

# Inspection Report

8 July 2021



## Willow Grove Care Home

**Type of Service: Residential Care Home**  
**Address: 31 Ballygawley Road, Dungannon, BT70 1EL**  
**Tel no: 028 8775 0101**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Kathryn Homes Ltd	<b>Registered Manager:</b> Mrs Michelle Marie Devlin
<b>Responsible Individual:</b> Dermot Parsons	<b>Date registered:</b> 12/03/2018
<b>Person in charge at the time of inspection:</b> Michelle Marie Devlin	<b>Number of registered places:</b> 27 Provision for 1 named person 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> 20
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Residential Home which provides social care for up to 27 residents. The home provides care for people with dementia. There is also a registered Nursing Home under the same roof. The residential home is located on the ground floor. Residents have access to communal lounges, dining room and a spacious garden with outdoor seating.	

## 2.0 Inspection summary

An unannounced inspection took place on 8 July 2021, from 10:30 am until 17:30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

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

Comments received from residents, and staff, are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in Willow Grove Residential Care Home was safe, effective, and compassionate and that the home was well led.

### **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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents 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 and 'Tell Us' cards 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.

At the end of the inspection the Registered Manager was provided with details of the findings. The regional manager was also present for feedback at the conclusion of the inspection.

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

We spoke with fourteen residents and three staff. We received nine completed questionnaires; all of which included positive responses to the questions asked regarding living in the home. We received no feedback from the staff online survey. In accordance with their capabilities, residents spoke in positive terms about the care they received and on their interactions with staff.

### **5.0 The inspection**

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

<b>Areas for improvement from the last inspection on 15 September 2020</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13. (7) <b>Stated:</b> First time	The registered person shall make suitable arrangements to minimise the risk of infection. Reference to this is made with regard to ensuring enhanced cleaning of touch points is maintained at regular intervals.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and staff and review of records maintained in the home showed enhanced cleaning schedules were being maintained.	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time	The registered person shall ensure an audit is undertaken regarding shower chairs used in the home to review their general condition and presentation. Action should be taken as necessary as a result of the audit.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and inspection of a selection of shower chairs found they were in good condition.	

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. There was a robust system in place to ensure staff were recruited correctly to protect residents as far as possible. All staff were provided with an induction programme to prepare them for working with the residents, this also included agency or temporary staff.

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 and also had regular supervision which focused on practical learning opportunities within the home. Any person in charge of the home in the manager's absence had undertaken a competency and capability assessment for this role.

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.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents.

The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, one resident said they liked to watch TV in their bedroom during the day, other residents said they enjoyed sitting outside in the garden when the weather was nice.

It was observed that staff responded to requests for assistance from residents promptly in a caring and compassionate manner. There were safe systems in place to ensure staff were recruited and trained properly; and that residents needs were met by the number and skill of the staff on duty.

### **5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?**

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 manager identified as the appointed person for the home.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training regularly. Staff told us they would be confident about reporting concerns about residents' safety and poor practice.

It was noted that residents and their relatives were provided with information on how to raise a concern or complaint about care or any service they received in the home. Review of the home's record of complaints confirmed that these were managed appropriately and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, especially in those residents who had difficulty in making their wishes known. Staff were skilled in communicating with residents; and were understanding and sensitive to their needs. For example staff were observed supporting a resident and helping them to settle when they became confused regarding their whereabouts. Staff were observed to have been caring and compassionate in their interaction with the resident.

### **5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the dining room and communal areas such as lounges and bathrooms. There was evidence that the environment was well maintained and a review of records confirmed the environment was regularly monitored.

Two minor issues relating to a door closing and a tap in an identified bathroom were addressed by maintenance staff during the inspection. In addition the manager provided confirmation during the inspection that plans were in place for the television in an identified bedroom to be secured to the wall as it was observed sitting precariously thus posing a potential risk.

Residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Residents had access to an attractive outdoor area which included seating and tables for residents to enjoy.

Within the home environment residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Residents confirmed that they were happy and comfortable within the environment.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The most recent fire safety risk assessment was completed on 30 July 2020.

There were systems in place to ensure the environment was maintained safely.

#### **5.2.4 How does this service manage the risk of infection?**

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as face masks and aprons.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

There were systems in place to reduce or minimise the risk of infection outbreaks in the home.

### **5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected resident 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. This was good practice.

Where a resident was at risk of falling, measures to reduce this risk were put in place. This was reflected in the care records. For example assessments were completed by relevant professionals including physiotherapists and or occupational therapists and residents were assessed as requiring specialist equipment as necessary including for example walking aids such as rollators.

Examination of records and discussion with the Manager and staff confirmed that the risk of falling and falls were kept under regular review.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. 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 could include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, music was playing, and 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. Picture menus were displayed both outside the dining room and on menus sitting on table which showed the choice of the day. In addition staff showed residents the meals available plated to ensure they had their preferred choice. Staff supported residents which a choice of condiments available. The meals available were well presented and looked appetising, 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.

There were clear systems in place to ensure residents received the right care.

### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?**

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. For example residents preferred rising and retiring times and food preferences were also included.

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.

There were systems in place to ensure residents records were well maintained and were regularly reviewed and updated or as any changes occurred.

### **5.2.7 How does the service support residents to have meaning and purpose to their day?**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or reside in areas of their choice. Some residents choose to stay in their rooms while others were observed watching music DVD's and chatting in small groups, or completing puzzles.

Residents told us that they were encouraged to participate in regular activities and events, activities staff ensured there was a choice of events to participate in with different interests and abilities catered for. Some activities provided included, music sessions, arts and crafts, reminiscence and nail art.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents reported. Care partner arrangements were implemented within the home, the manager stated the initiative had a good uptake but had since reduced when visiting restrictions reduced.

There was evidence to show residents were supported to have meaning and purpose to their day.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. There has been no change in the management of the home since the last inspection.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. The Manager or members of the team completed regular audit of for example the environment, equipment used, IPC, staff training, resident weight checks. Any actions identified from the auditing process were actioned accordingly.



There was a system in place to manage complaints. There was evidence that the Manager ensured that complaints were managed correctly and that records were maintained.

The Manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Staff commented positively about the manager and described her as being supportive, approachable and always available for guidance. Staff said “if you have any questions or issues, you just ask, Michelle is very approachable”. Staff was also aware of who to speak to in the managers’ absence.

A record of compliments received about the home was kept these included messages and cards with words of appreciation and thanks from relatives and friends of residents.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately. We discussed the need to ensure records very clearly showed all parties that were informed.

The home was visited each month by a representative of the registered provider 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 were available for review by residents, their representatives, the Trust and RQIA. It was noted the report for May 2021 had been completed in June, and the June report was completed in July. The regional manager outlined the reason for the delays and gave assurances that the next report would be completed within the identified timescale and agreed to forward same to RQIA accordingly. The report was received following the inspection.

There were a range of systems in place to monitor the quality of care and services provided by the home including stable management arrangements, regular auditing of specific aspects of care, a complaints process, ongoing monitoring of accidents and incidents and monthly visits by the representative of the registered provider. The systems in place were found to be effective.

## 6.0 Conclusion

Residents were comfortable and relaxed in the home, there were systems in place to ensure staff training and supervision was maintained on an up to date basis. The environment was clean, tidy and well maintained with systems in place to reduce the risk of outbreaks of infection. Care records were maintained on an up to date basis and there were processes in place to ensure the regular review and audit of care provision within the home.

Based on the inspection findings and discussions held we were satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team.

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



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