

Inspection Report

17 July 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 Tumelo Mshanga, Registered Nurse, 7.20am – 7.50am Mrs Cheryl Wachara, Registered Nurse, 7.50am – 8.45am Mrs Michelle Marie Devlin, Manager, 8.45am – 4pm	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: 26
Brief description of the accommodation/how the service operates: <p>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.</p> <p>There is a Residential Care Home which occupies the ground floor and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 17 July 2024 from 7.20 am until 4 pm. The inspection was carried out by two care inspectors.

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 6 February 2024; and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Prior to the inspection information was received from the Southern Health and Social Care Trust (SHSCT) in relation to a number of adult safeguarding referrals regarding the quality of care delivery towards patients in Willow Grove Nursing Home. Therefore, this inspection also

included a focus on staffing arrangements, communication systems, care delivery, record keeping, supervision of patients, the provision of meals and overall governance of the home.

During the inspection staff were observed to be very attentive, kind and caring towards patients and it was positive to note that three of the four areas for improvement identified at the previous care inspection 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.

Patients told us that they felt well looked after. Patients who were less able to communicate their views 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.

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, visiting 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: "(The) staff are good fun, they look after me well", "I am very happy here", "(The) staff are very good to me" and "Getting well looked after".

During the inspection, three relatives spoke positively regarding the overall provision of care within the home. Comments included: “The staff are very friendly and welcoming”, “I cannot complain about anything. More than happy with the care”, “(The) staff in the home have been fantastic”, “Communication is good” and “(Patient) is always well presented and their room is kept clean and tidy”.

Staff said that the management team were approachable, teamwork was great and that they felt supported in their role. Comments included: “I really enjoy working here”, “Good induction” and “Staffing has improved since the last inspection with more availability of staff”. A small number of staff commented regarding the delivery of meals being slower when the activity person was not present; and most staff said that the communication from management was good. Specific comments received were shared with the management team to review and action as necessary. There was no feedback from the staff online survey.

There was one questionnaire received from a relative. The respondent was very satisfied with the overall provision of care. Comments received included: “My (relative) received great care” and “The staff keep a good eye on (relative) as best they can so (relative) doesn’t fall”.

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 6 February 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the management team, evidenced that this area for improvement had not been fully met and has been stated for a second time. This is discussed further in section 5.2.3.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 41	The registered person shall ensure that the staff duty rota clearly identifies the person in	Met

Stated: First time	charge of the home in the absence of the manager.	
	Action taken as confirmed during the inspection: Review of a sample of duty rota's evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 41.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of a sample of governance documents, observation of care delivery and discussion with staff, evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Standard 23 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements and Communication Systems

On arrival to the home there was a concern identified with access arrangements. A new staff member had arrived for induction and was given access to the home, despite them not being included on the rota, and other staff, including the nurse in charge, not being aware if this arrangement had been made. The lack of effective communication and potential risks were discussed in detail with the management team and following the inspection both written and verbal confirmation was received that relevant action had been taken to address this going forward.

The staff duty rota had not been updated to reflect that a shift had been covered and that the home was fully staffed. A care assistant also reported for duty in the afternoon in addition to the planned staffing levels. It was further identified that the shift times had recently been changed

by management but had not been updated on the rota. The importance of ensuring that the duty rota reflects all of the staff on duty and the hours worked at all times, was discussed with the management team. An area for improvement was identified.

An assessment of patient dependency had been completed by the manager to ensure that appropriate staffing levels were being maintained. A discussion was held with the management team to separate nursing and care hours within the patient dependency assessments going forward to ensure there is an adequate skill mix amongst staff.

Staff reported that there was good team work, they felt supported in their role and that the manager was approachable. Staff said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients. As mentioned above in section 4.0, some comments from staff were shared with the management team to review and action as necessary.

There was evidence that staff supervisions and appraisals were being completed. A discussion was held with the manager to ensure that the record of these meetings are kept separate from the residential home.

The clinical lead nurse confirmed that daily flash meetings are held with the manager and heads of departments to discuss any changes and to ensure that all relevant people are kept updated. This meeting was evident during the inspection and was seen as good opportunity to share relevant information amongst the staff team.

A handover was completed at the commencement of the shift. Staff said that this provided them with the necessary information regarding any changes to patient's needs. A written report was also available for staff.

5.2.2 Care Delivery and Quality of life for Patients

Several patients were observed in the dayroom on arrival to the nursing home. The nurse in charge stated that they assisted a few more patients to rise than normal, so as to support the day staff, who they believed were short staffed. As mentioned above in section 5.2.1, the duty rota had not been updated to reflect that all shifts had been covered and the night nurse had not been made aware of this. A discussion was held with the management team and an area for improvement was identified.

Staff engaged well with patients individually. There was a relaxed, pleasant and friendly atmosphere between patients and staff. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients were mostly well presented, however, a number of female patients were observed with facial hair and their hair had not been combed. Two other patients required further support with their personal appearance. Details were discussed with the manager who immediately had these issues addressed.

A number of unlabeled hair brushes were observed within communal areas, that suggested hair brushes were potentially being used for communal use. This was discussed with the management team and following the inspection, written confirmation was received that relevant action had been taken to address this.

The activity person was on planned leave during the inspection. Whilst there were positive interactions witnessed by care staff towards patients on an individual basis and patients appeared to be content and settled in their surroundings and in their interactions with staff, there was no evidence of any meaningful activities. It was further identified that the volume to televisions were either turned down low or turned off. One patient said: "There is not many activities to do, well not in here anyway" and further patient said that they: "Spend most of their day watching TV or reading books and sleeping". An area for improvement was identified.

A daily allocation sheet was in place specific to the supervision of patients within dayrooms. Two dayrooms had been left unattended for a period of time. A patient within one of these dayrooms required support with repositioning, this was highlighted to staff for immediate action. An area for improvement was identified.

5.2.3 Care Records

Care records were regularly reviewed and updated and daily records were kept of how each patient spent their day and the care and support provided by staff. However, some care records regarding patients' dietary needs, included incorrect information. This was discussed with the management team who immediately had this addressed during the inspection.

The door to the nurses' station was unlocked throughout the inspection, with access to a computer and care files with confidential patient information. An area for improvement was identified.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging. Review of a sample of accident reports evidenced that where neurological observations were required following unwitnessed falls, there were inconsistencies with the recording of observations and the review of relevant care records. Details were discussed with the manager and an area for improvement has been stated for a second time.

Two alarm mats were not working. These were immediately reviewed by a maintenance person and repaired prior to the completion of the inspection. The management team confirmed that alarm mats are checked by the care staff when assisting a patient to bed and that any faults are reported to the maintenance person and/or the person in charge and agreed to monitor this going forward.

5.2.4 Meal Time Experience

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. A number of patients were transferred to the dining room from approximately 8.30am onwards, however breakfast was not served until 9.10am. There was no evidence that patients had been offered any refreshments whilst waiting for the breakfast to arrive. This was discussed with the management team who agreed to have this reviewed and to action accordingly.

Both the breakfast and lunchtime dining experience was seen to be calm and relaxed. Staff had made an effort to ensure patients were comfortably seated and could choose where they wanted to sit. One table was too high for an identified patient in a recliner chair; the management team agreed to have this reviewed. A menu was not displayed until brought to the attention of the manager who had table menus in place prior to the end of the inspection.

Staff members were seen to be supportive and attentive to patients whilst providing the appropriate level of assistance at mealtimes. 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 very good", "Nearly too much food, but I can't complain", "(The) food is good, if there is anything I don't like I can tell the staff and they will always get me something else" and "(The) food is good". One patient said: "The food is okay but too much mince and beans". This was shared with the management team to review and action as necessary.

5.2.5 Management of the Environment and Infection Prevention and Control

The home was warm and comfortable and patients' bedrooms were found to be personalised with items of memorabilia and special interests.

Whilst most areas of the home were clean, a kitchenette required a thorough cleaning and some contents within the fridge required disposing of where necessary. A cupboard within the kitchenette was also cluttered with several items. Discussion with staff and review of cleaning schedules established that the current system needed reviewed to ensure staff were aware of who was responsible for completing these tasks. This was identified as an area for improvement.

The door to the nurses' station was held open with a chair preventing it from closing in the event of a fire. This was brought to the attention of staff for immediate action. Following the inspection, written confirmation was received from the management team of the action taken to address this going forward.

The door to the treatment room was also observed open with access to supplements, thickening agents and keys. The keypad lock was open to at least one cupboard within the treatment room. Prescribed toothpaste and barrier creams were also noted in some patients unlocked vanity units. This information was shared with the pharmacist inspector and an area for improvement was identified.

Not all of the necessary equipment was readily available on the emergency trolley. A checklist was in place and reviewed daily by nursing staff, however further review was required. Details were discussed with the management team and an area for improvement was identified.

Razors, hair spray and Fixodent were also observed to be unsecure within identified patients en-suite vanity units; and a kitchenette door was unlocked with access to a variety of food and fluids, a thickening agent, chemicals, kettle and a toaster. This was discussed with the management team and an area for improvement was identified.

A cleaning trolley was left unattended for a period of time whilst the cleaner was cleaning a bedroom. This was discussed with the manager who immediately had this addressed and the trolley remained within eyesight of the cleaner for the remainder of the inspection.

Not all staff were compliant with infection prevention and control (IPC) best practice. For example, one care assistant was wearing a wrist watch and continued to wear this despite the management team being informed earlier in the inspection; a stand aid hoist and sling was stored within a communal shower room; and a care assistant's practice was not in keeping with effective hand hygiene. This was identified as an area for improvement.

5.2.6 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff said that the manager was approachable and accessible.

Review of accidents/incidents records confirmed that relevant persons were notified and a record maintained.

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. Written reports were completed following these visits and were available within the home.

As detailed throughout this report, a number of areas for improvement were identified, some of which had been addressed following previous inspections but had not been sustained. A discussion was held with the management team regarding effective managerial oversight of the day to day services provided in the home and an area for improvement was identified. Following the inspection, an action plan was submitted to RQIA by the Responsible Individual, along with written evidence of the actions taken to address the areas identified.

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	5*	7

* The total number of areas for improvement includes one regulation that has been stated for a second time.

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: Second time To be completed by: 17 July 2024	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. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: All falls will be signed off by home manager, supervisions have taken place with nurses to ensure that if a resident is sleeping they must record sleeping but rousable and record vitals or indicate attempt made but refused. Falls pathway is in place.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 17 July 2024	The registered person shall ensure that prescribed medicines are stored safely and securely. Ref: 5.2.5
	Response by registered person detailing the actions taken: Treatment room door is keypadded and will be locked at all times when nurse is not present.
Area for improvement 3 Ref: Regulation 12 (2) (a) (b) Stated: First time To be completed by: 17 July 2024	The registered person shall ensure that the necessary equipment in the event of an emergency is available on the emergency trolley and ready for use. Ref: 5.2.5
	Response by registered person detailing the actions taken: Emergency equipment checks are carried out daily and signed off weekly by Home Manager/ Deputy manager..
Area for improvement 4 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 17 July 2024	The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety. Ref: 5.2.5
	Response by registered person detailing the actions taken: All store cupboards are key padded and any hazards are stored safely.

Area for improvement 5 Ref: Regulation 10 (1) Stated: First time To be completed by: 17 August 2024	The registered person shall review the governance and management systems to ensure effective managerial oversight of the day to day services provided in the home. Ref: 5.2.6 Response by registered person detailing the actions taken: Daily room checks and walk around is carried out. Night time visits are also taking place. Weekly and monthly audits are also carried out.
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: 17 July 2024	The registered person shall ensure that the staff duty rota is kept up to date to accurately reflect the staff on duty and the hours worked. Ref: 5.2.1 Response by registered person detailing the actions taken: All rotas are up to date, nurses have been advised to update the rota if a staff member phones in sick and add the staff member onto the rota who will be replacing that staff member.
Area for improvement 2 Ref: Standard 9.5 Stated: First time To be completed by: 17 July 2024	The registered person shall ensure that the routines of daily living are flexible to suit patients and not to support the daily running of the home. With specific reference to ensuring that patients are not assisted to rise early to support the next shift coming on duty. Ref: 5.2.2 Response by registered person detailing the actions taken: Residents will be assisted to rise at their own choice/ time and in accordance with their care plan.
Area for improvement 3 Ref: Standard 11 Stated: First time To be completed by: 31 July 2024	The registered person shall ensure that the provision of activities is reviewed to ensure that there are meaningful activities at all times and especially in the absence of the activity person. Ref: 5.2.2 Response by registered person detailing the actions taken: Well being lead will lead the Tools down initiative and ensure that all members of staff in the home are completing activities. At times that the well being lead is on annual leave, Home

	manager / deputy manager will ensure all staff carry out activities and outside entertainment will be organised.
Area for improvement 4 Ref: Standard 35 Stated: First time To be completed by: 17 July 2024	The registered person shall ensure that patients are supervised in accordance with their assessed needs and the home's policy. Ref: 5.2.2
	Response by registered person detailing the actions taken: Allocation sheets are in place, all staff will be aware of their allocation as this will be discussed at handover.
Area for improvement 5 Ref: Standard 37 Stated: First time To be completed by: 17 July 2024	The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards. Ref: 5.2.3
	Response by registered person detailing the actions taken: All records will be stored safely , the door into the nurses staion now has a key pad lock and can only be accessed by staff. Computer screens will be on the lock screen when not in use..
Area for improvement 6 Ref: Standard 35 Stated: First time To be completed by: 24 July 2024	The registered person shall ensure that a system is implemented for the regular cleaning of kitchenettes and monitoring of food items within fridges/cupboards. Ref: 5.2.5
	Response by registered person detailing the actions taken: The kitchenettes will be cleaned daily by domestic staff, the cleaning of the fridge has now been added to the night time cleaning record, at this time food items will be monitored and removed if necessary. Home Manager/ Deputy manager will also check this on daily walk about.
Area for improvement 7 Ref: Standard 46 Stated: First time	The registered person shall ensure that the IPC issues identified during the inspection are addressed with ongoing monitoring to ensure sustained compliance. Ref: 5.2.5

To be completed by: 17 July 2024	Response by registered person detailing the actions taken: Home Manager/ Deputy manager will complete daily hand hygiene audits and monitor bare below the elbow. This will cover all staff in the home.
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