



Unannounced Care Inspection Report 29 September 2020



Willow Grove Care Home

Type of Service: Nursing Home

Address: 31 Ballygawley Road, Dungannon, BT79 1EL

Tel No: 028 8775 0101

Inspector: Mandy Ellis

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 nursing home registered to provide nursing care for up to 27 persons living with dementia.

3.0 Service details

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| 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: Reda Lurberskiene – registered nurse | 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: 25 |

4.0 Inspection summary

An unannounced inspection took place on 29 September 2020 from 10.10 to 15.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- environment
- care delivery
- governance and management arrangements

The findings of this report will provide Willow Grove 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 | 1 |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Caron McKay, regional operations director and Reda Lurberskiene, Registered Nurse, 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.

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
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with five patients and four staff. Questionnaires were also left in the home to obtain feedback from patients and patients' relatives. Ten patients/relatives questionnaires were left for distribution. A poster was displayed for staff inviting them to provide feedback to RQIA online. The inspector provided the nurse in charge with 'Tell Us' cards which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No completed questionnaires or responses to the staff survey were returned within the indicated timeframe.

The following records were examined during the inspection:

- the duty rota from 20 August 2020 to 3 September 2020
- the home's registration certificate
- three patients' care records
- three patients' supplementary care charts
- one staff recruitment file
- complaints records
- incident and accident records
- a sample of monthly monitoring reports

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 20 February 2020.

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

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home and staff were observed attending to patients' needs in a prompt and timely manner.

We reviewed the duty rotas for the period from 20 August 2020 to 3 September 2020. The duty rotas reviewed reflected some short notice absence. A number of staff commented that short notice absence has been an issue recently. The comments were shared with the regional operations director and the manager post inspection for action as appropriate.

However, the staff commented positively about working in the home and acknowledged that the last few months had been challenging for staff while they worked through the COVID-19 pandemic.

Comments made by staff included:

- "I like my job."
- "I love it here."
- "I love dementia care."

6.2.2 Personal Protective Equipment

Staff were observed to use PPE appropriately. PPE stations were well stocked throughout the home and the home had an adequate supply of PPE. Staff confirmed that they had received training in the use of PPE. Records reviewed evidenced that hand hygiene audits were completed daily and enhanced a touch point cleaning schedule every 2 hours.

6.2.3 Infection Prevention and Control and the Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices and storage areas.

We found corridors and fire exits to be clear and unobstructed and the home was clean, tidy and fresh smelling throughout.

The patients' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual patients.

Patients had a twice daily temperature check; a record of this was maintained. Staff had a temperature check prior to commencing their shift and were aware of the need to report any COVID-19 type symptoms immediately. It was encouraging to note that the inspector was also required to undergo a temperature and symptom check upon arrival to the home.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner. Patients spoken with commented positively about the care they received; they told us:

Comments from patients included:

- “It’s great.”
- “All is ok.”
- “I have no complaints.”
- “It’s fine.”

We observed the serving of the in the lunch time meal. We saw that staff attended to the patients’ needs in a prompt, caring manner and that staff wore the appropriate PPE. The tables were set and the food served looked and smelt appetising.

There was no menu displayed in the dining room. Good practice in relation to the provision of picture menus alongside the written menu, for patients’ living with dementia, was discussed with the regional manager for consideration. It was also noted that the care staff were expected to serve the food from the heated trolley, deliver the meals to the patients who were in their rooms or in other areas of the home and assist patients with their lunch. It was observed not all food leaving the dining room was covered. Staff commented on how busy lunch time can be. This was discussed with the regional manager and the manager post inspection who agreed to review the dining experience; an area for improvement was made.

Review of three patients’ care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of patients. Risk assessments reviewed were up to date and appropriate to the patients’ needs. Supplementary care records which included food and fluid intake charts, personal hygiene records and sleep charts for three patients’ were also completed accurately.

6.2.5 Governance and management arrangements

A review of records evidenced that that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Care Homes Regulations (Northern Ireland) 2005.

A review of accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

One staff recruitment file was reviewed and this evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

Review of the record of complaints evidenced that there were systems in place to manage complaints and expressions of dissatisfaction were taken seriously and managed appropriately. RQIA were appropriately notified of accidents/incidents that occurred in the home.

Areas of good practice

Areas of good practice were identified in relation to: team work; use and availability of PPE; care records and governance arrangements.

Areas for improvement

One area for improvement was identified in relation the dining experience.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. The staff were timely in responding to their individual needs. PPE was appropriately worn by staff. One area for improvement was identified as outlined in this report.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caron McKay, Regional Operations Director and Reda Lurberskiene, Registered Nurse. 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 nursing 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 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

| | |
|--|--|
| <p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First Time</p> <p>To be completed by: 29 October 2020</p> | <p>The registered person shall ensure that the dining experience for patients is reviewed to ensure the appropriate deployment of care staff and to ensure</p> <ul style="list-style-type: none"> • The daily menu is displayed in a suitable format and is reflective of the meal choices available. • Food served to patients in their bedrooms should be transported using a tray and with the food covered. <p>Ref: 6.2.4</p> |
| | <p>Response by registered person detailing the actions taken: Kitchen staff assist in the serving of meals , We currently have two sittings at lunch time . The menus are displayed in wipeable menu holders reflective of the choice of the day. Majority of residents attend the dining room for mealtimes, those who choose to remain in their rooms will have their meals transported to them in a timely manner and staff will ensure all food is covered and is at the appropriate temperature.</p> |

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



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