

Inspection Report

23 May 2023



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

2.0 Inspection summary

An unannounced inspection took place on 23 May 2023, from 9.35am to 5.40pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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.

Areas for improvement were identified during the inspection as discussed throughout this report and quality improvement plan (QIP) in Section 6.0.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, 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: "Very happy", "I like it here", "The people here are very nice" and "I feel safe here". There were no questionnaires received from patients or relatives following the inspection.

Staff said that management were very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "Great induction", "Staff morale is good", "Great team" and "I love it here". Some staff said that whilst staffing levels were generally good additional staff are required to cover short notice absenteeism. Staff also confirmed that they were aware of the ongoing recruitment drive by management and welcomed the addition of new staff. There was no feedback from the staff online survey.

Comments received during the inspection were shared with the management team to review and action as necessary.

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 13 October 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (a) (b) Stated: First time	<p>The registered person shall take adequate precautions against the risk of fire. With specific reference to ensuring that fire doors are not obstructed.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.</p>	Met
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	<p>The registered person shall ensure that all parts of the care home to which patients have access are free from hazards to their safety.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with management evidenced that this area for improvement had not been met and has been stated for a second time. This is discussed further in section 5.2.3.</p>	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 6.14 Stated: First time	<p>The registered person shall ensure that patients' personal care needs are regularly assessed and met. This includes (but is not limited to):</p> <ul style="list-style-type: none"> • Patient's finger nails • Eye care • Footwear 	Met

	Action taken as confirmed during the inspection: Observation of care delivery and discussion with management evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 23 Stated: First time To be completed by: 20 October 2022	The registered person shall ensure that where a patient requires pressure area care a care plan is implemented detailing the recommended frequency of repositioning which is recorded within the chart and reflective of the care plan. Action taken as confirmed during the inspection: Review of a sample of care records and discussion with management evidenced that this area for improvement had been met.	Met
Area for improvement 3 Ref: Standard 23 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the following action is taken where a wound has been assessed as requiring treatment: <ul style="list-style-type: none"> that the care plan includes the recommended dressing type and frequency of dressing renewal wound assessment charts are completed following each dressing renewal and are reflective of the directions within the care plan. Action taken as confirmed during the inspection: Review of a sample of care records and discussion with management 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 5.2.2.	Partially met
Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that care plans are person centred and reflective of the patients' current medical needs. Action taken as confirmed during the inspection: Review of a sample of care records and discussion with management evidenced that this area for improvement had not been	Partially met

	fully met and has been stated for a second time. This is discussed further in section 5.2.2.	
Area for improvement 5 Ref: Standard 46 Stated: First time	The registered person shall ensure that the IPC issues identified during the inspection are addressed. Action taken as confirmed during the inspection: Observation of the environment and staff practices evidenced that this area for improvement had not been met and has been stated for a second time. This is discussed further in section 5.2.3.	Not met

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. The manager confirmed that there was ongoing monitoring of training to ensure full compliance.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Review of two staff recruitment and induction files evidenced that a number of relevant checks were not in place prior to an offer of employment being made. Details were discussed with the management team and an area for improvement was identified.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients. However, as mentioned above in section 4.0 some staff said that additional staff are required to cover short notice absenteeism. Comments received during the inspection were shared with the management team to review and action where necessary.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Review of a sample of registered nurses' competency and capability assessments for taking charge of the home in the absence of the manager found these to have been completed.

There was evidence that staff received regular supervisions and appraisals and a matrix system was in place to record staff names and when the supervision/appraisal had taken place.

5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated the patient's favourite music or television programme for those patients who were on bed rest. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Whilst most patients were well presented, the inspector observed some patients who required finger nail care and facial hair attended to. The manager discussed some of the challenges around the delivery of these aspects of care with identified patients and that care records had been updated to reflect this. Review of a sample of care records evidenced inconsistencies regarding patient refusal and details in relation to the aspect of care refused along with any action taken to promote the effective delivery of care. This was discussed with the management team and an area for improvement was identified.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of care records relating to repositioning evidenced that they were mostly well maintained.

Review of three patients care records specific to wound care evidenced that the recommended treatment and/or frequency of dressing renewal was inconsistently recorded within care records. Details were discussed with the management team and an area for improvement has been stated for a second time.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

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

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

Display plates were presented to each patient offering them a choice of meals; the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes.

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).

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Review of one patient's care records relating to urinary catheter care evidenced that the care plan lacked detail about the type/size of catheter and frequency for renewal. It was further identified that the catheter had not been renewed within the required timeframe. This was discussed in detail with the management team and an area for improvement was identified.

Review of three patient care records evidenced that a number of care plans lacked sufficient detail regarding current treatment and not all patients had care plans for identified medical conditions. Details were discussed with the management team who acknowledged the shortfalls in the documentation and agreed to communicate with relevant staff the importance of accurately recording such information within patients' care records. This area for improvement has been stated for a second time.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Corridors were clear of clutter and obstruction and fire exit were also maintained clear. The home was warm and comfortable. Patients' bedrooms were personalised with items important to the patient.

Whilst most areas of the home were clean, a number of bedclothes, bedrail protectors, the underneath of identified shower chairs and paper towel dispensers were stained. A fridge within a kitchenette also required a thorough cleaning. This was discussed with the manager and prior to the completion of the inspection these areas were addressed. The manager confirmed that this would be monitored during her daily walk around to ensure sustained compliance.

Observation of the environment highlighted some areas that patients had unsupervised access to food/fluids, a detergent and kitchen equipment. The importance of ensuring that all areas of the home are hazard free was discussed with the management team and an area for improvement has been stated for a second time.

Outdoor spaces and gardens were well maintained with areas for patients to sit. The management team advised that refurbishment work was ongoing within the home to ensure that it is well maintained.

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept. The manager also said that any issues observed regarding infection prevention and control (IPC) measures or the use of PPE was immediately addressed.

Observation of staff practices evidenced that they were not consistently adhering to IPC measures, including inappropriate storage of patient equipment within a communal bathroom and four staff members not bare below the elbow. Details of these and any other IPC findings were discussed with the management team who acknowledged that these findings were not in keeping with IPC best practice and an area for improvement has been stated for a second time.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged with patients individually or in groups; patients were afforded the choice and opportunity to engage in social activities, if they wished.

During the inspection patients were observed engaged in their own activities such as; watching TV, resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Patients commented positively about the food provided within the home with comments such as; “The food is normally very good” and “Very tasty.”

5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. Staff spoke positively about the manager and said that she was very approachable and supportive.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The regional manager was identified as the safeguarding champion for the home.

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

There was evidence that the manager had a system of auditing in place to monitor the quality of care and other services provided to patients. However, as mentioned above in sections 5.1 and 5.2.2 a number of deficits were identified regarding care records. Whilst most audits included an action plan with the person responsible for completing the action and a time frame for completion with follow up to ensure the necessary improvements had been made; care record audits did not contain the full audit cycle and an area for improvement was identified.

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

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2*	6*

* The total number of areas for improvement includes one regulation and three standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Michelle Marie Devlin, Manager, and Mr Stuart Johnstone, Responsible Individual, 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 14 (2) (a) Stated: Second time To be completed by: From the date of inspection	<p>The registered person shall ensure that all parts of the care home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Home Manager has conducted supervisions with all staff and documents compliance on daily walk-around. Signage in place to advise staff to ensure doors are closed and secure at all times (door is keypadded).</p>
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: From the date of inspection	<p>The registered person shall ensure that the delivery of urinary catheter care is maintained in accordance with best practice standards.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> the care plan contains the type and size of urinary catheter the recommended frequency of urinary catheter renewal is recorded within the care plan a system is implemented to ensure that the urinary catheter is renewed within the required timeframe. <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All catheter care has been reviewed. Care plans have been audited with associated actions completed. All care plans for urinary catheters contain type, size, frequency of change and due date included. Dates for changes are also entered into Nurses diary.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 23 Stated: Second time To be completed by: From the date of inspection	The registered person shall ensure that the following action is taken where a wound has been assessed as requiring treatment: <ul style="list-style-type: none"> that the care plan includes the recommended dressing type and frequency of dressing renewal wound assessment charts are completed following each dressing renewal and are reflective of the directions within the care plan. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: All wound care has been reviewed. Care plans have been audited and all now contain recommended dressing, frequency of dressing changes and frequency of dressing changes recorded in Nurses diary. Home Manager has reverted to paper records for recording wounds.
Area for improvement 2 Ref: Standard 4 Stated: Second time To be completed by: 23 June 2023	The registered person shall ensure that care plans are person centred and reflective of the patients' current medical needs. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Full audit has been commenced for all care files. Associated actions have begun to ensure all care plans are person centred and reflective of Residents needs. Nurses have been assigned as key workers to individual Residents to ensure care plans are maintained at the standard expected.
Area for improvement 3 Ref: Standard 46 Stated: Second time To be completed by: From the date of inspection	The registered person shall ensure that the IPC issues identified during the inspection are addressed. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: Supervisions have been completed with staff in relation to IPC. IPC adherence is monitored and documented during Home Managers daily walk-around.

Area for improvement 4 Ref: Standard 38.3 Stated: First time To be completed by: From the date of inspection	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.</p> <p>Ref: 5.2.1</p>
	Response by registered person detailing the actions taken: Employee files audit completed with Administrator. Support from Regional Administrator to advise what information and checks need included in employee files. Home Manager signs off all references, gaps in employment printed off. Employee file checklist for employee files in place and compliance to be gained prior to commencing an employee. Email address for those supplying references verified by REACH system.
Area for improvement 5 Ref: Standard 4 Stated: First time To be completed by: From the date of inspection	<p>The registered person shall ensure that a care plan is implemented for any patient who has a tendency to refuse personal care delivery and contemporaneous records are maintained providing the details of the aspect of care refused along with any action taken to promote the effective delivery of care.</p> <p>Ref: 5.2.2</p>
	Response by registered person detailing the actions taken: Full audit has been commenced for all care files. Associated actions have begun to ensure all care plans are person centred and reflective of Residents needs and include aspects of care refused or likely to be refused by Residents. Nurses have been assigned as key workers to individual Residents to ensure care plans are maintained at the standard expected
Area for improvement 6 Ref: Standard 35 Stated: First time To be completed by: 23 June 2023	<p>The registered person shall ensure that quality governance audits specific to care records contain the full audit cycle to ensure that any action required is addressed in a timely manner.</p> <p>Ref: 5.2.5</p>

	Response by registered person detailing the actions taken: Home Manager has new documentation in place for audit puposes with clear actions, time frames and person responsible included in audit form
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