



Unannounced Care Inspection Report 27 September 2018



Willow Grove Care Home

Type of Service: Nursing Home (NH)

Address: 31 Ballygawley Road, Dungannon, BT70 1NH

Tel No: 02887750101

Inspector: Kieran Murray

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 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 registered nursing home which is registered to provide nursing care for up to 27 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager: Mrs Michelle Marie Devlin
Person in charge at the time of inspection: Mrs Michelle Marie Devlin	Date manager registered: 23 March 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	Number of registered places: 27 Category NH-I restricted to 3 named individuals.

4.0 Inspection summary

An unannounced inspection took place on 27 September 2018 from 09.45 to 17.20 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

On the day of the inspection the manager advised the inspector that there were no longer any Category NH-1 patients residing in the home. The registration team in RQIA had been informed and an amended certificate is now in display in the foyer of the home.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff recruitment, induction and training, supervision and appraisal, care reviews, record keeping, good communication between patients, staff and other stakeholders, management of complaints, incidents/accidents and maintaining good working relationships.

No areas requiring improvement were identified during the inspection.

Patients said they felt safe in the home and patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' 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 Mrs 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 inspection dated 20 August 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 20 August 2017. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with the registered manager, six patients, one patients' visitor, two registered nurses, four care staff, maintenance staff, the chef, one visiting Trust professional and the business development executive from a registered nursing agency. Questionnaires were also left in the home to obtain feedback from patients, relatives and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution.

A poster was provided which directed staff and staff not on duty during the inspection, to an online survey. No responses were received prior to the issue of the report.

The feedback received on the questionnaires will be reflected in the body of the report.

The inspector requested that the manager place a 'Have we missed you?' card in a prominent position in the home to allow patients, relatives and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the home.

All feedback was discussed with the registered manager at the end of the inspection.

The following records were examined during the inspection:

- duty rota for all staff from 16 September 2018 to 6 October 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- six staff training records
- incident and accident records
- one/two staff recruitment and induction files
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 20 August 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 20 August 2017. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 20 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 22.2 Stated: First time	The registered person shall ensure that the chair type recommended by the occupational therapist is provided to minimise the risk of falls for one patient.	Met
	Action taken as confirmed during the inspection: The inspector evidenced that the chair recommended by the occupational therapist was now available for the patient and being utilised.	
Area for improvement 2 Ref: Standard 43.4 Stated: First time	The registered person shall ensure that alarm mats which present as a fall risk are replaced with nonslip type.	Met
	Action taken as confirmed during the inspection: The inspector evidenced that alarm mats were now of a nonslip type.	
Area for improvement 3 Ref: Standard 44.1 Stated: First time	The registered person shall ensure that the odour arising from carpets within four bedrooms is addressed.	Met
	Action taken as confirmed during the inspection: The inspector evidenced that all four bedroom carpets were removed and replaced with laminated flooring.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 16 September 2017 to 6 October 2018 evidenced that the planned staffing levels were adhered to. The registered manager advised the inspector that should shortfalls in staffing levels arise then these would be covered by the home's staff or a small pool of staff from a registered nursing agency. Discussion with staff evidenced that there were no concerns regarding staffing levels. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

A nurse was identified to take charge of the home when the registered manager was off duty. A review of the records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the manager. The assessments had been signed by the management to confirm the assessment process has been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home. The inspector noted that these assessments were reviewed annually.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients 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 patients. We also sought staff opinion on staffing via the online survey; no responses were received in time for inclusion in the report.

Staff comments:

"The training was good; information was in depth and interesting."

"The rota is fair."

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Willow Grove. We also sought the opinion of patients on staffing via questionnaires. Of six patient questionnaires returned by patients, four indicated that they were 'very satisfied' care was safe and two indicated that they were 'satisfied' care was safe.

One visitor spoken with on the day of the inspection did not raise any concerns regarding staff or staffing levels. However, they did comment that on the odd occasion personal clothing was not as clean as it should be. This feedback was shared with the registered manager at the end of the inspection.

Visitor comments:

"I never had any problems with the staff."

"I would feel confident to mention any concerns."

We also sought relatives and patients representatives' opinion on staffing via questionnaires. One questionnaire returned by a patients relative indicated that they were 'satisfied' care was safe and one questionnaire returned by a patients representative indicated that they were 'very satisfied' care was safe.

Trust professional comments:

"Sometimes it's difficult to find a nurse."

"Patients are well looked after."

Review of three staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

The registered manager provided the inspector with a detailed list of the nursing staff, their photographic evidence, their enhanced Access NI checks, evidence of their NMC registrations and the induction programme provided to them.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for six staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. There was evidence that staff have attended additional training e.g. dysphagia, dementia, equality and diversity and competency in thickening agents training, in order to meet the needs of patients.

The inspector evidenced letters sent by the registered manager to staff informing them that their e-learning was nearing or had expired and advising immediate update.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report. On the day of the inspection the inspector noted that the home had made one referral to the trust since the last inspection 4 July 2017. The referral was made appropriately and management plans were made in conjunction with the HSC Trust as evidenced by the inspector.

The inspector noted an Adult Safeguarding flow chart in the office outlining the process of making a referral to the HSC Trust. Staff spoken to were able to name the Adult Safeguarding Champion for the home.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

On the day of the inspection it was noted that there were a number of restrictive practices in place. It was noted that they were of the least restrictive nature considered necessary in conjunction with the patient, HSC Trust, service user representatives and the staff; they were reviewed yearly or sooner if required.

We reviewed accidents/incidents records from the previous inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, visitors and staff spoken with were complimentary in respect of the home's environment.

The inspector found the medicines trolley was locked but was not securely fastened to the wall in the locked treatment room. The nurse immediately secured the trolley to the wall in the presence of the inspector. The inspector discussed the issue with the registered manager at the end of the inspection and has requested that the importance of securing the medicine trolley to the wall is an item on the next staff meeting.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were consistently adhered to.

Of six patient questionnaires returned by patients, four indicated that they were 'very satisfied' care was safe and two indicated that they were 'satisfied' care was safe.

One questionnaire returned by a patient's relative indicated that they were 'satisfied' care was safe and one questionnaire returned by a patient's representative indicated that they were 'very satisfied' care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. The inspector found all records to be satisfactory.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. One staff member commented, 'Teamwork is good.'

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

It was evident that the home maintains a range of methods to communicate with and record the comments of patients, including through routinely speaking with patients on a daily basis and being available for discussion. In the course of the inspection it was noted that patients freely approached staff as they wished and appeared to enjoy good relationships with staff.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

The registered manager advised that patient meetings were held on a monthly basis and relatives meetings were held on a three monthly basis. Records reviewed evidenced the list of patients/relatives who attended, the discussions held and actions agreed. Outcomes of agreed actions were recorded in a consistent and meaningful manner.

Discussion with the registered manager and a review of records confirmed that staff meetings were held on a three monthly basis and records were maintained. The staff spoken to on the day of the inspection assured the inspector that they could add items to the agenda of these meetings. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

Visitors spoken with expressed their confidence in raising concerns with the home's staff/management. Visitors knew the name of the registered manager.

Of six patient questionnaires returned by patients, four indicated that they were 'very satisfied' care was effective and two indicated that they were 'satisfied' care was effective.

One questionnaire returned by a patients relative indicated that they were 'satisfied' care was effective and one questionnaire returned by a patients representative indicated that they were 'very satisfied' care was effective.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.45hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained

in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. There is a dedicated member of staff employed to facilitate the provision of activities. The inspector evidenced activities being carried out as outlined on the programme.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Tables were set to a satisfactory standard with a range of condiments. Patients able to communicate indicated that they enjoyed their meal "the food is very good." Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Each day a member of staff is identified as the dedicated meal time leader to ensure the mealtimes are well managed. This member of staff completes a mealtime leader's checklist following meals as evidenced by the inspector to ensure the patient's needs have been met.

The inspector noted that each table had a pictorial menu to enable patients to make a food choice. However, the inspector also evidenced staff offering food choices to patients outside of the planned menu.

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with six patients individually, and with others in smaller groups, confirmed that living in Willow Grove was a positive experience. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Of six patient questionnaires returned by patients, four indicated that they were 'very satisfied' care was compassionate and two indicated that they were 'satisfied' care was compassionate.

One questionnaire returned by a patients relative indicated that they were 'satisfied' care was compassionate and one questionnaire returned by a patients representative indicated that they were 'very satisfied' care was compassionate.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. The inspector discussed the removal of NH-1 categories with the registered manager, and observations confirmed that the home was operating within the categories of care registered. The inspector reviewed the home's Statement of Purpose (2018) and Patient Guide (2017) and found that they were not in keeping with the category of registration. The registered manager forwarded to RQIA within an agreed timescale the updated Statement of Purpose (2018) and Patient Guide (2018). The inspector reviewed both documents and found them to be satisfactory.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The inspector noted that the home had received a number of complaints since the last inspection and had managed them within policy and procedure.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, catering arrangements, admission register, activities, hotel services, call bell responses and staff training.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/ The Care Standards for Nursing Homes.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Of six patient questionnaires returned by patients, five indicated that they were 'very satisfied' that the service was well led and one indicated that they were 'satisfied' that the service was well led.

One questionnaire returned by a patients relative indicated that they were 'undecided' whether care was well led/managed and one questionnaire returned by a patients representative indicated that they were 'very satisfied' that care was well led/managed.

As there were no contact details recorded on the questionnaire for the relative who felt 'undecided' about care being well led/managed, the inspector spoke to the registered manager on the 12 October 2018 and discussed the feedback received. The inspector has been assured by the registered manager that the comment made would be discussed with relatives in the forum of a relative's meeting and a record retained in the minutes which can be reviewed at the next inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified within this domain 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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