

Unannounced Care Inspection Report 29 July 2016



Willowview

Type of service: Residential care home
Address: 45 Killyleagh Road, Saintfield, BT24 7EH
Tel No: 028 9751 0878
Inspector: Ruth Greer

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Willowview Residential Care Home took place on 29 July 2016 from 10.10 to 15.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and infection prevention and control measures.

One recommendation was made in regard to a review of the protection of vulnerable adults policy.

Is care effective?

There were examples good practice found throughout the inspection in relation to care records, reviews, communication between residents, staff and other key stakeholders and the home's commitment to protect residents' confidentiality.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of best/good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

One recommendation was made in regard to the compilation of an annual quality review report.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Liz Dolan, registered person, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 14 January 2016

2.0 Service details

Registered organisation/registered person: Imelda Flanagan & Elizabeth Dolan	Registered manager: Imelda Flanagan
Person in charge of the home at the time of inspection: Elizabeth Dolan	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	Number of registered places: 11

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and QIP and notifications of accidents/incidents received at RQIA.

During the inspection the inspector met with seven residents, three care staff and the registered provider who was on duty, in charge of the home.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedule
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file
- Four resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings / representatives' / other
- Fire safety risk assessment
- Fire drill records
- Policies and procedures manual

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Nine questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 January 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and accepted by the care inspector. This home's actions outlined on the returned QIP were validated by the inspector at this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 14 January 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 16.1 Stated: First time To be completed by: 31 January 2016	An individual risk assessment and care plan should be in place for any resident who smokes.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that risk assessments were in place for any resident who smokes.	
Requirement 2 Ref: Regulation 27 (1) (t) Stated: First time To be completed by: 31 January 2016	A risk assessment should be undertaken in relation to the pet dogs' presence in the home.	Met
	Action taken as confirmed during the inspection: Inspector confirmed a risk assessment had been undertaken in respect of the dog in the home.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 1.5 Stated: First time To be completed by: 31 January 2016	Residents' meetings should be documented and the minutes held available for inspection.	Met
	Action taken as confirmed during the inspection: Minutes of residents' meetings were available and up to date at the time of inspection.	

4.3 Is care safe?

The registered manager confirmed 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 and staff.

On the day of inspection the following staff were on duty:

Registered person x 1

Care staff x 3 - The home is registered for eleven residents but does not admit any more than nine. Staff, therefore, undertake mixed duties in the home

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of a sample of three staff competency and capability assessments undertaken in March 2016 were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

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

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policies and procedures in place had not been reviewed in line with the current regional guidance and a recommendation, therefore, has been made. The policy included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were knowledgeable and had a good understanding of adult safeguarding principles. They 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 in March 2016.

Discussion with the registered person, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered person confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered person identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments e.g. Speech and language and potential for falls were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Inspection of care records confirmed there was a system of referral to the multi-disciplinary team when required.

The registered 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.

Review of the infection prevention and control (IPC) policy and procedure dated 5 April 2016 confirmed that this was in line with regional guidelines. 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.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's 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 and external 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 registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

Review of staff training records confirmed that staff completed fire safety training twice annually. A fire drill was completed 23 March 2016 and a second was planned for October 2016. Records were retained of staff who participated and any learning outcomes. 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.

Staff on duty spoken with during the inspection made the following comments:

- “This is a small family run home and the residents are really well cared for”
- “The residents here can do whatever they like, get up go to bed and they have a choice of homemade food at each meal”

Nine completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Returned questionnaires from both service users and staff indicated that they were satisfied or very satisfied

Areas for improvement

One area for improvement was identified in relation to an update of the policy on the protection of vulnerable adults.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the registered person and staff on duty established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, are undertaken annually by the Trust and monthly by the registered person and evidenced that any actions identified for improvement were incorporated into practice.

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

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. Minutes of resident meetings were available for 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 registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents when required.

Residents shared positive comments on their life in the home –

- “It’s great here”
- “The staff are very good to us all”
- “It’s like a family”
- “I was abroad recently but am glad to be home”
- “It (the home) couldn’t be better”

Nine completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents in all the returned questionnaires commented care was excellent.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Priests and ministers are welcome at any time. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. Staff were also able to demonstrate how residents’ confidentiality was protected. For example, by the private manner in which they attended to residents’ personal needs and in the manner in which staff addressed residents. Staff supervision records for 2016 showed that each staff member had been provided with an individual awareness session on the home’s value base and expectations specifically in regard to confidentiality. This is commendable.

Discussion with staff, residents, 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. For example one resident told the inspector that she had recently visited family in Canada and that staff in the home had assisted her to prepare for the trip.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner.

Discussion with staff, residents 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 had taken place on 22 January 2016 and 13 June 2016. There are just nine residents and staff stated that they spend time each day with all residents both in a group and individually.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation which was undertaken in 2016 had not yet been collated into a summary report. A recommendation has been made that the information is formulated into a report and made available for residents and other interested parties to read.

Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Nine completed questionnaires were returned to RQIA from residents, staff and relatives. Respondents in all the returned questionnaires assessed the care as compassionate.

Areas for improvement

One area for improvement was identified in relation to the collation of residents' views into a summary report.

Number of requirements:	0	Number of recommendations:	1
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSPPS guidance on complaints handling. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. 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. A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered 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. Additional training for staff has been provided on Bereavement, Dementia Awareness, Continence Promotion and Professional Recording. This commitment to staff training is good practice.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered provider identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home. Willowview is a small family run home. The registered manager and registered person both work full time in the home and live on site. Either (or both) is on call when they are not physically present in the home.

The registered person confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the registered person and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered person confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered person 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.

Nine completed questionnaires were returned to RQIA from service users, staff and relative. Respondents in all the returned questionnaires assessed the service as well led .

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Liz Dolan, registered provider, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 Ref: Standard 16.1 Stated: First time To be completed by: 15 September 2016	The registered provider should review the policy on the Protection of Vulnerable Adults to include current regional guidance. Response by registered provider detailing the actions taken: The protection of Vulnerable Adults has been reviewed and in place to include current regional guidance. Completed by 15 Sep 2016
Recommendation 2 Ref: Standard 20.12 and Regulation 17 Stated: First time To be completed by: 15 September 2016	The registered provider should collate the information gathered from residents and relatives into an annual quality review report and make this available to all interested stakeholders. Response by registered provider detailing the actions taken: The information gathered from residents and relatives has been collated into an annual quality review report and made available on the homes' information board for all interested parties Completed by 15 Sep 2016

Name of registered manager/person completing QIP	ELIZABETH DOLAN		
Signature of registered manager/person completing QIP	Elizabeth Dolan	Date completed	19 Jan 2017
Name of registered provider approving QIP	IMELOA FLANAGAN		
Signature of registered provider approving QIP	J. M. Flanagan	Date approved	19 Jan 2017
Name of RQIA inspector assessing response	RUTH GREER		
Signature of RQIA inspector assessing response	Ruth Greer	Date approved	23/1/17

**Please ensure this document is completed in full and returned to RQIA's Office*



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