The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Westlands**

Provider: **Northern Health and Social Care Trust**

Date of Inspection: **25 January 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Northern Health and Social Care Trust (NHSCT)
Responsible Individual:	Ms Jennifer Walsh
Registered Manager:	Mr Sean McCartan
Service Profile – This home is a registered residential care home which provides health and social care for up to 20 residents requiring general residential care. The home can also provide care for up to three residents with a physical disability, other than sensory impairment. This includes residents staying for a period of respite from their own homes. All residents are accommodated in single bedrooms and they have access to communal bathrooms, lounge areas and a dining room.	

2.0 Inspection summary

An unannounced inspection took place on 25 January 2025, from 10.50 am to 4.15 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 15 December 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

Residents said that living and staying in the home was a good experience.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider and one area for improvement have been restated. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents said that staying in the home was "great." Residents' comments included, "this place is very well run, it is a very nice place to stay," and "I think it is great, the staff are hard to beat."

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Comments regarding activities in the home were shared with the person in charge for further action, this is further discussed in section 3.3.2.

A healthcare professional who was visiting the home at the time of this inspection said, "I think that the care here is excellent; the staff are friendly and helpful and there is a good atmosphere in the home."

Staff told us that they enjoyed working in Westlands. One staff member said, "we all want the residents to feel safe, good communication between staff is important for that."

Four questionnaires were returned to RQIA following the inspection. All respondents confirmed that they were happy with the care provided in Westlands. Comments included, "I think the care is excellent," "carers are top class, I feel safe" and "they could not do anything better, it is a first class home."

Responses to the online survey included, “the staff are approachable and accommodating,” and “this is a good place to work, there is good teamwork.”

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. One member of staff said, “staffing levels are good, we work well as a team.”

Observation of the delivery of care evidenced that residents’ needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents spoken with, reported that staff were responsive to their needs and did not express any concerns in seeking support, residents’ comments included, “I have had to call staff during the night and they come very quickly, they were very helpful.”

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents’ needs. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs.

It was observed that staff respected residents’ privacy by their actions such as knocking on doors before entering, discussing residents’ care in a confidential manner, and by offering personal care to residents discreetly. Staff were observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Observation of the lunchtime meal, review of records and discussion with residents and staff indicated that there were systems in place to manage residents’ nutrition and mealtime experience.

There were enough staff present to support residents with their lunch time meal. The food served smelt and looked appetising and nutritious.

The menu for the day was not displayed in the dining room, however residents spoken with confirmed that they knew the choice of meals available. The absence of the menu was discussed during feedback and assurances were given that this would be displayed on a daily basis. Therefore, an area for improvement was not identified at this time and this will be reviewed at a future inspection. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous.

Discussion with residents and a review of records indicated that there were limited activities offered to residents. Residents comments included, “I think it is very good here, but there is a lack of activities,” and “there are not too many activities, we could do with having more, things like games or quizzes.” This was discussed with the person in charge during feedback. An area for improvement was identified.

3.3.3 Management of Care Records

Residents’ needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents’ needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Review of a sample of care records evidenced that residents’ care plans were not reflective of their assessed needs. For example, one care plan viewed indicated that a resident had chosen to self-administer their own medication; however, on discussion with staff it was confirmed that this was inaccurate. This was discussed with the person in charge during feedback and this area for improvement was stated for a second time.

3.3.4 Quality and Management of Residents’ Environment Control

The home was clean, tidy and well maintained. For example, residents’ bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and discussion with the person in charge confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home’s was safe to live in, work in and visit. For example, fire safety checks, resident call system checks, and water checks. However, a number of fire doors were observed to be propped open throughout the home, this was discussed with the person in charge for immediate action. An area for improvement was identified.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Sean McCartan has been the Manager in this home since 1 April 2005.

Residents and staff commented positively about the manager and described him as supportive, approachable and able to provide guidance. Staff comments included, “the manager is very good, he supports us.”

A review of records evidenced that there were audits in place to review infection prevention and control (IPC) and hand hygiene, however these audits were not robust in identifying deficits and no action plans to drive improvement had developed following the audits.

A record of compliments to the home was kept and shared with the staff team. Compliments included, “thank you for your hard work and dedication,” one further compliment referred to “the kindness and genuine concern” of the staff.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	2*

* the total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Anne-Marie McLernon, senior care assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 27 (4) (b) **Stated:** First time **To be completed by:** 25 January 2025	The registered person shall ensure that the required fire safety precautions are in place to protect residents, staff and visitors. This area for improvement is in relation to the propping open of fire doors. Ref: 3.3.4
	Response by registered person detailing the actions taken: Fire doors will not be propped open. A request has been raised with our Estates Dept. to fit office doors with hold open devices and link to the fire alrm system.

Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022	
Area for improvement 1 **Ref:** Standard 6.2 **Stated:** Second time **To be completed by:** 31 January 2025	The registered person shall ensure that care plans are updated to accurately reflect the needs of the residents. Ref: 3.3.3
	Response by registered person detailing the actions taken: Care plans will be updated to accurately reflect the needs of the residents and audited regularly to ensure that this is so.
Area for improvement 2 **Ref:** Standard 13 **Stated:** First time **To be completed by:** 31 January 2025	The registered person shall ensure that the home offers a structured programme of activities for residents. Ref: 3.3.2
	Response by registered person detailing the actions taken: A structured programme of activities is now in place. We will meet with residents on a regular basis to ensure the programme reflects activities which they wish to participate in.

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

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