	4
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	15	2 in time for inclusion in this report

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **Standard 10 - Responding to Residents' Behaviour**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **Standard 13 - Programme of Activities and Events**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 – Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of service

Willowview Residential Care home is situated rurally some miles from the village of Saintfield.

The residential home is owned and operated by Mrs I Flanagan and Mrs E Dolan. The current registered manager is Mrs Flanagan.

Accommodation for residents is provided in single and double rooms. The home is a single storey building.

Communal lounge and dining areas are provided

The home also provides for catering and laundry services and a number of sanitary facilities including bathroom and level deck shower room.

The home is registered to provide care for a maximum of 11 persons under the following categories of care:

Residential care

I	Old age not falling into any other category
DE	Dementia
PH	Physical disability other than sensory impairment

A condition of registration is that the maximum numbers of residents in the DE- Dementia category of care to be accommodated is 6 persons

8.0 Summary of Inspection

This primary announced care inspection of Willowview was undertaken by Ruth Greer on 20 January 2015 between the hours of 10:00am and 3:00pm. Mrs Flanagan and Mrs Dolan were available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these had been addressed. The detail of the actions taken by the provider/manager can be viewed in the section following this summary.

Prior to the inspection, Mrs Dolan completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Dolan in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, reviewed staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

There was evidence that staff responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

8.1 Standard 10 - Responding to Residents' Behaviour

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place in respect of restraint the policy was not dated and a recommendation has been made. There was not a policy on responding to residents' behaviours and a requirement has been made. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used in the home. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. Mrs Dolan was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Willowview was substantially compliant with this standard.

8.2 Standard 13 - Programme of Activities and Events

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home did not have a policy and procedure relating to the provision of activities and a requirement has been made. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities in the absence of the activity coordinator activities are provided by designated care staff. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Willowview is substantially compliant with this standard.

8.3 Resident, Representatives, Staff and Visiting Professionals Consultation

During the course of the inspection the inspector met with residents, representatives and staff. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complimented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives and staff are included in section 11.0 of the main body of the report.

8.4 Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

8.5 Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be satisfactory.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

Three requirements and two recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 3 June 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 20 (1) (a) Standard 25.2	Confirmation should be sent to the RQIA that the homes staffing arrangements are in line with legislative requirements and RQIA guidelines.	The information was received at the RQIA within the given time scales. On the day of this inspection there were designated catering and domestic staff on duty.	compliant
2	Regulation 20(3) Standard 25.3	The manager shall carry out a competency and capability assessment with any person who is given the responsibility to manage the home for a period.	All staff who manage the home for a shift now have a competency and capability assessment in place.	compliant
3	Regulation 20 (1) (c) (i) Standard 25.4	Confirmation should be sent to RQIA that all staff who undertake catering duties have an up to date Food Hygiene certificate.	Confirmation was received within the given time scale.	Compliant
4	Regulation 14 (2) (c) Standard 29.2	Fire doors should not be wedged open.	Fire doors were not wedged open. Mrs Dolan gave an undertaking that this practice has ceased.	Compliant
5	Regulation 30 (d) Additional Matters in this report	The manager must report the incident referenced in line with the legislative requirements.	The incident was reported to RQIA within the given timescale.	Compliant

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
6	Regulation 19 (2) Schedule 2 Additional Matters in this report	Any accident / incident detrimental to a resident should be recorded in the home's accident record.	All accidents/incidents are now recorded as required by legislation.	Compliant
7	Regulation 20 (c) (i) Additional matters in this report	Training should be provided for staff whose role is to record in records required by legislation.	Training in the area of professional recording was provided for staff on 15 June 2014.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 25.7	Rotas should show the designated roles of staff and should include the hours of the registered manager. The rota should also include a specified time at the beginning of each shift for "handover"	A 15 minute period has been allocated at the change of each shift.	Compliant
2	Standards 25.8	Staff meetings should take place at least quarterly and minutes maintained.	Staff meetings have taken place since the previous inspection and minutes were available.	Compliant
3	Standard 1.3 and Standard 28.5	Risk assessments should be undertaken of any animals visiting the home. A policy should be devised in relation to resident's views on animals in the home.	A policy has been devised and a notice to visitors was in place on the entrance door of the home.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
Staff have knowledge and understanding of each individual residents usual conduct, behaviours and means of communication as they are clearly documented in each residents individual careplan and advise on how the best create a positive outcome. All staff are trained on challenging behaviour.	Substantially compliant
Inspection Findings:	
<p>The home had a policy on the use of restraint in place. The policy was not dated and a recommendation is made accordingly. There was no policy for staff guidance in Responding to Residents’ Behaviours. A requirement has been made and the policy should reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure should include the need for Trust involvement in managing behaviours which challenge.</p> <p>Observation of staff interactions, with residents, identified that informed values and the small numbers of residents in the home ensures that staff know residents as individuals and can respond appropriately to each.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Challenging Behaviours in April 2014 The home is registered to provide care for persons with dementia and dementia awareness training was provided in March 2014.</p>	Substantially compliant

<p>A review of four residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed. It was noted that some care files did not contain a photograph of the resident. A requirement has been made.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Uncharacteristic behaviour is always reported to the person in charge. Normal procedure is to check for a UTI and if it is negative, further discussion will take place between the residents representative, the residents GP and the home management. The situation is carefully monitored to ensure placement of the resident is appropriate.</p>	Substantially compliant
Inspection Findings:	
<p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager or the person in charge. There was evidence that this criterion was being met in practice.</p> <p>The policy on Responding to Residents Behaviours referred to at previous point will underpin practice. The policy should set out instruction and guidance to staff in reporting any incident to management in the home, the Trust, the family and the RQIA.</p> <p>Four care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussions with visitors confirmed that they had been informed appropriately.</p>	Compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>All approaches or responses are documented in the residents careplan and where appropriate with the residents consent and the residents representative are informed and in agreement.</p>	Substantially compliant
Inspection Findings:	
<p>A review of four care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>As Willowview is a residential home with residents of mild - moderate needs. A resident requiring a specific behaviour management programme would be highly unlikely as the resident would be inappropriately placed. However if the occasion arose it would be carried out by trained professionals and included in the residents care plan.</p>	Substantially compliant
Inspection Findings:	
<p>The Mrs Dolan informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not applicable

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
All staff are trained on challenging behaviour as part of their induction and refreshed on an annual basis.	Substantially compliant
Inspection Findings:	
<p>A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> . Behaviours which challenge in April 2014 . Training in regard to the home's categories of care in March 2014 <p>Staff confirmed during discussions that they felt supported and this support ranged from the training provided, and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the care plans in place for each resident.</p>	Compliant
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
All incidents are recorded and reported in the daily careplan. GP would be informed and care management would be informed if behaviour continued and suitability for placement was in question followed by a multi-disciplinary review of the residents care plan.	Substantially compliant

Inspection Findings:	
<p>A review of the accident and incident records from the date of the previous inspection and discussions with staff identified that residents’ representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of four care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>Relatives confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan this was reported to them.</p>	Compliant
<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Records are kept in all instances when restraint is used. Risk assessments are in place and permission from both residents and representatives are sought and documented.	Substantially compliant
Inspection Findings:	
A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose.	Not applicable

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
The programme of activities for residents are based on the needs and interests of the residents, which is identified and compiled from admission and residents representatives are asked for their input also.	Substantially compliant
Inspection Findings:	
<p>The home did not have a policy on the provision of activities a requirement has been made. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Substantially compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>The programme includes activities that are enjoyable, purposeful, age and culturally appropriate taking into account the residents spiritual needs. It promotes healthy living, is flexible and responsive to residents changing needs. The programme is complied for each individual resident on admission with the resident involve,ent and their representatives.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>Examination of the programme of activities identified that social activities are organised five times each week after lunch.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant
<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>All residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and are involved in the development of the programme. This is done on admission and also through residents meetings.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>A review of the record of activities provided and discussions with resident's, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p>	Substantially compliant

Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home and resident meetings.	
Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programme of activities is displayed in a suitable format and in an appropriate location so that the residents and representatives know what is scheduled. Hobbies and interests are also detailed in the residents care plan so the programme includes sufficient activities to allow for each individual preferences.	Substantially compliant
Inspection Findings:	
On the day of the inspection the programme of activities was on display in the entrance hall. This location was considered appropriate as the area was easily accessible to residents and their representatives.	Compliant
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activities are carried out by 2 x carers who provide equipment, aids and support where necessary.	Substantially compliant
Inspection Findings:	
Activities are provided for approximately 10 hours each week by designated care staff. The staff confirmed that there was an acceptable supply of activity equipment available. This equipment included jigsaws, word searches, music and DVDs. The inspector was shown the activity store which contained a variety of activity equipment for the use of residents.	Compliant

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>The duration is approx 2 hrs in the afternoon with a tea/coffee break after 1 hr. All residents participate for a period that they decide on and can change on a daily basis depending on needs and ability for that day.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>The care staff and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>All outside people contracted in to provide activity is overseen by the registered manager to confirm they have the necessary skills to do so and confirm appropriateness.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>Mrs Dolan confirmed that when any outside entertainer provides a service she takes feedback from residents as to whether or not the session is enjoyed and on that basis decides if it should be repeated.</p>	Compliant

<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Staff will inform contracted - in people of changing needs prior to the activity and also support the contracted - in person to deliver the activity.</p>	Substantially compliant
Inspection Findings:	
<p>Mrs Dolan confirmed that a system was in place to monitor all sessions provided by any person contracted. Staff members are always present and can assess if and when any resident wishes to leave/does not wish to participate.</p>	Compliant
<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Records are kept of all activities and they names of the residents who participate.</p>	Substantially compliant
Inspection Findings:	
<p>A review of the record of activities identified that records had been maintained of the nature and duration of the activity. The records was found to be comprehensive and recorded individually for each resident. It was noted that on occasions the staff member leading the activity was not identified. A recommendation has been made.</p>	Substantially compliant

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment The programme is reviewed regularly. It is discussed with the residents and feedback is given to the management with regards to changing needs. The quarterly residents meeting also takes activities into consideration.</p>	<p>Substantially compliant</p>
<p>Inspection Findings: A review of the programme of activities identified that it had last been reviewed at the previous two residents’ meetings. The care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with eight residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "I've settled in and I like it"
- "The food is good"
- "staff are kind and friendly"

11.2 Relatives/representative consultation

Four relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complimented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "X wanted a single room and when one became available she got it"
- "I'm elderly myself and I would live here if I needed a home"
- "Staff keep me informed of my relatives progress"

11.3 Staff consultation/Questionnaires

The inspector spoke with staff on duty and two staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- "I think this home is just like an extended family because it is so small"
- "The care here is good, we all want what is best for the residents"

11.4 Visiting professionals' consultation

There were no professionals in the home on the day.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that there have been no complaints since the date of the previous inspection.

11.8 Environment

The inspector viewed the home Mrs Dolan and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The home's most recent fire safety risk assessment dated 1 October 2014 was available for inspection. Mrs Dolan confirmed that no recommendations had been made as a result of the assessment.

A review of the fire safety records evidenced that fire training, had been provided to staff on 1 April 2014 and 1 October 2014. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Dolan Mrs Dolan confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

11.12 Records

At the previous inspection requirements and recommendation were made in relation to the maintenance of records required by legislation and the provision of training for staff who undertake recording as part of their duties. It was good to note improvement at this inspection in respect of standard of the care records. However, continued improvement is encouraged and is specified in the quality improvement plan appended to this report.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Dolan, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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

Ruth Greer
Inspector/Quality Reviewer

Date

RG



The Regulation and Quality Improvement Authority

Quality Improvement Plan Announced Primary Care Inspection

Willowview

20 January 2015

REGULATION AND QUALITY
18 FEB 2015
IMPROVEMENT AUTHORITY

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Dolan either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 19 Schedule 3 .2 Standard 10 .1	The care records should contain a recent photograph of the resident.	One	All care records contain a recent photograph of the resident - in place and on-going 26/01/15	Before 1 February 2015
2	Regulation 19 Standard 10 .1	The home must devise and implement a policy on Responding to Residents' Behaviour.	One	A policy on Responding to Residents' behaviour - has been devised and implemented - copy enclosed 03/02/15	Before 7 February 2015
3	Regulation 19 Standard 13.1	The home must devise and implement a policy on the provision of activities.	One	A policy on the provision of activities has been devised and implemented - copy enclosed 02/02/15 .	Before 7 February 2015

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 10.1	The policy on Restraint should be dated.	One	The Restraint policy is dated. 21/01/15	Before 1 February 2015
2	Standard 13.9	The record of activities provided should include the name of the person leading the activity.	One	The record of activities includes the name of the person leading the activity immediate and ongoing	Immediate and on going

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: Liz Dolan

NAME: LIZ DOLAN
 Registered Provider

DATE 16 FEB 2015

SIGNED: Imelda Flanagan

NAME: IMELOA FLANAGAN
 Registered Manager

DATE 16/2/2015

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Ruth Greer	25.2.15
Further information requested from provider			