

# Inspection Report

13 October 2022



## Willow Grove Care Home

Type of Service: Nursing Home  
Address: 31 Ballygawley Road, Dungannon, BT70 1EL  
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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>Responsible Individual:</b> Mr Stuart Johnstone	<b>Registered Manager:</b> Mrs Michelle Marie Devlin  <b>Date registered:</b> 23 March 2015
<b>Person in charge at the time of inspection:</b> Mr Gareth Frew, Deputy Manager 8.45am – 9.00am Mrs Michelle Marie Devlin, Manager 9.00am – 5.15pm	<b>Number of registered places:</b> 27
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 26
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 27 patients. The home is on the first floor of the building. Patients have access to communal lounges, a dining room and an outdoor space.  There is a Residential Care Home which occupies the ground floor and the registered manager for this home manages both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 13 October 2022, from 8.45am to 5.15pm by a care inspector.

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

Areas for improvement identified during the inspection are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living 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 patients 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 findings of the inspection were provided to the Manager at the conclusion of the inspection.

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

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "Everyone is very good", "I am very happy here", "The staff are very kind and caring" and "I like it here". There were no questionnaires returned from patients or relatives.

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "Great staff morale" and a further staff member said: "I really enjoy working here". There were no responses received from the staff online survey.

One relative commented positively about the home and the care provided. Comments included: "The care is good here" and "Everyone is kind".

Comments received during the inspection were shared with the Manager.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 12 October 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20.(1) (a)  <b>Stated:</b> First time	The registered person shall ensure that having regard to the size of the nursing home, the statement of purpose and the number and needs of patients ensure that at all times staff are working in the nursing home in such numbers as are appropriate for the health and welfare of patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the Manager evidenced that this area for improvement had been met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure the identified patients care plan regarding wound care management is reviewed and updated to ensure it reflects the care to be delivered.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant care records and discussion with the Manager evidenced that this area for improvement had been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure the mealtime experience is reviewed for patients to ensure a better quality experience with table settings to ensure cutlery and condiments readily available for patient use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the mealtime experience and discussion with the Manager evidenced that this area for improvement had been met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

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 including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. The Manager confirmed that there was ongoing monitoring of training to ensure full compliance.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Review of two employee recruitment records evidenced that relevant pre-employment checks had been completed. A discussion was held with the Manager regarding the system for receiving references to ensure that relevant evidence is available within files to confirm the source of the reference. It was further identified that health questionnaires had not been signed by the employees. Following the inspection the Manager confirmed in writing that these issues had been addressed.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the Manager was not on duty.

The inspector requested a sample of registered nurses' competency and capability assessments for taking charge of the home in the absence of the Manager and found these to have been completed.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

### 5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated patients' favourite music or television programme for those who were on bed rest.

Whilst most patients were well presented, the inspector observed three patients without footwear, a number of patients who required finger nail care and one patient requiring eye care. On review of personal care monitoring records it was identified that these aspects of personal care had been ticked as having been reviewed by the nurse in charge but there was no record of these deficits having been identified and/or the action taken to address them. This was discussed with the Manager who immediately had these issues addressed. The Manager

agreed to monitor this during a daily walk around the home and to address any deficits with staff accordingly. This was identified as an area for improvement.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of care records relating to repositioning contained inconsistent information regarding the recommended frequency of repositioning as detailed within the care plan. Gaps in the recording of repositioning were also evident within recording charts. This was discussed in detail with the Manager and an area for improvement was identified.

Review of two patients care records specific to wound care evidenced that the recommended treatment and/or frequency of dressing renewal was inconsistent within care records. Gaps were also evident within both patients' wound evaluation records where the wound had not been dressed within the required timeframe. Details were discussed with the management team and an area for improvement was identified.

Mattress settings on a number of patient's beds were not set in accordance to the patients' weight. This was discussed with the Manager who immediately had all mattresses set to the correct setting. The Manager discussed the challenges regarding an identified patient altering the settings in between the twice daily monitoring checks. Following the inspection the Manager confirmed in writing the action taken to address this with ongoing monitoring to ensure sustained compliance.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients who choose to have their lunch in their bedroom or one of the lounges had trays delivered to them and the food was covered on transport.

Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required. A menu was displayed within the dining room.

Display plates were presented to each patient offering them a choice of meals; the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes.

Staff members were seen to be supportive and attentive to patients whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT).

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

Review of four patient care records evidenced that a number of care plans lacked sufficient detail regarding current treatment and not all patients had care plans for identified medical conditions. Details were discussed with the Manager who acknowledged the shortfalls in the documentation and agreed to communicate with relevant staff the importance of accurately



recording such information within patients' care records. This was identified as an area for improvement.

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

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm and comfortable. Patients' bedrooms were personalised with items important to the patient.

Whilst most areas of the home were clean, a number of rooms required high and low dusting to be completed. This was discussed with the Manager and prior to the completion of the inspection these areas were addressed.

Corridors were clear of clutter and obstruction however two fire doors were obstructed during the inspection. When brought to the attention of staff this was immediately addressed, however, later in the inspection one of the doors was obstructed again with a chair. This was discussed with the Manager and an area for improvement was identified.

Observation of the environment highlighted some areas in which prescribed topical treatments, cleaning items and razors were not securely stored; it was further identified that a tea trolley with food and multiple cups of hot tea were left unattended and easily accessible to patients. The importance of ensuring that all areas of the home are hazard free was discussed with the Manager and an area for improvement was identified.

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 and that any outbreak of infection was reported to the Public Health Agency (PHA).

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept. The Manager also said that any issues observed regarding infection prevention and control (IPC) measures or the use of PPE was immediately addressed.

Observation of staff practices evidenced that they were not consistently adhering to IPC measures, including inappropriate storage of patient equipment within a communal bathroom, a clinical waste bag within a bath and clean towels on top of a laundry trolley used to store unclean linen. Details were discussed with the Manager who acknowledged that these findings were not in keeping with IPC best practice and an area for improvement was identified.

### 5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged with patients individually or in groups; patients were afforded the choice and opportunity to engage in social activities, if they wished.

During the inspection a number of patients were having their hair styled by the hair dresser and others were observing the activity coordinator preparing a 'morning fry'. Other patients were observed engaged in their own activities such as; watching TV, resting or chatting to staff.

Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Patients commented positively about the food provided within the home with comments such as; “The food is always nice”, “The food is good” and “Plenty of choices.”

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

### 5.2.5 Management and Governance Arrangements

There has been a change to management arrangements for the home since the last inspection with Mr Stuart Johnstone now the Responsible Individual. Mrs Michelle Marie Devlin remains as the Manager.

There was evidence that the Manager had a system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action, a time frame for completion and follow up to ensure the necessary improvements had been made.

The home was visited each month by a representative of the Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

### 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Michelle Marie Devlin, Registered 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall take adequate precautions against the risk of fire. With specific reference to ensuring that fire doors are not obstructed.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  Supervisions have been carried out on all staff in relation to ensuring all fire doors are not obstructed. This will be monitored on daily walkarounds by management.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that all parts of the care home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  Supervisions have been carried out on all staff in relation to ensuring toiletries etc are in bathroom cabinets, also advised that razors must not be left in draws in bedrooms and will be kept in locked cupboard.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.14  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that patients' personal care needs are regularly assessed and met. This includes (but is not limited to):</p> <ul style="list-style-type: none"> <li>• Patient's finger nails</li> <li>• Eye care</li> <li>• Footwear</li> </ul> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>  Supervisions have been carried out on all staff in relation to ensuring personal care is carried out to a high standard including finger nails, staff to ensure all residents are wearing footwear and those who take their shoes off ,staff to ensure they respond by putting shoes back on .Nurses will complete a checklist of all residents to ensure personal care is carried out to a high standard. This will also be monitored by Home Manager/ Deputy Manager during daily walk about.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 October 2022</p>	<p>The registered person shall ensure that where a patient requires pressure area care a care plan is implemented detailing the recommended frequency of repositioning which is recorded within the chart and reflective of the care plan.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All care plans have been updated stating how often each resident should be repositioned if they require it. Supervisions have been completed on care staff to complete entries of repositioning on Goldcrest in a timely manner and in accordance with the care plan.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the following action is taken where a wound has been assessed as requiring treatment:</p> <ul style="list-style-type: none"> <li>• that the care plan includes the recommended dressing type and frequency of dressing renewal</li> <li>• wound assessment charts are completed following each dressing renewal and are reflective of the directions within the care plan.</li> </ul> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All care plans state the recommended dressing time and how often dressings should be changed. Discussion with nurses has taken place in relation to completing wound assessment charts following each dressing. Care plans will reflect this.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that care plans are person centred and reflective of the patients' current medical needs.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All care plans have been audited to ensure they are reflective of residents medical needs. Discussion has taken place with Nurses to ensure care plans are completed and person centered.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the IPC issues identified during the inspection are addressed.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Supervision has been carried out on staff to ensure they adhere to infection control guidelines at all times.</p>
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