

# Inspection Report

4 December 2022



## Willow Grove Care Home

**Type of Service: Residential Care Home**

**Address: 31 Ballygawley Road, Dungannon, BT70 1EL**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Kathryn Homes Ltd	<b>Registered Manager:</b> Mrs Michelle Marie Devlin
<b>Responsible Individual:</b> Mr Stuart Johnstone	<b>Date registered:</b> 12 March 2018
<b>Person in charge at the time of inspection:</b> Ms Tina Reid, Care Team Leader then Mrs Michelle Devlin from 11.30am	<b>Number of registered places:</b> 27  Provision for 1 male Resident in RC-I
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 27
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 27 residents. The home is on a ground floor level.  There is a Nursing Home which occupies the first floor and the registered manager for this home manages both services.  Catering and laundry facilities for both homes are on the ground floor.	

## 2.0 Inspection summary

This unannounced inspection took place on 4 December 2022, from 9.30am to 2.40pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

It was established that staff promoted the dignity and well-being of residents. Care was seen to be delivered in a kind, compassionate manner.

Residents said that living in the home was a good experience. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Two areas requiring improvement were identified. These were in regard with staffing and care planning in respect of residents' spiritual care.

RQIA will be assured that the delivery of care and service provided in Willow Grove Care Home will be safe, effective and compassionate and that the home will be well led, with addressing these identified areas for improvement.

### **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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents 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 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.

The findings of the inspection were discussed with Mrs Michelle Devlin at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents said that they were very happy with their life in the home, their relationship with staff, and the provision of meals. One resident made the following comment; "It is a good place here. They (the staff) are very good to you."

Staff spoke in positive terms about the provision of care, their roles and duties, staffing levels, teamwork, training and managerial support.

Two visiting relatives were met during this inspection. One relative praised the care in the home and the kindness and support received from staff. The other relative expressed issues of concern relating to staffing levels in the home. This relative said that they were going to speak to the home's senior management about this.

Two questionnaires received from residents' representatives were both positive on their views of the home and the provision of care.

## **5.0 The inspection**

### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Willow Grove Care Home was undertaken on 27 September 2022 by a pharmacy inspector; no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

Review of a recruitment record of a recently appointed staff member confirmed that there were robust systems of recruitment.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the staff member in charge when the Manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. Review of these assessments found these to be appropriately in place.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. One member of staff raised issues of workload responsibilities and staffing, particularly saying there was a need for a twilight care assistant in the evening time and additional senior cover in the mornings. Similar views were expressed by a visiting relative. In examining the duty rota and observing the care needs of residents, with the size and layout of the home, an area of improvement was made for these staffing levels to be reviewed accordingly.

A matrix of mandatory training provided to staff was maintained which gave good managerial oversight of this. There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis.

A schedule of staff supervision was in place and being suitably maintained.

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Two residents made the following comments; "It's very good. I haven't any complaints." and "I am happy here and the staff are all nice."

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. An area of improvement was identified to clearly record residents' spiritual care needs and contact details, which were not being adequately done.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Examination of records and discussion with the Manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

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

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Residents' bedrooms were personalised with items important to the resident. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The laundry department was clean and well organized.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment was dated 22 July 2022. There were no recommendations made as result of this assessment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

### **5.2.4 Quality of Life for Residents**

It was also observed that staff offered choices to residents throughout the day which included preferences for food and drink options. Observations of care practices also confirmed that residents were able to choose how they spent their day.

The genre of music and television channels played was appropriate to residents' age group and tastes.

The atmosphere in the home was relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Two residents made the following comments; "It is lovely here. We all are good friends here." and "It couldn't be better. Nice and peaceful."

### **5.2.5 Management and Governance Arrangements**

The Registered Manager of the home is Mrs Michelle Devlin.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk. Guidance and a corresponding telephone hotline number was displayed for staff in respect of whistleblowing any concerns about poor practice. This is good practice.

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 residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints and discussions with the Manager confirmed knowledge and understanding of this.

The home was visited each month by a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 7.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	1

The two areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Michelle Devlin, Manager, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 11 December 2022	The registered person shall review the staffing levels to take account of residents' dependencies and the size and layout of the home.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> Staffing levels have been reviewed and re-allocated to include a twilight shift and to best meet the needs of the Residents, this will be under review by the Home Manager. Care Team Leaders have now been recruited and this has enabled us to achieve two CTLs from 8am-2pm .



<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.2  <b>Stated:</b> First time  <b>To be completed by:</b> 4 January 2023	The registered person shall assess and care plan for residents' spiritual care needs, including contact details, as applicable.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Spiritual care plans have been reviewed with more detail and contact details included.

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





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