



Unannounced Care Inspection Report 20 February 2020



Willow Grove Care Home

Type of Service: Nursing Home
Address: 31 Ballygawley Road, Dungannon, BT79 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 from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Michelle Marie Devlin 23 March 2015
Person in charge at the time of inspection: Michelle Marie Devlin	Number of registered places: 27
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 26

4.0 Inspection summary

An unannounced inspection took place on 20 February 2020 from 10.40 hours to 17.00 hours.

This inspection was undertaken by the care inspector.

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

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

No areas for improvement were identified during this inspection.

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

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

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Michelle Marie Devlin, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 12 September 2019

The most recent inspection of the home was an unannounced care and medicines management inspection undertaken on 12 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

During our inspection we:

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

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

The following records were examined during the inspection:

- duty rota for all staff from 9 to 22 February 2020
- staff training records
- incident and accident records
- two patient care records

- seven patient care charts including one neurological chart, two fluid intake charts and four bowel charts
- a sample of governance audits/records
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 22 November to 20 December 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that equipment is appropriately stored to minimise the risk of infection for staff, residents and visitors.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of the environment evidenced that equipment is appropriately stored to minimise the risk of infection for staff, residents and visitors. This area for improvement has been met.	

6.2 Inspection findings

6.3 Is care safe?

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

The manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 9 to 22 February 2020 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered. She advised that registered nursing staff bank positions and four full time/part time care assistant posts have been advertised.

Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified.

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

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

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2019/2020 evidenced that staff had attended training regarding deprivation of liberty safeguards (DoLS) 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 manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

We reviewed accidents/incidents records from 15 November to 17 December 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout. Following a recent outbreak of infection in the home a terminal deep clean has taken place. Discussion with the manager and observation of the environment during the inspection evidenced that the outbreak had been managed appropriately.

It was noted that flooring in the corridor and in bedrooms had been replaced and that painters had completed redecoration of the first floor. The manager advised that the condition of carpets in the remaining bedrooms would be monitored and replaced as necessary. Due to the recent refurbishment of the unit, two identified bathrooms had no hand washing poster on display. This was discussed with the manager who advised post inspection that these had been put in place. Two identified waste bins were noted to be broken and could not be used effectively in order to adhere to infection prevention and control best practice. This was discussed with the manager and the maintenance man who replaced both bins on the day of inspection.

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

We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff. Hand sanitiser was available in dispensers located in the corridor throughout the unit.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training and adult safeguarding.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

Review of two patient's care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed the management of patients' oral intake, weight and continence. Care records were well documented to direct staff in the provision of care. They 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.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician.

Review of six patient supplementary charts in relation to fluid intake and bowel management were observed to be well maintained. One neurological chart reviewed, evidenced that it had been well documented over a twenty-four hour period.

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 manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were displayed in the home.

During the inspection the inspector met with small groups of patients in the lounge and the dining room and six staff. No patient representatives were available to speak with during the inspection. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Willow Grove Care Home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Three questionnaires were returned within the timescale specified and indicated that they were very satisfied that care was compassionate.

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

Two staff members spoken with commented:

“I had a good induction and have completed all my mandatory online training.”

“All’s going well and I’m more confident in my role as I’ve been here five months now. I’ve no concerns.”

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. The patient wellbeing lead was observed enthusiastically, facilitating a group baking session. Patients were responsive and appeared to be enjoying the event. Afterwards they were able to sample the warm soda bread straight from the oven.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection regarding the provision of activities and in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and representatives evidenced that the manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding wounds, infection prevention and control (IPC) practices and twice weekly audits were completed in order to monitor the management of patients' bowel habits.

Discussion with the manager and review of records from 22 November to 20 December 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual and that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed. The manager advised that a quality monitoring visit had taken place 19 February 2020 and she was awaiting the report.

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

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff and management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the completion of audits and maintaining good working relationships.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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