

# Unannounced Care Inspection Report 15 September 2020



## Willow Grove Care Home

**Type of Service: Residential Care Home (RCH)**  
**Address: 31 Ballygawley Road, Dungannon BT70 1EL**  
**Tel No: 028 8775 0101**  
**Inspector: Bronagh Duggan**

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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 residential care home registered to provide residential care for up to 27 residents. The home occupies the ground floor of a two story building; the first floor consists of Willow Grove Nursing Home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual(s):</b> Gavin O'Hare-Connolly	<b>Registered Manager and date registered:</b> Michelle Marie Devlin 12/03/2018
<b>Person in charge at the time of inspection:</b> Gareth Frew – deputy manager	<b>Number of registered places:</b> Total number 27 comprising: 1 – RC - I 26 – RC - DE  Provision for 1 male resident in RC-I
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 27

### 4.0 Inspection summary

An unannounced care inspection was undertaken to this home on 15 September 2020 from 10.00 to 16.30. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to assess progress with issues raised in the previous quality improvement plan during the most recent inspection on 12 September 2019.

It is not the remit of RQIA to investigate complaints/whistleblowing/adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management

Residents shared positive feedback about their experience in the home.

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
<b>Total number of areas for improvement</b>	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Gareth Frew, deputy manager, as part of the inspection process. The information was also shared with registered manager Michelle Devlin via telephone the day following the inspection. The timescales for completion commence from the date of inspection.

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

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notifiable events since the previous care inspection
- The registration status of the home
- Written and verbal communication received since the previous care inspection
- The returned QIP from the previous care inspection
- The previous care inspection report

During the inspection the inspector met with 14 residents individually and in groups, five staff, and the deputy manager. Ten questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with "Tell Us" cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. Five completed questionnaires were returned to RQIA; respondents indicated they were very satisfied with the care provided.

The following records were examined during the inspection:

- Duty rotas
- Three care records
- A selection of quality assurance audits
- NISCC information
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records
- Certificate of registration

Areas for improvement 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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 12 September 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
<b>Area for improvement 1</b> Ref: Standard 6.2 Stated: First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and review of the identified care record showed the care plan and risk assessment had been updated accordingly.	
<b>Area for improvement 2</b> Ref: Standard 7.4 Stated: First time	The registered person shall ensure completed written consent forms, where used, are maintained within individual case records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the deputy manager and review of care records showed consent forms were completed and maintained in care records as necessary with regard to restrictive practices.	
<b>Area for improvement 3</b> Ref: Standard 17.10 Stated: First time	The registered person shall ensure records are kept of all communications with complainants, the result of any investigations and the actions taken.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the deputy manager and review of records showed relevant records in place with regard to managing complaints.	

## 6.2 Inspection findings

### 6.2.1 Staffing

We arrived at the home at 10.00. The deputy manager was in charge of the home. We discussed staffing levels for the home. Staff duty rotas for the period of 30 August 2020 until 19 September 2020 were reviewed. Records showed shifts covered. Some changes were noted on the rota; the deputy manager advised there had been some recent short notice absences and staff turnover. The deputy manager advised in this situation every effort was made to ensure staff numbers were maintained including the use of agency staff when necessary. The deputy manager explained that if agency staff were required block bookings would be made as required.

The deputy manager advised there had been a recent recruitment drive for new staff and a number of candidates were waiting to start employment pending receipt of satisfactory recruitment checks.

During discussion staff responses with regards to staffing levels were mixed. Some shared that on occasion there may be short notice sickness reported; this issue was discussed with staff who advised to date this had not had an impact on care provision in that residents' needs were met. Observations made during the inspection showed residents' needs were met, there were no concerns observed with regards to staffing levels on the day.

Staff spoke positively about their interactions with residents and confirmed that their primary focus was to ensure all residents' needs were met. Staff confirmed they were aware of the reporting arrangements in the home and who to speak with if they had any concerns. Staff spoken with confirmed there was good team working within the home. Staff showed they were aware of the individual needs of residents. Feedback regarding staff morale was shared with the deputy manager.

Comments received from staff included:

- “(The) care is good here, residents get all they need. We are short of staff sometimes.”
- “There is good teamwork here. Everything works well.”
- “It’s enjoyable working here, I really like it.”
- “It’s tough now (with Covid 19 situation)...we are doing our best....can’t use magazines, books, balloons etc. with focus on IPC. Residents are happy, they enjoy gospel music, reminiscence, they like that.”

### 6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid 19; signage was also displayed throughout the home regarding handwashing technique. There was an automated thermometer situated in the entrance hall of the home. The deputy manager advised everyone’s temperature was checked and relevant information recorded prior to admission to the home. The deputy manager confirmed all residents and staff had temperatures taken twice daily. PPE supplies and hand sanitization were available throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread. Through discussion with staff however it transpired there had been some fall off reported in cleaning of touch points in the afternoon and evenings after the domestic staff had finished. This issue was discussed with the deputy manager as was the need to ensure enhanced cleaning was maintained on an ongoing basis considering the Covid 19 situation. An area for improvement was identified.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required; review of training records showed staff including domestic staff had completed training in infection prevention and control.

### 6.2.3 Environment

The home comprises of the ground floor of a two story building. During a walk around the home it was found to be warm, clean and tidy. No malodours were identified. Areas inspected included two communal living areas, dining room, bathrooms, toilet areas and a sample of residents' bedrooms. All bedrooms in the home include a private ensuite.

We observed a number of shower chairs required improvement; some had foot stoppers missing while others were in poor condition underneath. This issue was discussed with the deputy manager; an area for improvement was identified.

It was noted there had been a number of improvements to the décor of the home since the previous inspection; communal areas looked warm and inviting. Residents' bedrooms were nicely decorated and were personalised with individual styles and mementos. Residents also had access to an enclosed garden area with outdoor seating and tables available for use.

### 6.2.4 Care delivery

We observed staff practice in the home; interactions with residents were warm and friendly. Staff showed good knowledge of residents' individual needs. Residents were well presented with obvious time and attention given to their personal care. Staff referred to residents by name and showed that they were aware of their personal preferences. Activities staff were observed supporting residents to participate in different activities including listening to gospel music and watching musical DVDs. One resident was observed as requiring one to one support for a specific period of time; this was reflected on the duty rota.

Throughout the day some residents were observed relaxing in their bedrooms, while others rested in the communal sitting rooms, or on seating throughout the general areas. Residents appeared comfortable; staff were available throughout the day to meet their needs.

Comments from residents during discussion included:

- "It's a very good place. The staff are second to none, that's all the staff. Sunday dinner, second to none. I couldn't complain about anything."
- "This is our house, have all we need. The food is lovely."
- "It's great, there is nothing to complain about."

One comment received in a completed questionnaire read, "I find this home adequate and rather outstanding in all categories. The staff have a great empathy with all the residents and their requirements. The food that is served is of excellent quality and requires much preparation."

The deputy manager outlined the visiting arrangements in place, which included allocated visiting times each day for a set number of visitors. Residents were also supported to maintain contact with relatives through phone calls and video technologies. The deputy manager advised visiting arrangements were being monitored and risk assessed on an ongoing basis.

### **6.2.5 Care records**

A sample of three care records was reviewed; review of records showed that they included admission information, an assessment of needs, risk assessments, care plans and regular evaluation records. Records reflected the individual preferences of residents including, for example, food and activity preferences and preferred rising and retiring times.

We could see the care records were reviewed and updated on a regular basis or as any changes occurred.

### **6.2.6 Governance and management arrangements**

There was a clear management structure within the home. The registered manager retains oversight of the home. The deputy manager confirmed he felt well supported during recent months by the senior management team. Staff spoken with confirmed they were kept informed of changes as they happened. Staff shared that they had experienced challenges in recent months due to the Covid 19 situation. The deputy manager advised that team debriefs would be completed with staff to ensure they are provided with opportunities and support to discuss their experiences and confirmed that a staff wellbeing service also was available for staff to access.

We reviewed a sample of audits which were completed on a regular basis including IPC, falls, hand hygiene, environment, medication, and the use of restrictive practices. Where actions were identified, there was evidence to show when they had been addressed. There was a system in place regarding the reporting of notifiable events. Review of the records showed that these were effectively documented and reported to other relevant organisations as necessary.

A review of staff NISCC information showed there was a system in place to monitor staff registration and this was reviewed on a regular basis. There was a system in place regarding the management of complaints.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports for June, July and August 2020 were reviewed. The reports included action plans and records showed when the actions identified had been addressed.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to team work, interactions between residents and staff, promoting individual interests of residents, and the completion of regular audits.



## Areas for improvement

Two areas for improvement were identified during the inspection. These related to the completion of enhanced touch point cleaning, and the completion of an audit regarding shower chairs in use in the home.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

### 6.3 Conclusion

Areas for improvement identified during the previous inspection were reviewed; these have been met. Two new areas for improvement were identified.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gareth Frew, deputy manager, as part of the inspection process, and Michelle Devlin, registered manager via telephone after the section. 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13. (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 15 September 2020	<p>The registered person shall make suitable arrangements to minimise the risk of infection. Reference to this is made with regard to ensuring enhanced cleaning of touch points is maintained at regular intervals.</p> <p>Ref: 6.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Touch point cleaning documents have been reviewed , touch point cleaning has been increased during the day , documentation is completed daily by staff.and monitored by management.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> 25 September 2020	<p>The registered person shall ensure an audit is undertaken regarding shower chairs used in the home to review their general condition and presentation. Action should be taken as necessary as a result of the audit.</p> <p>Ref: 6.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            An audit has been taken of all shower chairs, replacement has been made where necessary. Shower chairs are included in the cleaning process.</p>

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



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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**📍** @RQIANews

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