



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 23 June 2019



Willowview

Type of Service: Residential Care Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

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

4.0 Inspection summary

The unannounced inspection took place on 23 June 2019 between 16:50 and 19:40. This inspection was undertaken following information which was received via the RQIA duty desk. The issues raised were in relation to some aspects of care delivery to residents, the administration of medicines, the nutritional care of residents, infection prevention and control practices, managerial oversight and governance arrangements within the home.

The following areas were examined during the inspection:

- care practices
- the dining experience of residents / management of residents requiring a modified diet
- infection prevention and control practices
- Control of Substances Hazardous to Health (COSHH) compliance
- management of medicines
- management oversight / governance arrangements

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.

Concerns were identified with several areas of governance and management oversight within the home, specifically: the management of residents requiring a modified diet, COSHH compliance and infection prevention and control practices. Concerns were also noted with regard to the safety of the practices for the management of medicines within the home. These deficits had the potential to impact negatively on residents.

As a consequence, a serious concerns meeting was held on 28 June 2019 in RQIA offices to discuss the inspection findings and seek assurances that a robust action plan was in place to address the deficits identified. The meeting was attended by Mrs Elizabeth Joan Dolan, Responsible Individual who was also representing Mrs Imelda Margaret Flanagan, Responsible Individual.

Evidence of good practice was found in relation to staff interaction with residents. Positive feedback from both residents and staff in relation to the provision of compassionate care was noted.

Areas for improvement were highlighted in regard to the management of residents requiring a modified diet, COSHH compliance and infection prevention and control practices.

Areas for improvement in relation to the management of warfarin and controlled drugs have been stated for a second time. New areas for improvement have been identified in relation to the pre dispensing of medicines, the storage of medicines, the safekeeping of the medicine keys, the completion of personal medication records and medicine administration records, staff knowledge of the use of the monitored dosage system.

Due to the focus of the inspection, areas for improvement arising from the previous care inspection on 9 April 2019 were not reviewed and have been carried forward to the next inspection. The inspection assessed progress with any areas for improvement identified during the last medicines management inspection on 13 December 2018.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with one another and 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	*7	*9

*The total number of areas for improvement include two which have been stated for a second time and two which have been carried forward for review at the next care inspection

Details of the Quality Improvement Plan (QIP) were discussed with Jean McGreevy, senior care assistant, as part of the inspection process. The findings were also discussed with Mrs Dolan after the inspection by telephone. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. The evidence seen during the inspection in relation to several areas of governance, management oversight and the management of medicines raised concerns that these aspects of the quality of care were below the standard expected. The registered persons were invited to attend a serious concerns meeting in RQIA on 28 June 2019 to discuss the inspection findings and their plans to address the issues identified.

During the meeting, one of the registered persons provided an action plan and details of the completed/planned actions to drive improvement and ensure that the concerns raised at the inspection were addressed. Assurance was given that the concerns were being addressed by Willowview. Following the meeting RQIA decided to allow the registered persons a period of time to demonstrate that the improvements had been made and advised that a further inspection would be undertaken to ensure that the concerns had been effectively addressed.

RQIA informed the registered person that further enforcement action may be considered if the issues were not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

4.2 Action/enforcement taken following the most recent inspection dated 9 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 9 April 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

During our inspection we:

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

The following records were examined and/or discussed during the inspection:

- the care records for two residents requiring a modified diet
- the care records for one resident concerning financial arrangements
- the care records for one resident relating to the management of behaviours which challenge
- competency and capability assessments for staff in charge in the absence of the manager
- RQIA registration certificate
- personal medication records
- medicine administration records

- controlled drug record book

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 outstanding areas for improvement from previous inspection

Areas of improvement identified at the previous medicines management inspection have been reviewed. Of the total number of areas for improvement, one was met and two were not met and have been included in the QIP at the back of this report.

6.2 Inspection findings

6.3 Inspection findings

6.3.1 Management of medicines

On our arrival at the home at 16.50 the tablets prescribed for administration at 9.00pm had been prepared for administration and were in named cups in the locked medicine cupboard. Two unnamed liquids had also been prepared. These included controlled drugs. The medicine administration records (MARs) had already been double signed for this time. This practice is unsafe and must cease immediately. An area for improvement was identified.

The management of controlled drugs (CDs) requires to be reviewed. The key to the CD cabinet was left in the cabinet when it must be held by the person in charge. There was no evidence that controlled drugs were checked when there was a change in the staff on duty. The area for improvement which made at the last medicines management inspection was stated for a second time.

The keys to the medicine trolley were also kept in the locked medicine cupboard and the key to this cupboard held by the senior on duty. The key to the medicine trolley should be held by the member of staff in charge of the home. An area for improvement was identified.

The storage within the medicine cupboard was untidy and a large quantity of medicines was waiting to be returned to the community pharmacy. An area for improvement was identified.

Medicine records require attention. The personal medication records lack the necessary details for safe care. When a medicine was prescribed "when required" for distressed reactions, there was no frequency of administration detailed in the record. One record did not include the allergy status of the resident. When a medicine was discontinued the date of discontinuation was not always recorded. The details on the prescription records did not always correspond with those on the MARs. The current dosage of warfarin was not included in the details on the personal medication record. The confirmation of the current dosage regime should be included with the medicine records so that staff can refer to it on every occasion. The area for

improvement which was made at the last medicines management inspection was stated for a second time.

Hand written "post it" notes were attached to two medicine records. These were undated and unsigned and referred to temporary directions regarding the administration of prescribed medicines. This information in relation to the current medicine dosages should have been updated on the personal medication records. An area for improvement in relation to the completion of the personal medication records was identified.

The need to ensure that the residents' personal medication records and corresponding administration records are checked at the beginning of each medicine cycle and as part of the administration of medicines process was also highlighted. An area for improvement was identified.

Two members of staff sign the medicine administration records (MARs) but it was difficult to read the initials and there was no record to cross reference these to the names of the staff. An area for improvement was identified.

A new monitored dosage system had recently been introduced. The staff on duty were unclear on how any changes to residents' medicines were to be managed and appeared to have received limited training prior to the introduction of the system. An area for improvement was identified.

While it is acknowledged that the medicine audits undertaken identified that residents were receiving their prescribed medicines we were concerned about the safety of the practices for the management of medicines within the home.

6.3.2 Infection prevention and control (IPC) practices

Observation of the laundry area highlighted significantly poor adherence to effective IPC compliance. The laundry area was poorly maintained and visibly unclean. There were insufficient arrangements in place for the separation of clean and dirty linen. Some resident equipment, for instance, commodes, a shower chair and pressure relieving cushions, which staff on duty stated were occasionally used were stored within this area. Feedback from staff with regard to the laundering of clothing/bed linen evidenced that staff were potentially laundering these items ineffectively (at too low a temperature) and demonstrated poor knowledge of IPC procedures with regard to effective sluicing/laundrying of soiled items. An area for improvement was made.

6.3.3 Management of patients requiring a modified diet

Review of one resident's care records highlighted that the current care plan was inconsistent with supplementary Speech and Language Therapy (SALT) records. It was also noted that SALT records were not archived in a timely manner and were potentially misleading to staff. Feedback from care staff further highlighted inadequate knowledge and potentially unsafe/inconsistent adherence to current SALT recommendations for the identified resident. Staff were requested to seek further guidance from the relevant SALT team in order to ensure that the residents' dietary needs were being safely and appropriately managed. An area for improvement was made. Assurances were provided following the inspection that the identified residents' dietary records had been updated and that staff were adhering to the resident's required diet.

6.3.4 Control of Substances Hazardous to Health compliance

Observation of the environment and staff practices highlighted poor COSHH compliance throughout the home. Staff were requested to ensure that all identified products were safely stored before completion of the inspection. An area for improvement was made.

6.3.5 Fire safety practices

Observation of the environment highlighted that the kitchen door was wedged open. Care staff were asked to remove the wedge during the inspection in keeping with best practice standards. An area for improvement was made.

6.3.6 Internal environment

While residents appeared to be comfortable within the home, review of the internal environment highlighted a need for further improvement with regard to promoting an environment suitable for the care of residents living with dementia. No dementia friendly signage was noted on any residents' bedroom doors or in communal areas throughout the home. The general environment also lacked any form of consistent stimulation in relation to dementia care. An area for improvement was made. An area for improvement relating to specific items of furniture which were identified at the last care inspection was not reviewed and has been carried forward to the next inspection.

6.3.7 Governance records / care records

Staff were unable to provide any copies of competency and capability assessments for staff in charge of the home in the absence of the registered manager. The need to ensure that such assessments are in place and readily available for inspection was highlighted. An area for improvement was made.

With regard to the management of distressed reactions, the care records of one resident were reviewed and evidenced that a detailed, comprehensive and person centred care plan was in place.

Governance records relating to staff inductions were not reviewed during this inspection and will be reviewed at the next care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the compassionate interaction of staff with residents.

Areas for improvement

Areas for improvement were identified in relation to infection prevention and control practices, SALT management, fire safety, the internal environment and governance records. In relation to the management of medicines, areas for improvement in relation to the management of warfarin and controlled drugs have been stated for a second time. New areas for improvement have been identified in relation to the pre dispensing of medicines, the storage of medicines, the safekeeping of the medicine keys, the completion of personal medication records and medicine administration records, staff knowledge of the use of the monitored dosage system.

	Regulations	Standards
Total number of areas for improvement	6	6

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joan McGreevy, senior care assistant, as part of the inspection process. Inspection findings were also discussed with Mrs Elizabeth Joan Dolan, responsible individual, following the inspection. 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 nursing 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 Home Regulations (Northern Ireland) 2005 and The Residential Care Homes Minimum Standards (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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13(4)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that controlled drugs which are subject to safe custody legislation are stored in the controlled drugs cabinet.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: All controlled drugs are stored in the locked controlled drug cabinet and checks carried out by management and senior staff to ensure in place and on going</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that medicines are not pre prepared for administration at a later time.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: Medications are prepared at administration time with the resident. Medicine cupboard Checks are carried out by management and senior staff to ensure pre preparing is not happening - In place and ongoing</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that personal medication records are accurately maintained.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: All medicine administration records and prescription records have been reviewed and regular checks by management to ensure accurate maintenance</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that medicine administration records are legible and signed at the point of administration to the resident.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: Medicine administration records are legible and signed at the point of administration by two staff.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.3.2</p> <p>Response by registered person detailing the actions taken: All staff have been trained on infection control. Policy and procedures have been reviewed, implemented and overseen by both management and senior staff.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> <p>Ref: 6.3.4</p> <p>Response by registered person detailing the actions taken: All staff have been trained on COSHH and daily checks are carried out to ensure chemicals are securely stored to ensure residents are protected from hazards to their health at all times</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 27 (b) (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.</p> <p>Ref: 6.3.5</p> <p>Response by registered person detailing the actions taken: All staff have been given fire training and daily monitoring throughout the home is carried out by management and senior staff</p>
Action required to ensure compliance with the applicable Care Standards.	
<p>Area for improvement 1</p> <p>Ref: Standard 23.1</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that there is a robust process for the management of warfarin.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: The warfarin policy has been reviewed and updated showing a robust process for the management of warfarin. all staff been trained on this and is overseen by management and senior staff</p>

<p>Area for improvement 2</p> <p>Ref: Standard 32.2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all medicine keys are held by the person in charge of the home.</p> <p>Ref: 6.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: All medicine keys are held by the person in charge of the home and handed over after each shift to the next person in charge - In place and on going</p>
<p>Area for improvement 3</p> <p>Ref: Standard 30.7</p> <p>Stated: First time</p> <p>To be completed by: 22 July 2019</p>	<p>The registered person shall ensure that the storage of medicines is reviewed and all medicines no longer required returned to the community pharmacist for disposal.</p> <p>Ref: 6.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: All medicines required for returning at the time of inspection have been returned to the pharmacist and all future returns are returned in a timely manner therefore eliminating any build up of returns. In place and ongoing</p>
<p>Area for improvement 4</p> <p>Ref: Standard 30.3</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2019</p>	<p>The registered person shall ensure that staff who manage medicines are trained and competent in the use of the monitored dosage system.</p> <p>Ref: 6.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have been trained on the use of the monitored dosage system</p>
<p>Area for improvement 5</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</p> <p>To be completed by: 9 July 2019</p>	<p>The registered person shall ensure that staff induction is developed further, ensuring it is orientated to the home and is job specific.</p> <p>Ref: 6.3.7</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 9 July 2019</p>	<p>The registered person shall ensure the following environmental improvements are made:</p> <ul style="list-style-type: none"> • Two bedside cabinets should be improved upon or replaced. • The side table in the main sitting room should be improved upon or replaces. • The identified shower chair should be replaced <p>Ref: 6.3.6</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>
<p>Area for improvement 7</p> <p>Ref: Standards 6 & 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the management of residents requiring a modified diet:</p> <ul style="list-style-type: none"> • staff shall ensure that an accurate, comprehensive and person centred care plan is in place • staff shall ensure that out of date supplementary SALT recommendations/records are archived in a timely manner • staff shall adhere to the resident's dietary care plan and/or multiprofessional dietary recommendations at all times <p>Ref: 6.3.3</p>
	<p>Response by registered person detailing the actions taken: Care plan has been reviewed and is accurate. Out of date SALT recommendations have been removed and archived. Staff now understand when recording to use proper terminology and adhere to clients dietary recommendations</p>
<p>Area for improvement 8</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 5 August 2019</p>	<p>The registered person shall ensure that the internal environment is maintained in such a manner as to facilitate the orientation and stimulation of residents living with dementia. This includes, but is not limited to, appropriate dementia friendly signage within the home.</p> <p>Ref: 6.3.6</p>
	<p>Response by registered person detailing the actions taken: Dementia specific signage has been placed on all toilets/bathrooms, kitchen, living room, quiet sitting room and dining room</p>

<p>Area for improvement 9</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: 22 July 2019</p>	<p>The registered person shall ensure that competency and capability assessments are completed for all staff who are in charge of the home in the absence of the registered manager. These records shall be kept available for inspection at all times.</p> <p>Ref: 6.3.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Competence and capability assessments have been carried out on all staff who are in charge in the absence of the registered manager</p>

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



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