

Inspection Report

23 May 2023



Willow Grove Care Home

Type of Service: Residential Care Home

**Address: 31 Ballygawley Road,
Dungannon, BT70 1EL**

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Kathryn Homes Ltd Registered Person/s OR Responsible Individual: Mr Stuart Johnstone	Registered Manager: Mrs Michelle Marie Devlin Date registered: 12 March 2018
Person in charge at the time of inspection: Mrs Michelle Devlin	Number of registered places: 27 Provision for 1 male Resident in RC-I
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 26
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 27 residents. The home is on a ground floor level. There is a nursing home which occupies the first floor and the registered manager for this home manages both services. Catering and laundry facilities for both homes are located on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 23 May 2023 from 9:35am to 5:20pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Residents had choice in where they spent their day either in their own bedrooms or in the communal rooms. Staff provided care in a compassionate manner and were sensitive to residents' wishes.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents told us they were happy with the service provided. Comments included; "the staff are very good" and "staff are lovely". Residents were positive about the cleanliness of the home and the care provided. The meal provision was described as "there is plenty of food, the food is as good as you could get".

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Comments made by residents and staff and were shared with the management team for information and action if required.

No responses were received from the resident/relative questionnaire.

No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 4 December 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	The registered person shall review the staffing levels to take account of residents' dependencies and the size and layout of the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 5.2 Stated: First time	The registered person shall assess and care plan for residents' spiritual care needs, including contact details, as applicable.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of employees' recruitment records evidenced that there were gaps in employment history and the references received had not been signed by the referees, this was discussed with the management team and an area for improvement was identified.

Appropriate checks had been made to ensure that care workers maintained their registration with the Northern Ireland Social Care Council (NISCC) with a record maintained by the manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

Staff said there was good team work and that they felt well supported in their role and were satisfied with the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was observed that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. Staff responded to requests for assistance promptly in a caring and compassionate manner.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the patients.

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.

Residents' needs were assessed 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 health professionals. Residents' care records were held confidentially.

Where a resident was assessed as being at risk of falls, measures to reduce this risk had been put in place.

A review of four residents care records who required close observation evidenced that these checks lacked time specific detail and were not in accordance to their assessed needs as detailed within their care plan. This was identified as an area for improvement.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Residents commented positively about the quality of meals provided and the choice of meals. Staff advised that they were made aware of residents' nutritional needs.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Residents said that they were satisfied that the home was kept clean and tidy.

Staff were observed to carry out hand hygiene at appropriate times, however some staff were observed to have nail polish on, this can impede effective hand hygiene. Care staff who were involved in the serving of lunch were also observed entering the kitchen area, these issues were discussed with the manager and an area for improvement was identified.

There were no actions required from the last fire risk assessment conducted on 22 July 2022.

5.2.4 Quality of Life for Residents

Residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to residents' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring resident privacy during personal interventions.

Activities were provided which involved both group and one to one sessions.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Michelle Devlin has been the manager in this home since 12 March 2018.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Records confirmed that staff meetings were held regularly. Staff commented positively about the management team and described them as supportive and approachable.

There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits and falls. In the care record audits, there were omissions in relation to when actions were to be addressed and the person responsible for those actions, this was identified as an area of improvement.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the responsible individual (RI) to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

There was a system in place to manage complaints.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Michelle Devlin, Manager and Mr Gareth Frew, Deputy Manager 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 Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 19(2) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that before staff commence working in the home that all of the required pre-employment checks are received and reviewed in accordance with relevant statutory employment legislation and mandatory requirements. Ref: 5.2.1
	Response by registered person detailing the actions taken: Employee files audit completed with Administrator. Support from Regional Administrator to advise what information and checks need included in employee files. Home Manager signs off all references, gaps in employment printed off. Employee file checklist for employee files in place and compliance to be gained prior to commencing an employee. Email address for those supplying references verified by REACH system.
Area for improvement 2 Ref: Standard 22 (4) Stated: First time To be completed by: 30 June 2023	The registered person shall ensure that resident care records are person centred and reflect the individual assessed need of the resident, this is in relation to residents' requiring close observation. Ref: 5.2.2
	Response by registered person detailing the actions taken: All care records reviewed for those Residents requiring close observations and associated care plans reviewed to include any information pertaining to this area of care.
Area for improvement 3 Ref: Standard 35 Stated: First time To be completed by: With immediate effect	The responsible person shall ensure that staff are aware of their responsibilities regarding maintaining effective IPC measures and the use of PPE. This is in relation to: <ul style="list-style-type: none"> • care staff entering the kitchen area at meal times • the use of nail polish and its impact on effective hand hygiene. Ref: 5.2.3
	Response by registered person detailing the actions taken: All staff have received supervisions in relation to IPC measures and use of PPE. Home Manager monitors this during daily walk-around to ensure compliance.

Area for improvement 4 Ref: Standard 20 Stated: First time To be completed by: 30 June 2023	The registered person shall ensure that deficits identified by the homes' audit systems clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement. Ref: 5.2.5
	Response by registered person detailing the actions taken: Home Manager has new documentation in place for audit puposes with clear actions, time frames and person responsible included in audit form.

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