

Inspection Report

Name of Service: Willowbrook Care Centre

Provider: Carswood Limited

Date of Inspection: 1 May 2025

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:	Carswood Limited
Responsible Individual:	Mr Jarlath Conway
Registered Manager:	Ms Lavina Ann Harris
Service Profile: This home is a registered nursing home which provides nursing care for up to 31 patients living with a mental disorder and/or past or present alcohol or drug dependence. Patient accommodation is spread over three floors. There are a range of communal areas and patients have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 1 May 2025 from 9.30 am to 5.30 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection, one area for improvement was identified and can be found in section 3.3.4 and 4.0 of this report.

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 spoken with were complimentary about the care and services they received. Patients described staff as, "friendly, polite, respectful", "nice", "excellent", and "very good...they do their best."

Patients confirmed that their care needs were met and that they knew how to raise any issues or concerns. Some patients said that they were able to approach the management team whenever they wanted and some patients said they could also contact their Trust key worker if they needed.

Patients said that staff knew them well and that staff played an important role in helping patients work towards their goals. For example, health and fitness goals.

Patients told us that they could choose where and how they spent their time. For example, they could move freely between their own bedrooms and communal areas of the home or go to the local shops for a walk. Patients also said the food was good and that they got a choice of at least two meals at each mealtime.

Some patients told us that they enjoyed the social and recreational activities in the home, while some patients said they would like to have more available activities. Further comments from patients about life in the home can be found in section 3.3.2 of this report. Comments and suggestions made by patients were shared with the management team who informed RQIA that they were actively recruiting for an activity coordinator.

Relatives spoke positively about the home, with one relative saying “we wouldn’t use anywhere else...we know good care when we see it...the care is great.”

Staff told us that they were happy working in the home and that they were satisfied with the staffing arrangements.

Following the inspection, RQIA received five completed questionnaires. One from a visiting professional, one from a relative or friend of a patient, and three from patients.

The visiting professional to the home said, “lovely staff, helpful and supportive”, and “staff are always about and happy to help at all times.”

Patients who responded indicated that they were satisfied with the care and services provided in the home. They described the care as, “excellent” and “very good.” When asked how they were supported to feel safe, patients said, “staff help me manage my anxiety”, “I am comfortable...I feel safe at all times...medication is given to me”, and “I feel safe.”

The relative/friend respondent described the care as “very standard”, but did not offer any further comment, and indicated that the care was compassionate and effective.

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. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. It was observed that staff were readily available to respond to requests from patients and staff responded in a prompt and caring manner.

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.

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. Discussion with staff and patients evidenced that staff were knowledgeable of individual patients’ needs, their daily routine wishes and preferences.

Observation confirmed that staff attended regular safety briefings at key points during the day to ensure good communication across the team about changes in patients’ needs. Staff confirmed that the manager and deputy manager routinely attended safety briefs and shift handover meetings.

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

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. For example, when a patient was showing signs of increasing anxiety, staff were seen to use distraction techniques such as moving the conversation to a topic that they knew was familiar and comforting to the patient, or using physical movement such as dancing to help redirect a patient's pent up energy.

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 patients choice in how and where they spent their day or how they wanted to engage socially with others. Patients were seen to move freely between their bedrooms and communal areas, and discussion with patients confirmed that they could choose how they spent their time. For example, one patient said that they mostly preferred to watch television in their bedroom but knew that they could go to a communal area at any time.

Discussion with patients evidenced that they were involved in decision making about their care and treatment. For example, one patient talked about their involvement with a visiting health professional and how they understood their treatment plan. Another patient said that they could contact their Trust key worker directly if they wished.

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.

Some 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.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patients were encouraged to wear suitable footwear and to use the nurse call system if they needed assistance, or mobility aids such as rollators were used as recommended by physiotherapy.

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

Observation of the lunch time meal, review of records and discussion with patients and staff evidenced that there were robust systems in place to manage patients' nutrition and mealtime experience. Prior to the mealtime, the chef was seen to visit all patients and offer a choice of meals. Some patients were seen to request alternative options which were accommodated by the catering team.

It was positive to note that the chef supported and supervised a patient to cook a family recipe. This was pre-arranged and risk assessed, and formed part of the patient's recreational care plan. This is good practice.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Discussion with staff confirmed that those patients who required a modified diet, received the correct meals.

The importance of engaging with patients was well understood by the manager and staff. Patients told us about things that they had recently done that brought meaning to their day. For example, visiting the local shops, going for a coffee, taking a bus trip with staff to Helen's Bay or other scenic areas, practicing art, exercising, and listening to music. During the inspection, the home was visited by an ice cream van, and patients and staff were seen to relax and enjoy some treats. This had been pre-arranged by the management team.

Patients could also avail of an alternative therapist who came to the home three days a week. Some patients commented that they would like to see more organised activities over the week. For example, art classes or exercise sessions. This was discussed with the management team who confirmed that they were seeking to recruit a full time activity coordinator. This will be reviewed again at the next care inspection.

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.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Patients could personalise their bedrooms with items of interest and importance to them if they wished. Communal toilets were clean and accessible.

It was observed that the temperature throughout the home was very warm. Some patients and visitors commented that the bedrooms were too warm and that they were unable to control the temperature. This was discussed with the management team and maintenance. Immediate action was taken by maintenance to address the matter. The management team provided assurances that the temperature settings could be controlled and adjusted for individual rooms and that this would be monitored to ensure patient comfort. Before the end of the inspection, patients commented that they felt more comfortable.

It was noted that an identified room had a malodour. The management team were aware of this and were working to resolve the issue. This will be reviewed again at the next inspection.

A storage room was found to have patient equipment stored on the floor. This was brought to the attention of the management team and immediate action was taken to install hangers for suitable storage of moving and handling equipment. All other storage areas were clean and organised.

The most recent fire risk assessment had been undertaken on 13 September 2024. The risk assessor made eight recommendations and it was unclear from the risk assessment document if all recommended actions had been taken. Following the inspection, the management team confirmed in writing that all required actions had been taken.

It was noted that the fire risk assessment highlighted that a fire door had been propped open. It was also noted during the inspection that another fire door was wedged open. An area for improvement was identified. This was brought to the attention of the manager who immediately removed and disposed of the wedge.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Lavina Ann Harris has been the manager in this home since 3 June 2024. The manager confirmed that she felt supported by the senior management team and a deputy manager.

Patients told us that they could approach the manager or deputy if they needed. Staff and relatives said that they were happy with the management arrangements. One relative said, “Lavina, the deputy, and all staff are excellent and they keep us informed.”

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to patients.

Patients and relatives spoken with said that they knew how to report any concerns and said they were confident that the management team would address their concerns.

A record of compliments received about the home was maintained and shared with staff.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Lavina Ann Harris, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (d) (i) Stated: First time To be completed by: 1 May 2025	<p>The registered person shall ensure that the practice of wedging open fire doors ceases with immediate effect and that all staff are aware of their roles and responsibilities in adhering to this fire safety measure.</p> <p>Any doors that are required to be held open should be fitted with an appropriate door holding mechanism which should be connected to the home's fire alarm system.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The practice of wedging open fire doors has ceased. Staff are all fully aware of their roles and responsibilities in adhering to this fire safety measure.</p> <p>A door retaining unit (DRU) which is connected to the home's fire alarm system was fitted to the Manager's office door on 2nd May 2025.</p>

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