

Unannounced Care Inspection Report 23 January 2018



Willowview

Type of Service: Residential Care Home
Address: 45 Killyleagh Road, Saintfield, BT24 7EH
Tel No: 028 9751 0878
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home which provides accommodation for up to 11 people under RC-I, RC-PH and RC-DE categories of care. The home can provide care for a maximum of six people under category RC-DE.

3.0 Service details

Organisation/Registered Provider: Willowview Responsible Individuals: Mrs Imelda Flanagan Mrs Elizabeth Dolan	Registered Manager: Mrs Imelda Flanagan
Person in charge at the time of inspection: Mrs Elizabeth Dolan	Date manager registered: 01 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	Number of registered places: Maximum of 6 RC-DE

4.0 Inspection summary

An unannounced care inspection took place on 23 January 2018 from 11.00 to 17.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, infection prevention and control, risk management and the home's environment communication between residents, staff and other key stakeholders, culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement were identified in relation to the completion of staff appraisals, storage of AccessNI information, updating of a care plan, care review for an identified resident, and the completion of a regular accident and incident audit.

Residents and/or their representatives said they were happy, the food was good and the staff were exceptional.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Elizabeth Dolan, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 03 August 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents submitted to RQIA since the last inspection, the previous inspection report and the returned QIP.

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

A total of 10 questionnaires were provided for distribution to residents and representatives. Information was also provided for staff on how to complete an electronic questionnaire and return to RQIA. Two questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Staff recruitment files
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 03 August 2017

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

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

6.2 Review of areas for improvement from the last care inspection dated 03 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 19.2 Stated: First time	The registered person shall ensure that all relevant information is obtained prior to making an offer of employment. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Review of two recruitment records confirmed all relevant information was obtained prior to making an offer of employment. The management of Access NI information was discussed with the deputy manager and is referred to later in this report.	
Area for improvement 2 Ref: Standard 5.5 Stated: First time	The registered person shall ensure the falls risk assessment is reviewed and updated for the identified resident. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The identified falls risk assessment had been reviewed and updated.	

Area for improvement 3 Ref: Standard 11.5 Stated: First time	The registered person shall ensure the care plan regarding the management of diabetes for the identified resident is further developed. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Additional information was included regarding the management of diabetes.	
Area for improvement 4 Ref: Standard 11.5 Stated: First time	The registered person shall ensure the record of the most recent care review is maintained in the residents active care file. This is to enhance the accessibility of these reports and to make sure that the reviews are up to date and that any agreed actions at the meetings are acted on. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The record of the most recent care review was maintained in the identified residents care file.	

6.3 Inspection findings

6.4 Is care safe?

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

The deputy manager advised on the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, one residents' representative and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained and was reviewed during the inspection. Review of records showed that appraisals had last been completed in June 2016, this issue was discussed with the deputy manager and an area for improvement was identified to comply with the standards.

There was a recruitment and selection policy and procedure in place. Two recruitment files were viewed these were found to be satisfactory. The handling of AccessNI information was discussed with the deputy manager this was identified as an area for improvement to comply with the standards. The benefit of introducing a recruitment checklist was discussed with the deputy manager.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

The adult safeguarding policy and procedure was viewed during the previous inspection and was consistent with the current regional guidance. A safeguarding champion had been established. Staff were knowledgeable and had a good understanding of adult safeguarding principles. A copy of Adult Safeguarding Prevention and Protection in Partnership, July 2015 was available for staff within the home. Staff were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The deputy manager advised there had been no recent safeguarding referrals and that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and that written records would be retained.

The deputy manager advised there were risk management procedures in place relating to the safety of individual residents. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The deputy manager confirmed there were restrictive practices employed within the home, notably pressure alarm mats. Discussion with the deputy manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The deputy manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety etc.

An infection prevention and control (IPC) policy and procedure was in place. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the deputy manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 23 October 2017 the deputy manager confirmed during the inspection that the recommendations had been appropriately addressed .

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 23 October 2017, fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place. Review of care records showed one completed PEEP was not reflective of an identified residents needs this is referred to in section 6.5 of this report.

Two completed questionnaires were returned to RQIA from resident's representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified during the inspection in this domain these related to the completion of annual appraisals for staff and the storage of AccessNI information.

	Regulations	Standards
Total number 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 they included assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. It was noted that one of the care records did not fully reflect the current care needs for an identified resident relating to mobility. This issue was discussed with the deputy manager, the care plan should be updated to fully reflect the resident's needs. This was identified as an area

for improvement to comply with the regulations. The PEEP should also be updated to reflect the residents need. In addition review of the most recent care review information showed the changes to the resident’s mobility were not reflected. The need to ensure the identified resident has a care review completed with the referring trust regarding the suitability of the identified residents placement was discussed with the deputy manager. This was identified as an area for improvement to comply with the standards.

The care records also reflected the multi-professional input into the residents’ health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice for example residents have preferred rising and retiring times.

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. The deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and the representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

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. The deputy manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Two completed questionnaires were returned to RQIA from resident’s representatives. Respondents described their level of satisfaction with this aspect of care as satisfied.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified during the inspection in relation to this domain these included ensuring the care plan accurately reflected an identified residents needs and for a care review to be completed for the identified resident.

	Regulations	Standards
Total number of areas for improvement	1	1

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

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and one representative confirmed that residents' spiritual and cultural needs were met within the home.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment for example menus were provided in the dining room to support residents at meal times.

The deputy manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, the representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The deputy manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and the representative confirmed that their views and opinions were taken into account in all matters affecting them.

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.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them for example residents' meetings, annual reviews etc.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read on a notice board in the reception area of the home.

Discussion with staff, residents, one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents and one resident’s representative spoken with during the inspection made the following comments:

- “Oh I am happy here, I have whatever I need and the food is lovely”
- “They are all very good, the food is very nice”
- “I like it, everyone is very kind”
- “It’s great, couldn’t be better”
- “The staff are exceptional they really are. I couldn’t fault the place. I know my (relative) is well cared for, she is settled and I am kept informed if there are any changes. It gives me great peace of mind”

Two completed questionnaires were returned to RQIA from resident’s representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The deputy manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place, residents and/or their representatives were made aware of how to make a complaint by way of the residents guide. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. There had been no new complaints recorded since the previous inspection.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The benefit of completing regular audits regarding accidents and incidents in the home including the identification of patterns and changes in residents needs was discussed with the deputy manager. This was identified as an area for improvement to comply with the standards.

There were quality assurance systems in place to drive continuous quality improvement which included regular medication audits and satisfaction surveys.

Discussion with the deputy manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example staff completed training in dementia awareness and continence promotion.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the deputy manager confirmed there had been no recent safeguarding incidents. The deputy manager advised that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. The deputy manager confirmed that there were effective working relationships with internal and external stakeholders.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The deputy manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Two completed questionnaires were returned to RQIA from resident's representatives. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintaining good working relationships.

Areas for improvement

One area for improvement was identified during the inspection in relation to the completion of a regular audit of accidents and incidents in the home.

	Regulations	Standards
Total number of areas for improvement	0	1

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 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16.(1) Stated: First time To be completed by: 30 January 2018	<p>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.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Careplans have been reviewed and accurately reflect identified needs of individual residents. in place and ongoing 30jan2018</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 24.5 Stated: First time To be completed by: 23 February 2018	<p>The registered person shall ensure staff have a recorded annual appraisal to review their performance against their job description and to agree personal development plans.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Annual appraisals have been carried out reviewing staff performance and agreeing personal development plans. In place and ongoing 23February2018</p>
Area for improvement 2 Ref: Standard 19.3 Stated: First time To be completed by: 23 February 2018	<p>The registered person shall ensure AccessNI information is stored in keeping with the principals of the Data Protection Act 1998, and with Access NI's code of practice.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All access NI information is stored in keeping with the principals of the date protection act, and with Access NI's code of practice 19February2018</p>
Area for improvement 3 Ref: Standard 11 Stated: First time To be completed by: 23 February 2018	<p>The registered person shall ensure the identified resident has a care review completed with the referring trust regarding the suitability of the identified residents placement.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Care review completed on 07th February 2018</p>

<p>Area for improvement 4</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 23 March 2018</p>	<p>The registered person shall ensure the completion of regular audits regarding accidents and incidents in the home to help identify any patterns or changes.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>In place and ongoing 19February2018</p>
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