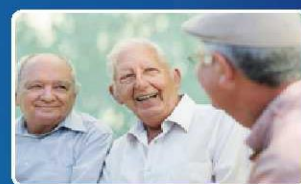




The Regulation and
Quality Improvement
Authority

Inspection Report

29 June 2020



Willowview

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 this inspection and do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

Information relating to our inspection framework, the guidance and legislation that informs the inspections, the four domains which we assess services against as well as information about the methods we use to gather opinions from people who have experienced a service can be found at <https://www.rqia.org.uk/guidance/legislation-and-standards/> and <https://www.rqia.org.uk/guidance/guidance-for-service-providers/>

1.0 Profile of service

Willowview is registered to provide residential care for up to 11 residents. The home was first registered with RQIA on 01 April 2005.

The home is a single storey building located between Killyleagh and Saintfield.

2.0 Inspection focus

This inspection focused on medicines management within the service. The last inspection on 23 June 2019 identified a range of significant issues with how medicines were managed within the home. Concerns were also identified with several areas of governance and management oversight within the home, specifically: the management of residents requiring a modified diet, the storage of cleaning chemicals and infection prevention and control practices. 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. At this meeting, a full account of the actions and arrangements that had been made to achieve compliance was provided and hence no further enforcement action was taken. The aim of this inspection was to ensure that the actions implemented were effective and had been sustained.

The outcome of this inspection confirmed that all areas identified for improvement at the last inspection had been satisfactorily addressed.

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:

- spoke to residents
- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept.

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

- the care records for one resident requiring a modified diet
- competency and capability assessments for staff in charge in the absence of the manager
- RQIA registration certificate
- personal medication records
- medicine administration records
- Medicine receipt and disposal records
- controlled drug record book
- audits.

3.0 What has this service done to meet any areas for improvement made at or since the last inspection on 23 June 2019?

Areas for improvement from the last inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: Second time	The registered person shall ensure that controlled drugs which are subject to safe custody legislation are stored in the controlled drugs cabinet.	Met
	Action taken as confirmed during the inspection: All controlled drugs were stored in the locked controlled drug cabinet.	
Area for improvement 2 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that medicines are not pre-prepared for administration at a later time.	Met
	Action taken as confirmed during the inspection: There was no evidence that medicines were pre-prepared. The registered person and staff member on duty advised that this practice did not happen within the home.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that personal medication records are accurately maintained.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Personal medication records were observed to be fully and accurately completed. The registered person was advised that these records should be checked and signed by a second staff member where possible.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The layout of these records had been reviewed. The medicine administration records were legible and signed when the medicine had been administered in accordance with best practice.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement related to laundry and the storage of some pieces of equipment. The laundry area had been refurbished and processes to segregate laundry had been revised. The inspector was advised that old and broken equipment had been disposed of.</p>		
<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>All chemicals were securely stored to ensure residents had no access to them.</p>		

<p>Area for improvement 7</p> <p>Ref: Regulation 27 (b) (d)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: All staff had received fire training and this was monitored regularly. Records of training and fire checks had been completed. Fire doors were observed to be closed during this inspection.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 23.1</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that there is a robust process for the management of warfarin.</p> <p>Action taken as confirmed during the inspection: None of the current residents were prescribed warfarin. The arrangements in place should a resident be prescribed warfarin were discussed with the registered person who also provided the policy that would be used should it be required.</p> <p>In light of this discussion and policy this area for improvement has been assessed as met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 32.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all medicine keys are held by the person in charge of the home.</p> <p>Action taken as confirmed during the inspection: The medicine keys were appropriately held by the staff member in charge of the home.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 30.7</p> <p>Stated: First time</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>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>The medicines storage area was clean and tidy. Medicines were clearly segregated for each resident and the record of disposal documented those medicines that were no longer required. These medicines were disposed of regularly and had not been allowed to accumulate.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 30.3</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>All staff had been trained on the use of the monitored dosage system. Staff competency in the management of medicines had been reassessed following the last inspection and the registered person was in the process of completing the annual review of competency at the time of this inspection.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>The records of staff induction were reviewed and found to be satisfactory.</p>	Met
<p>Area for improvement 6</p> <p>Ref: Standard 27</p> <p>Stated: First time</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 replaced. • The identified shower chair should be replaced 	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The improvements required had been made. Bedside tables had been replaced, the identified table had been removed and the shower chair had been replaced.</p>	
<p>Area for improvement 7</p> <p>Ref: Standards 6 & 12</p> <p>Stated: First time</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 multi-professional dietary recommendations at all times 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The care plan in place for a resident who required a modified diet was person-centred and accurate. There were no out of date records on file; all had been appropriately archived. Staff were aware of the different consistencies of diet and how to accurately describe residents' requirements.</p>	
<p>Area for improvement 8</p> <p>Ref: Standard 27</p> <p>Stated: First time</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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Dementia specific signage has been placed on the doors of all toilets/bathrooms, the kitchen, the living room, the quiet sitting room and dining room.</p>	

Area for improvement 9 Ref: Standard 25.3 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Competency and capability assessments had been completed for all staff who are in charge in the absence of the registered manager.	

4.0 What people told us about this service

We met all residents during the inspection. All were relaxing in the lounge and enjoying morning television. All residents said that they were happy in the home and good relationships with staff were observed. Staff were warm and friendly and obviously knew the residents well. We discussed the difficulties with the lockdown in relation to the pandemic and some ladies were looking forward to the hairdresser's visit the following week. They told us that the food was good and they were looking forward to dinner.

On the day of inspection we asked to meet with staff. One staff member was on duty in addition to the registered person. This staff member said that staff had received good training in relation to personal protective equipment (PPE) and the safety measures that had been implemented in relation to the Covid-19 pandemic. She said that the residents were well looked after and expressed satisfaction with how the home was managed. She said that she had the appropriate training to look after residents and meet their needs.

Feedback methods also included a staff poster and paper questionnaires which were provided to the registered person for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. Two questionnaires were completed within the timeframe for inclusion in this report. The responses in the questionnaires stated:

- "I am so appreciative of the fact that my [relative] is in a friendly, comfortable and cosy home. [Relative] is obviously content and given the care [they] need."
- "Willowview provides excellent care, carried out by a team of professional and dedicated staff. The manager has ensured that safety standards were put in place during the pandemic which kept my [relative] safe and protected from the Covid-19 pandemic. Willowview is an outstanding, first-rate residential home."

4.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This may be done by the GP or the pharmacist.

All residents in the home were registered with a local GP and medicines were reviewed and dispensed by the community pharmacist into a compliance aid from which staff administered medicines.

Personal medication records were in place for each resident. These contained a list of all prescribed medicines with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals e.g. medication reviews, transfers to hospital. These records had all been fully and accurately completed. In line with best practice, it was suggested that a second member of staff should also check and sign these records when they are updated to provide a double check that they are accurate.

Copies of residents' prescriptions are retained in the home so that any entry on the personal medication record can be checked against the prescription. This again contributes to confidence that the systems in place are safe.

4.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines must be available to ensure that they are administered to residents as prescribed and when they require them. It is important that they are stored safely and securely and disposed of promptly so that there is no unauthorised access.

The records inspected showed that medicines were available for administration when residents required them. The registered provider advised that she had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

On arrival at the home the medicines storage area was observed to be securely locked. It was tidy and organised so that medicines belonging to each resident could be easily located. The medicines currently in use were stored within a small medicine trolley that was also securely stored so that there could be no unauthorised access. Controlled drugs were stored in the controlled drug cabinet. When medicines needed to be stored at a colder temperature, they were stored within the main refrigerator and the temperature of this refrigerator was monitored. This arrangement is appropriate for this service.

Medicines disposal was discussed with the registered person. Some medicines were awaiting disposal and the registered person advised that they were returned to the community pharmacy regularly and were not allowed to accumulate in the home. Disposal of medicine records were examined and had been completed so that all medicines could be accounted for.

4.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) when medicines are administered to a resident. A sample of these records were reviewed which found that they had been fully and accurately completed. The completed MARs are filed once completed.

The registered person audits medicine administration on a monthly basis within the home. The audit shows that medicines have been given as prescribed.

We did not complete any audits during this inspection as all medicines had just been opened that morning. The date of opening is recorded on all medicines so that they can be easily audited. This is good practice.

4.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

This element was not reviewed during this inspection.

4.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place that quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

There have been no medicine related incidents in the home since the last inspection.

The audit system in place would help staff to identify medicine related incidents. The registered person is familiar with the type of incidents that should be reported.

4.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported.

Staff in the home had received a structured induction which included medicines management when that forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

5.0 Evaluation of Inspection

This inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The outcome of this inspection concluded that all areas for improvement identified at the last inspection had been addressed and no new areas for improvement were identified. The registered provider had taken the appropriate actions to ensure that any previous areas for improvement had been addressed and improvements were sustained. We can conclude that residents and their relatives can be assured that medicines are well managed within the home.

We would like to thank the residents and staff for their assistance throughout the inspection.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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