

Inspection Report

Name of Service: Willow Grove Care Home

Provider: Kathryn Homes Ltd

Date of Inspection: 16 October 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Kathryn Homes Ltd
Responsible Individual:	Mrs Tracey Anderson
Registered Manager:	Mrs Michelle Marie Devlin
<p>Service Profile: This home is a registered Nursing Home which provides nursing care for up to 27 patients with dementia. 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 Manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 16 October 2024, from 7.40 am to 5.50 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 17 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; supervision of newly appointed staff during induction, the supervision of tea trolleys, the use of lapbelts on wheelchairs and infection prevention and control measures.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

It was positive to note that eleven out of the twelve areas for improvement were assessed as having been addressed by the provider during this inspection. One area for improvement has been stated for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 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: "Getting well looked after", "The staff are very good to me", "I am happy here", "Everyone is very nice" and "I like it here".

Two relatives spoken with during the inspection said that they were happy with the care provided within the home. Comments included: "The staff are very good to (relative) and are always friendly and welcoming", "Good communication from staff", "I feel my (relative) is getting good care here" and "They always present my (relative) well".

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. During the inspection, a newly appointed care assistant on induction was observed carrying out a number of care related tasks whilst not being appropriately supervised. Details were discussed with the Manager and an area for improvement was identified.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing

levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that 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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

Whilst most patients were well presented, more attention to detail was required in relation to the presentation of some patients. Details were discussed with the Manager who immediately had this addressed and agreed to monitor going forward.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Examination of care records and discussion with management confirmed falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Whilst there were lapbelts attached to wheelchairs, it was observed that these were not being used when transferring patients from one area of the home to another. This was discussed with the Manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. There was a pictorial menu on display within the dining room offering a choice of two meals. A mealtime co-ordinator was allocated to oversee the correct delivery of meals to patients. It was observed that patients were enjoying their meal and their dining experience.

Patients commented positively about the food provided within the home with comments such as: “The food is very nice”, “The food is lovely here”, “I get plenty of choices” and “The food is very good and plenty of it”.

A tea trolley was observed unattended for short periods during the inspection. Details were discussed with the Manager and an area for improvement was identified.

The importance of engaging with patients was well understood by the Manager and staff. An activity schedule was on display within the home offering a range of individual and group activities such as baking, movies, gardening, hairdressing, reading or armchair exercises.

Staff told us about recent events which had been held in the home such as a garden party and barbeque which was enjoyed by patients, their relatives and staff.

The activity therapist was very enthusiastic in her role and was observed positively engaging with patients and encouraging them to participate in activities. During the inspection a baking demonstration was provided in the morning and reminiscence in the afternoon; patients appeared to enjoy the activities provided.

Some patients were engaged in their own activities such as; watching TV, resting or chatting to staff. Patients were seen to be content and settled in their surroundings and in their interactions with staff.

Arrangements were in place to meet patients’ social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Patients’ needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients’ needs and included any advice or recommendations made by other healthcare professionals.

A number of patient care records were not securely stored and there was access to two computers with confidential patient information; whilst this was mostly addressed during the inspection an area for improvement has been stated for a second time to ensure sustained compliance.

Care records were person centred, mostly well maintained, regularly reviewed and updated to ensure they continued to meet the patients’ needs. A number of care plans required further information; details were discussed with the management team who had these updated prior to the completion of the inspection.

Nursing staff recorded regular evaluations about the delivery of care. Advice was provided to the management team regarding patients’ daily fluid minimum intake, to ensure a more effective oversight.

3.3.4 Quality and Management of Patients' Environment

The home was clean, neat and tidy and patients' bedrooms were personalised with items important to the patient. There was evidence that some bedroom walls had been painted and wall papering had commenced to corridors since the last inspection.

Whilst most areas of the home were suitably furnished, warm and comfortable, a number of walls required painting and staining was evident to identified floor coverings. The Manager confirmed that these issues had already been identified and were in the process of being addressed.

A fire door was obstructed with a chair. This was brought to the attention of the Manager who immediately had this addressed and agreed to discuss with relevant staff and to monitor going forward. All other fire doors, exits and corridors were clear from obstruction.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. However, a number of staff were not applying or removing personal protective equipment (PPE) correctly; one staff member was observed carrying used linen from a patient's bedroom without wearing the appropriate PPE and a further staff member was observed moving between patients' bedrooms making contact with multiple surfaces, not wearing PPE or washing their hands. Areas for improvement were identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Michelle Devlin has been the Manager in this home since 23 March 2015.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	5*

* The total number of areas for improvement includes one standard 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 20 (2) Stated: First time To be completed by: 16 October 2024	The Registered Person shall ensure that newly appointed staff on induction are appropriately supervised. Ref: 3.3.1
	Response by registered person detailing the actions taken: All newly appointed staff will stay with the Person allocated to induct them during the induction period and has been made clear to the new staff members that they are not to carry out any care related tasks unsupervised.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 37 Stated: Second time To be completed by: 16 October 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: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: All computers now automatically shut down when not in use. Care records are stored in the Nurses station which is keypadded .
Area for improvement 2 Ref: Standard 47.3 Stated: First time To be completed by: 16 October 2024	The Registered Person shall ensure that lapbelts are appropriately utilised when patients are being transferred in wheelchairs. Ref: 3.3.2
	Response by registered person detailing the actions taken: All staff have had supervisions in ensuring lap belts are utilised whilst transporting residents in their wheelchairs. This will be monitored daily .

Area for improvement 3 Ref: Standard 35 Stated: First time To be completed by: 16 October 2024	The Registered Person shall ensure that tea trolleys are appropriately supervised at all times. Ref: 3.3.2 Response by registered person detailing the actions taken: All tea trolleys will be supervised at all times and not left unattended. Staff have been made aware of the importance of this and supervisions have been carried out.
Area for improvement 4 Ref: Standard 46 Stated: First time To be completed by: 16 October 2024	The Registered Person shall ensure that staff wear the appropriate PPE in accordance with the task being completed and that PPE is applied and removed in accordance with IPC best practice. Ref: 3.3.4 Response by registered person detailing the actions taken: PPE competency assessments have been completed with all staff. This will be monitored by Management.
Area for improvement 5 Ref: Standard 46.11 Stated: First time To be completed by: 16 October 2024	The Registered Person shall ensure that hand hygiene is a priority within the home. With specific reference to ensuring that staff wash their hands between tasks as required. Ref: 3.3.4 Response by registered person detailing the actions taken: .Hand hygiene audits have been carried out with all staff, this will be closely monitored by the management team to ensure that all staff are compliant and understand the importance of strict handwashing between tasks.

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The Regulation and
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Authority

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews