

# Inspection Report

## 14 September 2023



## Willow Grove Care Home

Type of Service: Nursing 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>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> Mrs Michelle Marie Devlin	<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 14 September 2023, from 9:30 am to 5:45 pm by a care inspector.

The purpose of this inspection was to follow-up on the progress made in relation to the areas for improvement identified in the home since the last care inspection on the 23 May 2023; and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Prior to the inspection concerns were raised by the adult safeguarding team (ASG) within the Southern Health and Social Care Trust (SHSCT) in relation to a number of adult safeguarding referrals received regarding the quality of care delivery towards patients in Willow Grove Nursing Home. Therefore, this inspection also included a focus on staffing arrangements, care delivery, record keeping and the management systems regarding ASG.

During the inspection staff were observed to be very attentive, kind and caring towards patients. Patients said they felt well cared for and 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.

It was positive to note that seven out of the eight areas for improvement identified at the last care inspection on 23 May 2023 had been met.

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

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 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 management team 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 here", "I am getting well looked after", "Very kind people here", "I enjoy the company" and "I feel safe here". There were no questionnaires received from patients or relatives following the inspection.

One relative spoken with during the inspection commented very positively about the overall care delivery within the home. Comments included: "They (staff) are very good here", "Everyone is very friendly and welcoming", "No concerns" and "Happy with the care".

Staff spoke positively about working in the home, the team work and support from management. However; they did comment that staffing levels were not sufficient with late notice sickness especially at the weekend; and that shifts were not always able to be covered due to non-availability of staff. Comments from staff included: "I do enjoy working here", "We do have a great team here but morale is low at present due to staffing issues", "Need more staff", "I really love my job" and "We need more staff to ensure (patient) care needs can be met". There was no response from the staff online survey.

Comments received during the inspection were shared with the management team to review and action as necessary.

## 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 23 May 2023		
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 14 (2) (a)  <b>Stated:</b> Second time	The registered person shall ensure that all parts of the care home to which patients have access are free from hazards to their safety.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with management evidenced that this area for improvement had been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time	The registered person shall ensure that the delivery of urinary catheter care is maintained in accordance with best practice standards.	<b>Met</b>
	With specific reference to ensuring: <ul style="list-style-type: none"> <li>the care plan contains the type and size of urinary catheter</li> <li>the recommended frequency of urinary catheter renewal is recorded within the care plan</li> <li>a system is implemented to ensure that the urinary catheter is renewed within the required timeframe.</li> </ul>	

	<b>Action taken as confirmed during the inspection:</b> Review of a sample of relevant care records and discussion with management evidenced that this area for improvement had been met.	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> Second time	The registered person shall ensure that the following action is taken where a wound has been assessed as requiring treatment: <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>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of relevant care records and discussion with management evidenced that this area for improvement had been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time	The registered person shall ensure that care plans are person centred and reflective of the patients' current medical needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of relevant care records and discussion with management evidenced that this area for improvement had been met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> Second time	The registered person shall ensure that the IPC issues identified during the inspection are addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment, staff practices and discussion with management evidenced that this area for improvement had been met.	

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 38.3  <b>Stated:</b> First time	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of a sample of relevant records and discussion with management evidenced that this area for improvement had been met.</p>	Met
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	<p>The registered person shall ensure that a care plan is implemented for any patient who has a tendency to refuse personal care delivery and contemporaneous records are maintained providing the details of the aspect of care refused along with any action taken to promote the effective delivery of care.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of a sample of relevant care records, observation of the care delivered and discussion with management evidenced that this area for improvement had not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.2.</p>	
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	<p>The registered person shall ensure that quality governance audits specific to care records contain the full audit cycle to ensure that any action required is addressed in a timely manner.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of a sample of care record audits and discussion with management evidenced that this area for improvement had been met.</p>	Met

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

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. Review of three weeks' duty rotas evidenced a number of late notice sickness related absences. On the day of the inspection one care assistant had reported sick and one to one supervision for an identified patient was unable to be obtained. These shifts were partially covered during the inspection and the management team provided sufficient assurance of the efforts made to have these shifts covered.

As mentioned above in section 4.0, staff had commented on staffing levels and that shifts were not always able to be covered due to non-availability of staff. This was discussed in detail with the management team who advised that they had recently recruited a number of care assistants and that recruitment for suitably skilled staff was ongoing.

The manager advised that the number of staff on duty was regularly reviewed to ensure that the assessed needs of the patients are met. Review of a sample of patient dependency assessments confirmed that there were adequate planned staffing levels. However, observation of the delivery of care evidenced that care staff were extremely busy in ensuring that patients' needs were being met. A discussion was held with the management team in relation to the effective deployment of all care staff, including registered nurses, to ensure that patients' needs are fully met and an area for improvement was identified.

Review of a sample of staff competency and capability assessments for the nurse in charge in the absence of the manager found that these had been completed for staff employed by Willow Grove Care Home but not for agency staff. The importance of ensuring that a competency and capability assessment is completed for all staff who are left in charge of the home was discussed with the management team and an area for improvement was identified.

### **5.2.2 Care Delivery**

There was clear evidence of a pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated the patient's favourite music or television programme for those patients who were on bed rest. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Whilst most patients were well presented, a number of patients were observed not to be wearing any footwear. This was discussed with staff who said that some of the patients refuse to wear footwear. Review of a sample of care records evidenced that this was not documented and an area for improvement has been stated for a second time.

Staff further advised that a number of the patients' footwear was in the laundry and that they did not have any other footwear available. This was discussed with management and during the inspection most patients were provided with their footwear. An area for improvement has been stated to ensure that patients have availability of footwear at all times.



A member of staff was observed transferring a patient in a wheelchair without the footrests in position. The potential risks were discussed with the staff member and later with management who agreed to review and action as necessary.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients who choose to have their lunch in their bedroom had trays delivered to them and meals were covered on transport. A number of patients were observed not to be wearing a clothes protector/apron during meal times. Staff advised that they did not have an adequate supply. The manager confirmed that an order for new clothing protectors had recently been made and discussed the measures to be taken until the delivery arrives.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes.

A number of staff were observed assisting two patients at the same time with their meal. Staff acknowledged that this was not appropriate and said there was not enough staff to assist all patients to ensure that patients receive their meals warm. It was further identified that a large quantity of food was wasted following the lunch time meal. On review of the breakfast, morning tea and lunch, it was established that these meals were served within a close proximity of each other. A discussion was held with the management team to review the meal time experience and an area for improvement was identified.

### **5.2.3 Care Records and record keeping**

Staff said they were made aware of patients' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT. Review of care records identified that the choking risk assessment was not consistently being reviewed on a monthly basis. This was discussed with the management team who acknowledged that these assessments should be completed monthly and agreed to have this reviewed.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of care records relating to repositioning evidenced patients were mostly being repositioned in accordance with their care plan. However, the date of repositioning and the staff who had completed the repositioning was not consistently recorded within the charts. This was identified as an area for improvement.

Review of a sample of patient care records evidenced that care plans and risk assessments were reviewed on a regular basis. A number of discrepancies were identified and discussed in detail with the manager who had some of these amended prior to the completion of the inspection and agreed to review and amend all other records as necessary.

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



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

The home was warm and comfortable and whilst most areas of the home were clean, the underneath of identified soap and paper towel dispensers were stained. This was discussed with the management team and prior to the completion of the inspection these areas were addressed.

A store door was unlocked with access to a ladder leading to a roof space. This was brought to the immediate attention of management and relevant action was taken to address this.

Patients' bedrooms were personalised with items important to the patient. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Outdoor spaces and gardens were well maintained with areas for patients to sit. The management team advised that refurbishment work was ongoing within the home to ensure that it is well maintained.

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.

#### 5.2.5 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

The activity coordinator was very enthusiastic in her role and an activity schedule was on display within the home. During the inspection the activity coordinator was carrying out one to one pampering sessions with patients in the morning and current affairs newspaper reading in the afternoon. Other patients were observed having their hair styled/cut by the hair dresser.

Patients commented positively about the food provided within the home with comments such as; "The food is good here" and "The food is very nice."

#### 5.2.6 Adult Safeguarding Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. The manager said they felt well supported by senior management and the organisation.

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 director of operations was identified as the safeguarding champion for the home.

Review of the ASG folder evidenced that any referrals to ASG were maintained within the folder along with any corresponding documents. For example; recommendations made by ASG, meetings and the outcome of referrals.

A system was in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

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 and a time frame for completion with 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 (December 2022)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	4*

\* The total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 20 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	<p>The registered person shall ensure that the deployment of staff is reviewed to ensure that the assessed needs of patients are met.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>  Staffing levels have been reviewed alongside dependency levels. New Deputy Manager in post who is supporting to ensure deployment of staff is meeting Residents needs and new daily duties list implemented</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	<p>The registered person shall ensure that a competency and capability assessment is completed for any nurse taking charge of the home in the absence of the manager. With specific reference to agency nurses.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>  All Nurses have a competency completed during induction period. All agency Nurses will now have a shortened version of competency assessment when they are new to the home, this has been implemented through-out the Kathryn Homes group.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time  <b>To be completed by:</b> From the date of inspection	<p>The registered person shall ensure that a care plan is implemented for any patient who has a tendency to refuse personal care delivery and contemporaneous records are maintained providing the details of the aspect of care refused along with any action taken to promote the effective delivery of care.</p> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>  Care plan audits are regularly completed by the Home Manager and/or Deputy Manager. All residents who refuse personal care have this stated in associated care plans. Care Assistants maintain contemporaneous records of personal</p>

	care completed and this is overseen by the Nurse in charge and/or the Home and/or Deputy Manager
<b>Area for improvement 2</b> <b>Ref:</b> Standard 6.14 <b>Stated:</b> First time <b>To be completed by:</b> From the date of inspection	The registered person shall ensure that patients have access to appropriate footwear at all times.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> All Care plans have been reviewed for those Residents who refuse/remove footwear and amended as required
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time <b>To be completed by:</b> From the date of inspection	The registered person shall review the meal time experience to ensure that there are adequate staff to assist patients and that the frequency between meals are reviewed.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Meal time co-ordinators are in place at all meal times. Wellbeing support is offered if required. All staff take part in meal time audits to identify any issues/areas of concern and an action plan developed if required
<b>Area for improvement 4</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> From the date of inspection	The registered person shall ensure that where a patient requires repositioning, charts are consistently signed and dated.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Repositioning charts have been reviewed to ensure compliance, Home Manager is continually reviewing completion of repositioning charts to ensure they are completed in full and appropriately

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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