

Inspection Report

6 February 2024



Willow Grove Care Home

Type of Service: Nursing Home

Address: 31 Ballygawley Road, Dungannon, BT70 1EL

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Kathryn Homes Ltd Responsible Individual: Mrs Tracey Anderson	Registered Manager: Mrs Michelle Marie Devlin Date registered: 23 March 2015
Person in charge at the time of inspection: Mrs Michelle Marie Devlin	Number of registered places: 27
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 27
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 27 patients. The home is on the first floor of the building. Patients have access to communal lounges, a dining room and an outdoor space. There is a Residential Care Home which occupies the ground floor and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 6 February 2024, from 10:25 am to 5:50 pm by a care inspector.

The purpose of this inspection was to follow-up on the progress made in relation to the areas for improvement identified in the home since the last care inspection on the 14 September 2023; and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Prior to the inspection concerns were raised by the adult safeguarding team (ASG) within the Southern Health and Social Care Trust (SHSCT) in relation to a number of adult safeguarding referrals received regarding the quality of care delivery towards patients in Willow Grove Nursing Home. Therefore, this inspection also included a focus on staffing arrangements, care delivery, record keeping and falls management.

During the inspection staff were observed to be kind and caring towards patients and responded promptly to their needs. Patients said they felt well cared for and were observed to be relaxed

and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

It was positive to note that all of the six areas for improvement identified at the last care inspection on 14 September 2023 had been met. Areas for improvement identified during this inspection are detailed throughout the report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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 patients, relatives, staff or the commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. 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.

Questionnaires were provided to give patients 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 findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "All the staff are lovely", "I am very happy here", "Getting well cared for", and "I feel very safe here".

Three relatives spoken with during the inspection expressed their satisfaction with the care delivery within the home. Comments included: "The staff are very attentive", "The home is clean, tidy and fresh smelling", "Good communication from staff" and "(The) staff are very friendly and welcoming".

There was a mixed response from staff with some staff saying that they really enjoyed working in the home and felt supported by management. However, the majority of the staff spoken with

expressed a level of discontent and said that they did not feel supported by management. Staff also said that staffing levels were not consistent or in accordance with the assessed needs of the patients. Staff also raised employment related issues regarding their job description and breaks.

Comments from staff included: "I really enjoy working here", "I love working here but staffing is a real issue", "I don't enjoy working here as much as I used to", "(I) don't get full breaks as too busy" and "Staffing levels are inconsistent". Comments received from staff were shared with the management team to review and action as necessary.

There were no questionnaires received from patients or relatives following the inspection and there was no response from the staff online survey.

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 14 September 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	The registered person shall ensure that the deployment of staff is reviewed to ensure that the assessed needs of patients are met.	Met
	Action taken as confirmed during the inspection: Observation of the deployment of staff during the inspection evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 20 (3) Stated: First time	The registered person shall ensure that a competency and capability assessment is completed for any nurse taking charge of the home in the absence of the manager. With specific reference to agency nurses.	Met
	Action taken as confirmed during the inspection: Review of relevant records and discussion with management evidenced that this area for improvement had been met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	The registered person shall ensure that a care plan is implemented for any patient who has a tendency to refuse personal care delivery and contemporaneous records are maintained providing the details of the aspect of care refused along with any action taken to promote the effective delivery of care.	Met
	Action taken as confirmed during the inspection: Review of relevant care records and discussion with management evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 6.14 Stated: First time	The registered person shall ensure that patients have access to appropriate footwear at all times.	Met
	Action taken as confirmed during the inspection: Observation throughout the inspection and discussion with management evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall review the meal time experience to ensure that there are adequate staff to assist patients and that the frequency between meals are reviewed.	Met
	Action taken as confirmed during the inspection: Observation throughout the inspection and discussion with management evidenced that this area for improvement had been met.	
Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that where a patient requires repositioning, charts are consistently signed and dated.	Met
	Action taken as confirmed during the inspection: Review of relevant care records and discussion with management evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected all of the staff working in the home on a daily basis but did not always identify the person in charge when the manager was not on duty. This was discussed with the management team and an area for improvement was identified.

As mentioned above in section 4.0, staff commented that staffing levels were inconsistent and not in keeping with the assessed needs of the patients. Staff also said that when additional staff such as the activity co-ordinator or deputy manager were present they would assist them with the provision of patient meals, but that when they were not on duty this resulted in a delay in the delivery of care.

Observation of the delivery of care during the inspection evidenced that with the additional support from the activity co-ordinator and the deputy manager that patients' needs were being met. A discussion was held with the management team in relation to the effectiveness of their patient dependency assessments to ensure that there are adequate staff on duty at all times.

Review of the patient dependency assessments for January 2024 and February 2024 evidenced that they were not fully and/or accurately completed and did not reflect the needs of the patients to ensure that adequate staffing levels were being maintained. It was further identified within staff duty rotas that a number of shifts had not been covered in accordance with the homes most recent patient dependency assessment. An area for improvement was identified.

The inspector asked staff if they had received supervisions and an appraisal from management. Staff were not familiar with this terminology and when explained they said that they did not have any meetings with management in this regard. One staff member said that they would have had these "once or twice" but that this was "a long time ago". This was discussed with the manager who provided evidence that staff supervisions had recently been completed for these staff members and advised that the yearly appraisals were slightly over due but scheduled to be completed in the coming weeks. This will be reviewed at a future inspection.

The management team agreed to meet with staff to provide them with feedback following the inspection and to explain the purpose of staff supervisions and appraisals.

5.2.2 Care Delivery and Quality of Life for Patients

Staff confirmed that they received a handover at the beginning of each shift to ensure that they were aware of any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients were mostly well presented and a record was maintained of any patient who had declined certain aspects of care delivery with the action taken to address this.

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and

opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

The activity coordinator was very enthusiastic in her role and an activity schedule was on display within the home. During the inspection the activity coordinator was carrying out one to one pampering sessions with patients. Other patients were observed having their hair styled/cut by the hair dresser.

There was clear evidence of a pleasant and friendly atmosphere between patients and staff.

5.2.3 Mealtime Experience

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients who choose to have their lunch in their bedroom or one of the lounges had trays delivered to them and the food was covered on transport.

Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required. A pictorial menu was displayed at each table within the dining room.

Display plates were presented to patients offering them a choice of meals; the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. A meal time co-ordinator was delegated to oversee the delivery of meals.

Staff members were seen to be supportive and attentive to patients whilst providing the appropriate level of assistance at mealtimes. The nurse in charge was present within the dining room assisting patients during the lunch time meal. Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT).

Patients commented positively about the food provided within the home with comments such as: "The food is good" and "The food is very nice."

5.2.4 Care Records and record keeping

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

Review of a sample of patient care records evidenced that care plans and risk assessments were reviewed on a regular basis and were mostly well maintained. One patient's care plan had not been updated following advice from the Tissue Viability Nurse (TVN). Discussion with staff confirmed that the TVN recommendations were being adhered to. Following the inspection

written confirmation was received from management that the patient's care plan had been updated.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of care records relating to repositioning evidenced that not all patients were being repositioned within the recommended timeframe as stated within their care plan. This was identified as an area for improvement.

5.2.5 Management of the Environment and Infection Prevention and Control

The home was warm and comfortable and patients' bedrooms were personalised with items important to the patient. Outdoor spaces and gardens were well maintained with areas for patients to sit.

A number of bedroom walls required painting; a floor covering was damaged in an identified bedroom and there was surface damage to a number of bedframes. The management team advised that these issues were on their schedule of works to be completed and provided written confirmation following the inspection to support this.

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home.

5.2.6 Governance Arrangements and Falls Management

There has been a change in the management of the home since the last inspection with Mrs Tracey Anderson now the Responsible Individual. Mrs Michelle Devlin remains as the Manager.

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

Review of a sample of care records relating to the management of falls evidenced that neurological observations for unwitnessed falls had not been consistently completed in line with best practice. It was further identified that the General Practitioner (GP) had not been notified regarding a patient who sustained a head injury following an unwitnessed fall. An area for improvement was identified. The management team agreed to carry out a review of these records and to discuss with relevant staff. Written confirmation was received of the action taken to address this with ongoing monitoring from senior management.

There was evidence that the manager had a system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action and a time frame for completion with follow up to ensure the necessary improvements had been made.

The home was visited each month by a representative of the Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: 20 February 2024	<p>The registered person shall ensure that appropriate action is taken following all unwitnessed falls and for any actual or potential head injuries in line with best practice.</p> <p>Ref: 5.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Supervisions have been carried out with all nurses to ensure all sections of falls observations are completed and Falls pathway is followed. CNS observations to be carried out for the 24 hour period . All forms are reviewed and signed off by Home Manager to ensure all appropriate actions have been taken</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: 6 February 2024	<p>The registered person shall ensure that the staff duty rota clearly identifies the person in charge of the home in the absence of the manager.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Rotas are clearly highlighted identifying the nurse in charge. All rotas are reviewed, approved and signed off by Home Manager</p>

<p>Area for improvement 2</p> <p>Ref: Standard 41.2</p> <p>Stated: First time</p> <p>To be completed by: 6 February 2024</p>	<p>The registered person shall ensure that staffing levels are fully and comprehensively reviewed to ensure there are adequate staffing levels at all times in accordance with the assessed needs of patients.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Dependency levels are completed monthly or when needs change. The management now complete an audit of dependency assessments to ensure that staffing levels are such to meet the assessed needs of the residents</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 20 February 2024</p>	<p>The registered person shall ensure that where a patient requires repositioning this is completed in accordance with their care plan and reflected within supplementary recording charts.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: A full audit of repositioning records has taken place. Repositioning records, care plans and braden are all reflective of care delivery. Repositioning records are reviewed and signed off by management daily</p>

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