



Unannounced Care Inspection Report 19 February 2019



Willow Grove Care Home

Type of Service: Residential Care Home
Address: 31 Ballygawley Road, Dungannon BT70 1EL
Tel No: 02887750101
Inspector: Bronagh Duggan

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 that provides care for residents living with dementia. The home occupies the ground floor of the same building which also includes Willow Grove Nursing Home on the first floor.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare Connolly	Registered Manager: Michelle Marie Devlin
Person in charge at the time of inspection: Michelle Marie 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 19 February 2019 from 10.30 to 16.30.

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

The inspection sought to assess progress with issues raised during and since the last care inspection and had a focus on meals and the mealtime experience.

The following areas were examined during the inspection:

- staffing
- environment
- meals and mealtimes
- management and governance arrangements

Residents and one resident's representative spoken with shared positive comments regarding their experience in the home, their relationship with staff and the care provided.

Two areas for improvement were identified as a result of this inspection; these related to addressing the odour in an identified bedroom, and ensuring timely follow-up regarding the general health and social care needs of residents.

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	2

Areas for improvement and 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 October 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: notifiable events received by RQIA since the previous care inspection, the previous care inspection report, the returned QIP and any other written or verbal communication received since the previous care inspection.

During the inspection the inspector met with 15 residents, one resident's representative and four staff. Ten questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. Five questionnaires were returned by residents and/or residents' representatives within the specified time frame. There were no completed staff questionnaires returned within the specified time frame.

The following records were examined during the inspection:

- duty rota
- accident and incident records
- two care records
- records of meals provided
- complaints and compliments
- fire safety risk assessment
- monthly monitoring reports

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 most recent inspection dated 11 October 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 11 October 2018

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 8.3 Stated: First time	The registered person shall ensure a summary report of any period of respite is compiled and a copy sent to the resident's carer in the community (if appropriate) and referring Trust in line with the residents written agreement. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of information in the home confirmed that summary reports were being compiled following periods of respite. The registered manager confirmed these were sent to relevant individuals following stays.	

This inspection focused mainly on issues previously outlined in Section 4.0.

6.3 Inspection findings

6.3.1 Staffing

The registered manager confirmed the daily staffing provision for the home and that these levels were subject to regular review to ensure the assessed needs of the residents were met. A review of the staffing rota from 3 February 2019 to 16 February 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the residents and to support the care staff.

Observation of the delivery of care evidenced that residents' needs were met by the levels and skill mix of staff on duty, and that staff attended to residents' needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff stated that there was effective teamwork and they knew their role and function. Staff also confirmed if they had any concerns they could raise these with the registered manager or the care team manager (CTM). All staff consulted demonstrated the ability to effectively communicate with residents, resident representatives and other health care professionals.

Staff interactions with residents were observed to be compassionate, caring and unhurried.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Willow Grove Care Home. Some comments received included:

- "They (staff) are very good, the girls are very kind. I can't complain."
- "It's nice, everyone is kind no complaints"
- "Everyone is very nice, especially Jean. I love it, have settled in well."

We also sought the opinion of residents on staffing via questionnaires. Five resident questionnaires were returned. All five residents indicated that they were very satisfied with the care they received and indicated there was "enough staff to help".

6.3.2 Environment

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and general reception area. Bedrooms were found to be personalised and in good decorative order. The home was found to be warm, well decorated, clean and fresh smelling throughout with the exception of one identified bedroom. This issue was discussed with the registered manager and was identified as an area for improvement to comply with the standards. Bathrooms were found to be clean and in good order.

There was an up to date fire safety risk assessment in place dated 29 June 2018. Fire exits and corridors were observed to be clear of obstruction.

Residents spoken with were complimentary in respect of the home's environment.

Observation of staff practices, and care delivery and review of records, evidenced that infection prevention and control measures were adhered to.

6.3.3 Meals and meal times

Residents were provided with a nutritious and varied diet, to meet their individual and recorded dietary preferences. During the inspection residents were observed as being supported with a choice of snacks during morning tea. A staff member was observed serving residents from a trolley where they had a choice from hot and cold drinks and a selection of snacks including biscuits, fresh fruit and yoghurts. Staff were observed assisting residents as necessary. Cold drinks including juice and water were observed as being readily available throughout the day in the main lounge area.

The dining room was clean, bright and warm. Tables were neatly set with table cloths, table mats, napkins, cutlery, and condiments. Daily picture menus were displayed outside of the dining room with two main choices available during lunch and tea times. Choices available were also written on the menus. Picture menus were displayed on each table in the dining room ensuring residents were aware of what was available on a daily basis.

Staff explained how residents were presented with plated choices at meal times as retaining options available could be difficult due to a resident's diagnosis. This practice was observed at lunch time whereby staff showed each resident what was available; for example, residents were given a choice between potatoes, vegetables, chicken and ham pie, or vegetable roll; gravy was also offered as a choice. The meal and portion sizes were appropriate for residents and meals were attractively presented.

The registered manager confirmed at the time of inspection there were no residents in the residential home on a specialist diet, but that there were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

Discussion with staff confirmed they were aware of any specific needs of residents and that upon admission to the home residents' food preferences, including likes and dislikes, were recorded. Review of two care records confirmed this. Records available in the home showed staff had completed competency training in relation to the use of thickening agents, and information relating to International Dysphagia Diet Standardisation Initiative (IDDSI) was clearly available. Daily records were maintained in the home of meals provided for each resident.

Staff advised that if residents prefer something that was not on the menu that this could be arranged. Staff shared how one resident had very limited preferences and this was accommodated on a daily basis. Menus were rotated four weekly and reviewed regularly; residents spoken with were complimentary about the food choices available.

Residents spoken with during the inspection made the following comments:

- "It's very good."
- "Yes, I like it here, the girls are very good can't say a bad word. There is a good choice of food, everything is very good."
- "The food is good."
- "I am happy here, the dinners are very nice, take your pick, whatever you want."

One resident's representative spoken with during the inspection made the following comment:

- "We are very happy, always kept informed of any changes. There is a good number of staff they take time to talk to the residents. There is always a buzz about the place when you come in. Very good, plenty going on, no complaints."

6.3.4 Management and governance arrangements

The certificate of registration issued by RQIA was appropriately displayed in the front area of the home. Discussion with staff and observations confirmed that the home was operating within the categories of care registered.

Staff were able to identify the person in charge of the home in the absence of the registered manager. The need to ensure there are effective arrangements in place to access information in the registered manager's absence was discussed.

Review of the home's complaints records, accident and incident records and monthly monitoring reports evidenced that systems and processes were in place to regularly review the quality of the care and other services provided in the home.

It was noted from review of the accidents and incident records maintained that there was one occasion when appropriate follow-up regarding a resident's care was delayed. The need to ensure all staff are aware of the procedure and appropriate follow-up was discussed with the registered manager who ensured a visual reminder was made available for staff during the inspection. An area for improvement was identified to comply with the standards.

Staff confirmed that there were good working relationships in the home and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were areas of good practice identified during the inspection in relation to feedback from residents and one representative, the practice of showing residents the choice of meals available and general observations of care practices.

Areas for improvement

Two areas for improvement were identified during the inspection these related to addressing the odour in an identified bedroom, and ensuring timely follow-up regarding the general health and social care needs of residents.

	Regulations	Standards
Total number of areas for improvement	0	2

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	
<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 19 February 2019</p>	<p>The registered person shall ensure the odour in the identified bedroom is addressed.</p> <p>Ref: 6.3.2</p>
	<p>Response by registered person detailing the actions taken: Bedroom floor has now been replaced with hard flooring.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 9.2</p> <p>Stated: First time</p> <p>To be completed by: 19 February 2019</p>	<p>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.</p> <p>Ref: 6.3.4</p>
	<p>Response by registered person detailing the actions taken: Staff have had supervisions carried out regarding prompt action to be taken when a resident becomes unwell to avoid delays in residents care.</p>

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](https://twitter.com/RQIANews)