

Unannounced Follow Up Care Inspection Report 11 May 2018



Willow Grove Care Home

Type of Service: Residential Care Home
Address: 31 Ballygawley Road, Dungannon, BT70 1NH
Tel No: 028 8775 0101
Inspector: Laura O'Hanlon

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 27 beds registered to provide care to people with dementia.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager: Michelle Devlin
Person in charge at the time of inspection: Michelle Devlin	Date manager registered: 12 March 2018
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 27

4.0 Inspection summary

An unannounced inspection took place on 11 May 2018 from 10.30 to 13.15.

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

RQIA received information from an anonymous source, raising concerns in relation to the management and governance arrangements within Runwood Homes which included staff recruitment and selection processes, registration of staff with their professional body and that two of the registered homes were being used to conduct business in respect to another service.

This inspection was undertaken to provide assurance in relation to the management and governance arrangements within Runwood Homes and the safety and wellbeing of residents in Willow Grove Care Home.

The following areas were examined during the inspection:

- The use of Willow Grove Care Home to conduct business in respect to another service
- Governance and management arrangements
- Visits by registered provider
- Recruitment and selection of staff
- Registration of staff with their professional bodies

Residents said that they were happy with the care provided to them in the home.

Staff said that the quality of care provided to the residents was good and they were supported in their roles.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Michelle Devlin, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent medicines management inspection

No further actions were required to be taken following the most recent inspection on 9 April 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 18 residents, four staff and the registered manager.

The following records were examined during the inspection:

- Three reports of visits by registered provider
- Four staff files
- Staff registration with professional bodies

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 most recent inspection dated 9 April 2018

The most recent inspection of the home was an unannounced medicines management inspection. There were no areas for improvement identified.

6.2 Review of areas for improvement from the last care inspection dated 16 January 2018

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 16 January 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

Use of premises by unregulated service

The registered manager advised that the premises were not used to conduct business in respect to another service. They were not aware of the establishment being used to take bookings, meet clients/potential clients or undertake medical assessments.

Governance and management arrangements

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

The registered manager outlined the management arrangements and governance systems in place within the home. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager confirmed that they felt supported in their role by senior management.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Visits by registered provider

The registered manager confirmed that visits by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; reports were produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

Review of the last three reports dated 23 February, 7 March and 18 April 2018 evidenced that:

- the visits had been completed by Amanda Leitch
- the reports contained the date of visit, the time commenced and the time concluded
- residents were spoken with as part of the visit
- staff were interviewed as part of the visit

- where areas for improvement were identified, an action was developed to address the issues
- areas for improvement previously identified were being addressed
- there was a system in place to escalate areas for concern up through the governance structures within Runwood Homes

Recruitment and selection of staff

Discussion with the registered manager and review of four staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Registration of staff with their professional bodies

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

Areas of good practice

Areas of good practice identified during the inspection included the provision of activities in the home, communication between the staff and the residents and the culture and ethos of the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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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