



Unannounced Inspection Report 12 September 2019



Willow Grove Care Home

Type of Service: Residential Care Home

Address: 31 Ballygawley Road, Dungannon BT70 1EL

Tel No: 02887750101

Inspectors: Bronagh Duggan and Rachel Lloyd

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 27 residents with dementia. The home occupies the ground floor within the same building as Willow Grove Nursing Home which occupies the first floor of the building.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Michelle Marie Devlin – 12 March 2018
Person in charge at the time of inspection: Michelle Devlin	Number of registered places: 27
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 27

4.0 Inspection summary

An unannounced inspection took place on 12 September 2019 from 09.50 hours to 18.00 hours. An unannounced inspection also took place in the nursing home on 12 September 2019 the findings are available in a separate report.

This inspection was undertaken by the care inspector and pharmacy inspector.

The inspection assessed progress with all areas for improvement identified in the home 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 staffing, staff training, care review, communication with other professionals, the culture and ethos of the home and maintaining good working relationships.

In relation to medicines management, there was evidence that residents were being administered their medicines as prescribed. The governance of medicines, the completion of medicine records, the storage of medicines and controlled drugs were being managed in a satisfactory manner.

Areas requiring improvement were identified in relation to an identified care plan, consent records and complaints records.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, people who visit them and staff during the inspection, are included in the main body of this report.

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	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Michelle Devlin, registered 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 inspection dated 21 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 21 February 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 findings from the previous pharmacy, 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

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Ten questionnaires were returned within the identified time scale from residents and / or their representatives. All respondents indicated they were either satisfied or very satisfied with the care provided in the home.

During the inspection a sample of records was examined which included:

- staff duty rotas
- staff training schedule and training records
- two staff recruitment and induction records
- one competency and capability assessment

- two residents' records of care
- complaint records
- minutes staff meetings
- minutes of residents meetings
- governance audits/records
- accident/incident records from February 2019 to August 2019
- reports of visits by the registered provider from May to July 2019
- RQIA registration certificate

A sample of the following medicine records was examined during the inspection:

- personal medication records, medicine administration records, records of medicines requested, received and transferred/disposed of
- controlled drug records
- medicines management audits
- medicine storage temperatures
- staff training and competency assessment
- care plans in relation to medicines management

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 last care inspection dated 21 February 2019

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 27.1 Stated: First time	The registered person shall ensure the odour in the identified bedroom is addressed.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the identified bedroom confirmed there was no odour. Also the carpet in the identified bedroom had been replaced with new easily washable flooring.	

Area for improvement 2 Ref: Standard 9.2 Stated: First time	The registered person shall ensure the general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have the knowledge of basic health practices and interventions that promote the health and welfare of residents.	Met
	Action taken as confirmed during the inspection: The registered manager advised all staff completed relevant training specific to their roles and were aware of onward reporting procedures.	

There were no areas for improvement identified at the last medicines management inspection on 9 April 2018.

6.2 Inspection findings

6.3 Is care safe?

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

On arrival we observed the home was comfortably heated and welcoming. The majority of residents were up, washed and dressed while others were being assisted by staff with personal care. Residents appeared well cared for and were appropriately dressed with obvious time and attention given to personal care needs. A number of residents sat within the lounge area while others moved freely around the home and some were relaxing in their bedrooms watching television.

The registered manager, who was on duty throughout the inspection, explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated. The staff duty roster was reviewed; it accurately reflected the number and names of staff on duty over the twenty four hour period and capacity in which they worked.

Competency and capability assessments were in place for staff in charge of the home when the registered manager was not present. A sample of one competency and capability assessment was reviewed and was found to be satisfactory.

We were assured by staff and management that there was enough staff on duty to provide safe care and should additional staff be required staff would generally work additional hours.

The registered manager explained the system and process in place for the recruitment and selection of staff. Two recruitment records were viewed; these showed that relevant checks including for example references and Access NI checks were completed for candidates prior to

commencing work in the home. The need to ensure there is adequate information received and recorded regarding employment gaps and reasons for leaving in recruitment records was discussed with the registered manager.

The registered manager explained that all care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registrations were monitored on a monthly basis. Records available in the home confirmed this

We reviewed the completed induction records for two staff. The registered manager advised all staff completed a period of induction when they commence work in the home relevant to their job specification. In addition all staff complete mandatory training and any other training relevant to meet the needs of the residents. Staff spoken with confirmed they received good support from the manager and senior staff through the provision of staff meetings, supervision and annual appraisals.

We reviewed staff training records; these evidenced that mandatory training was being provided for staff alongside additional training including for example fluids and nutrition, and dementia awareness.

The registered manager outlined the adult safeguarding champion arrangements for the home, including appointed persons arrangements and advised that any incidents of potential abuse were recorded and reported to relevant bodies which were then handled appropriately. The adult safeguarding position report for 2018 will be reviewed at the next care inspection. Staff training in adult safeguarding was included within mandatory training records and staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse.

Accident and incident records retained in the home were cross referenced with those notified to RQIA which evidenced compliance with regulations and minimum standards. The measures in place to minimise the risk of falls within the home included, for example, fall risk assessments, referral to trust occupational therapist, and provision of various aids and equipment to aid mobility. Accidents and incidents analysis were completed on a monthly basis to help identify any patterns or trends. The registered manager advised the information was reviewed on an ongoing basis and actioned accordingly. Care reviews were undertaken at regular intervals. Two care records reviewed contained risk assessments and care plans with recorded measures in place to minimise the risk of falls.

An inspection of the home was undertaken. Residents' bedrooms were personalised to reflect the individual likes and interests of residents. The registered manager advised there was an ongoing refurbishment project in the home. There was evidence during the inspection of improvements to one of the sitting rooms which was very bright and welcoming; in addition there had been new flooring laid in different parts of the home, and the dining room had also been redecorated and new chairs were also in place. These works ensured a notable improvement across the home environment. We discussed with the registered manager the cleaning arrangements for a WC in the reception area of the home; the registered manager advised it was checked and cleaned regularly throughout the day.

All areas within the home were observed to be comfortably heated. We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents. Discussions with staff confirmed they were aware of best practice on how to reduce or minimise the risk of infection.

Walkways through the home were observed to be kept clear; fire doors were managed appropriately during the inspection.

Medicines Management

There was evidence that residents were being administered their medicines as prescribed.

Satisfactory systems for the following areas of the management of medicines were observed: staff training and competency assessment, the governance arrangements regarding audit and medicine incident management, the administration of medicines, the completion of medicine records, the management of distressed reactions, pain, controlled drugs and antibiotics. Staff were knowledgeable regarding the residents' medicines.

Medicines were safely and securely stored. Medicines were stored in accordance with the manufacturer's instructions. Staff were reminded to reset the refrigerator thermometer on each occasion after recording temperatures.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, training, supervision and appraisal, adult safeguarding, the home's environment and the management of medicines.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The two care records viewed contained needs assessments which were complemented with risk assessments; care plans in place reflected the individual needs of residents. However, it was noted from observations and review of an identified resident's care records that there was limited information with regards to managing an identified behaviour. This issue was discussed with the registered manager; the need to ensure there was in place a more detailed risk assessment and care plan regarding the management of the behaviour was identified as area for improvement.

The registered manager explained a range of risk assessments were completed which included, for example, moving and handling and falls risk assessments. There was evidence of recorded review of risk assessments within care records reviewed.

The care records reviewed reflected the care needs of residents including residents' personal preferences such as their preferred rising and retiring times and preferred daily activities.

The registered manager explained referrals were made to other health care professionals when required, for example, speech and language therapists (SALT) and dieticians when necessary. Records viewed also contained SALT guidance as assessed.

Regarding the dining experience we could see that the dining room was warm, clean and bright. The dining room had recently been refurbished with new seating, pictures and small furnishings ensuring a pleasant environment. There was a picture menu on display outside the dining room; tables were nicely set with napkins, cutlery, glasses, and condiments. Residents were shown the prepared meals which were on the menu to make their choice at lunch time. This was good practice. We could see that the portion sizes were good and there was a variety of cold drinks available. The lunch service was relaxed but well organised. Staff were observed supporting residents as needed. Residents spoken with said that they enjoyed the food in the home. Drinks and snacks including fruit and yoghurts were observed as being served during the day. Residents spoken with confirmed they were happy with the food provided.

The registered manager advised there were restrictive practices within the home, notably the use of a key pad entry system and alarm mats. Review of two care records showed consent records were signed for one, but not signed in the other record. This issue was discussed with the registered manager. An area for improvement was identified.

Residents spoken with shared that they were happy with the care provided and had no issues or concerns. Residents unable to voice their opinions were seen to be very relaxed and comfortable in their surrounding and in their interactions with others.

Staff spoken with advised that care reviews were held regularly, records reviewed showed care reviews were maintained on an up to date basis and any changes regarding a resident's presentation would be shared accordingly with relevant professionals involved in the resident's care. The need to ensure minutes from Trust care reviews were obtained and maintained in the home was discussed with the registered manager, who was advised to contact the Trust as one of the care records reviewed did not contain the most recent care review minutes.

There was good evidence of effective team work with staff communicating and helping each other to carry out duties. Staff shared there was a good handover at the beginning of each shift. Staff said there was very good team work with few staff changes. Staff demonstrated good knowledge of residents care needs and confirmed that all residents' care needs were being met.

Areas of good practice

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

Areas for improvement

Two areas were identified for improvement in relation to greater detail included on a risk assessment and care plan relating to the management of an identified behaviour and to ensure consent forms are completed as necessary.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 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.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere in the home, residents easily interacted with staff. Residents appeared relaxed, content and confident with staff; staff were attentive to residents and were observed responding promptly to residents.

During the inspection staff interactions with residents were observed to be compassionate with knowledge of residents' preferences and assessed needs. There was a pleasant happy atmosphere within the home; residents were observed chatting with staff and each other in a relaxed manner.

There was evidence from observations of staff interactions with residents, and responses from residents about the care received that they felt comfortable and relaxed in the home. Residents were observed chatting and laughing with staff. On the day of inspection a resident celebrated their birthday; this was marked with the presentation of a birthday cake and a sing song from residents and staff in the main living room area. Interactions within the group were warm and friendly. The registered manager also explained how there was a "resident of the day" initiative within the home which meant that one day each month one resident received extra focus this included special attention regarding their individual interests, hobbies and a review of their care records.

Residents' preferences and interests were reflected within care records and staff demonstrated good awareness and understanding of residents likes and dislikes. Care records reviewed outlined residents preferred activities and daily routines; such as chosen times for getting up and going to bed. Staff said that these were flexible and that resident choice was always a priority.

Staff described how they aim to promote residents' independence, for example, by way of encouragement to help residents maintain their independence as best as possible.

Comments from residents and one visiting representative included:

- "It's a nice place, its nicely laid out. No complaints." (resident)
- "I'm happy enough, the food is nice, staff are good." (resident)

- “It’s a very good home, the staff are very good, very conscientious, always available great approach with residents. I don’t think staff get enough recognition, they are doing a great job.” (resident)
- “I like it, everyone is very nice.” (resident)
- “Wonderful place, staff very attentive, good care provided, couldn’t be happier.” (representative)

Activities such as arts, crafts, and church representatives’ visits, were available for residents. During the inspection residents engaged in crafts and a musical event. The home’s wellbeing lead was present during the inspection and was observed engaging with residents on a one to one basis as well as encouraging group events. Residents also had access to an enclosed garden area at the rear of the home.

There was a relatives’ notice board displayed in a central part of the home which showed various information including relatives’ meetings dates, residents’ meeting dates, and how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 certificate of registration issued by RQIA was appropriately displayed in the front hall area of the home. This certificate identifies the management arrangements for the home and the maximum number of residents allowed to be accommodated in the home. Discussion with the registered manager, and observations confirmed that the home was operating within its registered categories of care.

The registered manager outline the organisational structure of the home and explained that she is supported by care team leads, carers and ancillary team of staff. Staff confirmed that the home’s manager was ‘very approachable’ and when not in the home was easily contactable.

The registered manager remained on duty throughout the inspection. Staff we spoke with demonstrated good understanding of their roles and responsibilities.

Review of accidents and incidents records in the home showed these had been recorded and reported onwards appropriately.

The registered manager advised there was a range of audits completed on a regular basis to ensure ongoing quality review in the home; these included, for example, audits relating to accidents and incidents, infection control, and health and safety matters which included the environment. Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered providers representative. Review of a sample of reports showed views were gathered from residents and staff, and a number of records were reviewed to identify issue or trends in the home. The reports included action plans to address areas for improvement and were followed up on a monthly basis.

The home had a complaints policy and procedure in place. Review of complaints records showed the outcome of any complaints investigation undertaken should have been more clearly recorded. In addition the complainant's level of satisfaction with the outcome of any complaints investigation should also be clearly recorded. An area for improvement was identified in relation to the recording of complaints.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Staff spoken with were aware of the homes whistle blowing procedure, and confirmed that they would be comfortable in raising any concerns.

Comments received from staff included:

- "Nice and friendly, it's a nice and friendly place to work. I don't mind coming into my work."
- "I am happy enough here, I enjoy my job. Management are very approachable."
- "I enjoy working here, the manager is very approachable and supportive."

Areas of good practice

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

Areas for improvement

One area was identified for improvement in relation to recoding of complaints information.

	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 Michelle Devlin, registered 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.2 Stated: First time To be completed by: 19 September 2019	The registered person shall ensure the identified care plan and associated risk assessment is developed further to reflect how the identified resident's behaviour is managed. Ref: 6.3 Response by registered person detailing the actions taken: The care plan and risk assessment regarding the identified residents behaviour has been updated to reflect her needs.
Area for improvement 2 Ref: Standard 7.4 Stated: First time To be completed by: 19 September 2019	The registered person shall ensure completed written consent forms, where used, are maintained within individual case records. Ref: 6.4 Response by registered person detailing the actions taken: Restrictive practice audit has been carried out and consent forms are signed where necessary.
Area for improvement 3 Ref: Standard 17.10 Stated: First time To be completed by: 19 September 2019	The registered person shall ensure records are kept of all communications with complainants, the result of any investigations and the actions taken. Ref: 6.4 Response by registered person detailing the actions taken: All outcomes from complaints are clearly recorded including the complainants level of satisfaction.

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care