



The **Regulation** and
Quality Improvement
Authority

Unannounced Inspection Report 12 September 2019



Willow Grove Care Home

Type of Service: Nursing Home

Address: 31 Ballygawley Road, Dungannon, BT70 1EL

Tel No: 02887750101

Inspectors: Linda Parkes and Rachel Lloyd

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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 27 patients.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual(s): Gavin O'Hare-Connolly	Registered Manager and date registered: Michelle Marie Devlin – 23 March 2015
Person in charge at the time of inspection: 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: 24

4.0 Inspection summary

An unannounced inspection took place on 12 September 2019 from 09.50 hours to 17.10 hours.

This inspection was undertaken by the care inspector and pharmacy 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.

Evidence of good practice was found throughout the inspection in relation to staffing, staff training, adult safeguarding, risk management, communication between patients, staff and other professionals and the home's environment. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients, regarding governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

In relation to medicines management, there was evidence that patients were being administered their medicines as prescribed. The governance of medicines, the completion of most medicine records, the storage of medicines and controlled drugs were being managed in a satisfactory manner.

One area requiring improvement was identified regarding appropriate storage of equipment in order to adhere to infection prevention and control (IPC) best practice guidance.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	1

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.

4.2 Action/enforcement taken following the most recent inspection dated 19 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 19 March 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 1 to 14 September 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file

- four patient care records
- one patient wound care record
- six patient care charts including sleep charts, personal care and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 15 May to 29 July 2019.
- RQIA registration certificate.

A sample of the following medicine records was examined during the inspection:

- personal medication records, medicine administration records, records of medicines requested, received and transferred/disposed of
- controlled drug records
- medicines management audits
- medicine storage temperatures
- staff training and competency assessment
- care plans in relation to medicines management

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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

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 44 Stated: First time	The registered person shall ensure that the building is kept clean and hygienic at all times in accordance with infection control best practice and is decorated to a standard acceptable for residents.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and observation of new flooring throughout the home and redecoration of the first floor evidenced that this improvement has been met.	

<p>Area for improvement 2</p> <p>Ref: Standard 46.11</p> <p>Stated: First time</p>	<p>The registered person shall ensure that supplies of alcohol gel are maintained and that dispensers are in good working order to minimise the risk of infection for staff, residents and visitors.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and a selection of dispensers tested throughout the home evidenced that that supplies of alcohol gel are maintained and that dispensers are in good working order. This improvement has been met.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p>	<p>The registered person shall establish a robust system to ensure all mobility aids, wheelchairs and hoists are adequately cleaned in order to adhere to best practice in infection prevention and control management.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and observation of a selection of mobility aids, wheelchairs and hoists evidenced they are adequately cleaned in order to adhere to best practice in infection prevention and control management. This improvement has been met.</p>		

There were no areas for improvement identified at the medicines management inspection on 17 May 2017.

6.2 Inspection findings

6.3 Is care safe?

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

The registered manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 1 to 14 September 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The registered manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered. She advised that a domestic position and three full time/part time care assistant posts have been

advertised. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they 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 questionnaires were returned within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Willow Grove Care Home. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

We sought relatives' opinion on staffing via questionnaires. One questionnaire was returned within the timescale specified and indicated they were very satisfied that staff had 'enough time to care'.

We discussed the provision of mandatory training with 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. Review of staff training records for 2019 evidenced that staff had attended training regarding moving and handling, dementia awareness, adult safeguarding, food safety, infection prevention and control (IPC) and fire training.

A staff member commented: "I love it. It's the best job I've ever had. After my induction I felt confident to do the job. Training is ongoing and the registered manager's very supportive and always there for you."

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. The registered manager is identified as the safeguarding appointed person.

We reviewed accidents/incidents records from 25 April to 15 August 2019 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.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounge, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. The registered manager advised that a refurbishment programme had commenced and was ongoing. On the day of inspection it was noted that flooring throughout the building had been replaced and that painters had commenced redecoration of the first floor. It was noted that three identified bedrooms required flooring replaced. This was discussed with the registered manager who advised via email after inspection, that a request for replacement flooring has been made and is due to be completed in the near future. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

On inspection of bathrooms in the home it was observed that equipment such as a hoist, a patient hoist sling and wheelchairs were inappropriately stored. In an identified bathroom it was noted that a trolley with linen bags was obstructing access to the facilities for patient use. This was discussed with the registered manager and an area for improvement was identified.

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 adhered to. We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

Management of Medicines

There was evidence that patients were being administered their medicines as prescribed.

Satisfactory systems for the following areas of the management of medicines were observed: staff training and competency assessment, the governance arrangements regarding audit and medicine incident management, the administration of medicines, the completion of most medicine records, the management of distressed reactions, pain, controlled drugs and antibiotics. Staff were knowledgeable regarding the patients' medicines.

Medicine records were mostly well maintained. Staff were advised that if running balances are to be recorded for medicines, then these need to be accurately maintained to avoid confusion. It was also advised that where separate records are being maintained for delegated tasks e.g. the administration of creams or thickening agents, then these records should be reviewed regularly to ensure they are accurate and well maintained. It was agreed that these issues would be addressed following the inspection.

The management of pain and distressed reactions was examined. Care plans were in place. However, nurses were reminded that any regular use of medicines prescribed for use on a 'when required' basis for distressed reactions and any discussion with the prescriber, should be clearly documented.

Medicines were safely and securely stored. Medicines were stored in accordance with the manufacturer's instructions. Staff were reminded to reset the refrigerator thermometer on each occasion after recording temperatures.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training, adult safeguarding and the home's environment. Areas of good practice were identified in relation to the medicines management.

Areas for improvement

One area requiring improvement was identified regarding appropriate storage of equipment in order to adhere to infection prevention and control (IPC) best practice guidance.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

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

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.

We reviewed the management of falls, modified diets, wound management and restrictive practice. Care records were well documented and 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.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. 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.

Review of two patient sleep charts, two personal care and two patient repositioning charts evidenced that they were well documented.

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

We observed the serving of the lunchtime meal in the dining room on the first floor. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Tables were nicely set with condiments and soft music was playing in the background. Patients able to communicate indicated that they enjoyed their meal. 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. The menu for the day was displayed on each table, in a suitable format and showed what was available at each mealtime.

Three patients commented:

“Lunch is beautiful.”

“Very good food. Lovely.”

“I’m enjoying this very much.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between patients, staff and other professionals.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Staff were aware of individual patients’ wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

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.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“Thank you all very much for all the care and attention you gave to... I cannot express my gratitude enough.”

During the inspection the inspector met with four patients, small groups of patients in the dining room and lounge, and six staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Willow Grove Care Home. 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. Questionnaires were also left in the home to obtain feedback from patients and patients’ representatives. One questionnaire was returned and indicated they were very satisfied that care is compassionate.

Two patients commented:

“The staff are looking after me well. I’m looking forward to going to the hairdresser who comes here.”

“Staff are nice.”

No patients’ representatives were available to speak to on the day of inspection.

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Discussion with the patient wellbeing lead and staff and review of the activity planner evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home.

Patients were seen to dance, sing and enjoy an impromptu musical event. A visiting musician was observed singing in the lounge and playing a guitar. Patients were encouraged to join in the singing of familiar songs and appeared to be enjoying the experience.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be 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 in maintaining the dignity and privacy of patients.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

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 and their representatives 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.

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 wounds, complaints and infection prevention and control (IPC) practices, including hand hygiene.

Discussion with the registered manager and review of records from 15 May to 29 July 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

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.

The registered manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

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

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that equipment is appropriately stored to minimise the risk of infection for staff, residents and visitors.</p> <p>Ref: Section 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Staff are aware that there should be no inappropriate storage of equipment, Home manager does daily walk around to enforce this action.</p>
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Please ensure this document is completed in full and returned via Web Portal



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