

Unannounced Care Inspection Report 19 March 2019



Willow Grove Care Home

Type of Service: Nursing Home (NH)

Address: 31 Ballygawley Road, Dungannon BT70 1EL

Tel No: 02887750101

Inspector: Linda Parkes

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home 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: Michelle Marie Devlin
Person in charge at the time of inspection: Gareth Frew staff nurse 10.00 – 12.30 Michelle Marie Devlin registered manager 12.30 – 14.50	Date manager registered: 23 March 2015
Categories of care: Nursing Home (NH) DE – Dementia.	Number of registered places: 27

4.0 Inspection summary

An unannounced inspection took place on 19 March 2019 from 10.00 to 14.50 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.

The inspection assessed progress with any areas for improvement identified 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 the general cleanliness of the environment, personalisation of the patients' bedrooms, staff provision, training, adult safeguarding, record keeping, communication between residents, their representatives, staff and other professionals, the patient dining experience and the provision of activities in the home. Further areas of good practice were found in relation the management of falls and governance arrangements.

Areas requiring improvement were identified to ensure that the building is kept clean and hygienic at all times in accordance with infection prevention and control best practice and is decorated to a standard acceptable for residents and in relation to minimise the risk of infection for staff, residents and visitors.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings. Patients spoke positively regarding their experience of living in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The following areas were examined during the inspection:

- the internal environment
- staffing and care delivery
- the patient mealtime experience
- provision of activities
- records and governance

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	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Michelle Marie Devlin, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 27 September 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 27 September 2018. No further actions were required to be taken following 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
- the registration status of the home
- written and verbal communication received since the previous care inspection which may include information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with five patients individually, small groups of patients in the dining rooms and lounges, two patients' relatives and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 11 March to 24 March 2019
- incident and accident records from 21 October 2018 to 8 February 2019
- three patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- 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.

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 27 September 2018

The most recent inspection of the home was an unannounced care inspection dated 27 September 2018. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 27 September 2018

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.3.1 The internal environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, generally fresh smelling and clean throughout. The registered manager advised that new coffee tables, curtains and bedding had been ordered for the home and that flooring in an identified bedroom had been arranged to be replaced in the near future.

On commencement of inspection of the first floor via the lift, it was noted that there was a large stain and a malodour coming from the carpet in the corridor. This was discussed with the registered manager who advised deep cleaning of the area was ineffective. The carpet is required to be replaced as this does not adhere to infection prevention and control best practice. Correspondence received from the registered manager post inspection advised that new flooring for the identified area has been approved. Observation of two fabric chairs in the first floor nurses' office evidenced that they were badly stained and in need of replacement. This was discussed with the registered manager who advised deep cleaning of the chairs was ineffective. One of the chairs was disposed of on the day of inspection. Correspondence received from the registered manager post inspection advised that new chairs have been ordered. A malodour was noted on three foam pressure relieving cushions in an identified store room. The registered manager disposed of them immediately. An area for improvement was identified.

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.

On inspection of the ground floor it was noted that the dispenser at the front entrance of the home had ran out of alcohol hand gel and the dispenser beside the lift was not working effectively. This was discussed with the registered manager who advised that both units were dispensing alcohol hand gel on completion of the inspection. An area for improvement was identified.

Observation of patient equipment including mobility aids, wheel chairs and hoists throughout the home evidenced that they were not effectively cleaned. This was discussed with the registered manager who advised post inspection, that the cleaning schedule for the decontamination of patient equipment has been revised. An identified patient's pressure relieving cushion was noted to be worn. This was discussed with the staff nurse and the registered manager who agreed to arrange a replacement. An area for improvement was identified.

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

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to the general cleanliness of the environment and personalisation of the patients' bedrooms.

Areas for improvement

Three areas for improvement were identified to 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 and in relation to minimise the risk of infection for staff, residents and visitors.

	Regulations	Standards
Total number of areas for improvement	0	3

6.3.2 Staffing and care delivery

The registered 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 11 March to 24 March 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

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; we had no response 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.

A patient said, "This is a great establishment. The home manager and staff are very understanding."

Two relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires; we had no responses within the timescale specified.

Two relatives said:

"The staff are very friendly and I'm very pleased with the care."

"The staff are very nice. She's happy here."

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. The registered manager advised that staff have completed e-learning in recent months on basic life support, fire awareness, medication administration, control of substances hazardous to health (COSHH) and adult safeguarding.

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 area manager is identified as the safeguarding champion.

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.

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

“Thank you to the staff for all your attention, care and support. We are very grateful.”
 “Thank you for all your care and support. Much appreciated.”

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

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staff provision, training, adult safeguarding, and communication between residents, their representatives, staff and other professionals.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Meal time experience

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. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Tables were nicely set with condiments and flowers. 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.

Two patients said:

“I’m enjoying lunch. The gravy is very tasty”
 “The food is beautiful.”

Questionnaires were provided for patients and their representatives across the four domains of safe, effective, compassionate and well led care. We had no responses within the timescale specified.

Staff were asked to complete an on line survey across the four domains of care. We had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires 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 staff interaction with patients and the patient dining experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.4 Provision of activities

Discussion with the patients and staff and review of the activity programme displayed in the foyer and the first floor evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The inspector observed activities being carried out enthusiastically by the activity therapist as outlined on the programme. Patients were responsive and appeared to be enjoying the experience. A colourful, pictorial, activity programme for two weeks was viewed and discussed with the activity therapist. A variety of activities were planned and the activity therapist advised that patients receive a copy of weekly activities so they are informed in advance of what is scheduled. She also commented that the programme of activities is flexible on most occasions to accommodate the daily preferences and choices of the patients. It was noted that the patients' copy of the activity programme was not dated. This was discussed with the registered manager and the activity therapist who advised that the date will be included in patient activity programme information.

Areas of good practice

There were examples of good practice found in relation to the provision of activities in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.5 Records and governance

Review of three 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 falls. 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.

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 records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bedrails, alarm mats. Care plans were in place for the management of bedrails and alarm mats.

Review of patient care charts including two food and fluid intake charts and two reposition charts evidenced that they were clearly documented and well maintained.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (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), SALT or the dietician.

We reviewed accidents/incidents records from 21 October 2018 to 8 February 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.

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 and reviewed regarding falls in the home during February 2019. Audits for wounds were reviewed from 16 September 2018 to 25 February 2019. The registered manager advised that there were currently no wounds identified within the home.

Discussion with the registered manager and review of records from 28 September 2018 to 19 February 2019 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.

Areas of good practice

There were examples of good practice found in relation to the management of falls, record keeping and governance arrangements.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 Marie 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 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 DHSSPS 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	
Area for improvement 1 Ref: Standard 44 Stated: First time To be completed by: 1 July 2019	<p>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.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: New flooring has been ordered for the corridor and work will commence on 07/05/19. Two new office chairs have been purchased for the nurses station and old chairs have been disposed off. New foam pressure relieving cushions have been purchased for the three wheelchairs.</p>
Area for improvement 2 Ref: Standard 46.11 Stated: First time To be completed: Immediate action required	<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>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: Discussion has taken place with the Housekeeper and the Domestic staff to ensure that when alcohol gel is replaced that it is fitted in the dispenser correctly so the gel can be easily obtained when needed, this will be checked daily.</p>
Area for improvement 3 Ref: Standard 46.2 Stated: First time To be completed by: Immediate action required	<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>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: New system in place where care staff will clean all wheelchairs, hoists mobility aids each night or when required. Nurse in Charge, Home Manager will carry out regular checks to ensure equipment is cleaned to a high standard.</p>

**Please ensure this document is completed in full and returned via Web Portal*



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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