The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Willow Grove Care Home

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 21 April 2026

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:	Healthcare Ireland (Belfast) Limited
Responsible Individual	Ms Amanda Mitchell
Registered Manager:	Mrs Michelle Marie Devlin

Service Profile:

Willow Grove Care Home is a nursing home registered to provide nursing care for up to 27 patients living with dementia. Patients have access to communal living and dining spaces and a garden, which surrounds the home.

The nursing home is on the first floor of the building. There is a residential care home on the ground floor and the registered manager is responsible for both services.

2.0 Inspection summary

An unannounced inspection took place on 21 April 2026, from 10.15am to 2.45pm. The inspection was completed by a pharmacist inspector, and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

The outcome of this inspection indicated that robust arrangements were not in place for some aspects of medicines management. Areas for improvement were identified in relation to the medicines ordering system, personal medication records, the management of thickening agents, the management of distressed reactions and audits. Whilst areas for improvement were identified, there was evidence that the majority of medicines were administered as prescribed.

Following the inspection, the findings were discussed with the senior pharmacist inspector in RQIA. It was decided that the home would be given a period of time to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

Patients were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the patients well.

RQIA would like to thank the staff for their assistance throughout the inspection.

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 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, information held by RQIA about this home was reviewed. This included areas for improvement identified at previous inspections, registration information, and any other written or verbal information received from patients, 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.

3.2 What people told us about the service and their quality of life

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each patient liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

3.3 Inspection findings

3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it.

At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records must be in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. However, personal medication records were not in place for two patients, nurses were referring to the GP list. An area for improvement was identified.

Copies of patients' prescriptions were retained so that any entry on the personal medication record could be checked against the prescription.

All patients should have care plans, which detail their specific care needs and how the care is to be delivered. In relation to medicines, these may include care plans for the management of distressed reactions, pain, modified diets etc. The management of distressed reactions, pain, thickening agents and insulin was reviewed.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans were in place and reviewed regularly.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines, prescribed on a 'when required' basis for distressed reactions, was reviewed. Patient-centred care plans were in place. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain and other factors. Directions for use were recorded on the personal medication record, however for one patient it was not clear which medications were to be used first line and second line. Records of administration did not include the reason and outcome of each administration. An area for improvement was identified.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents and nutritional supplements was reviewed. Speech and language assessment reports and care plans were in place. Records of prescribing and administration did not include the recommended consistency level. An area for improvement was identified.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient's blood sugar was outside of the recommended range. Staff were reminded to record the date of opening on insulin pen devices to facilitate audit and disposal at expiry.

3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

All medicines were available for administration on the day of the inspection. However, records reviewed showed that medicine doses had been omitted on a number of occasions for two patients, as the medicines were not available in the home. This had not been escalated to management for immediate action and investigated to prevent a recurrence. Medicines must be available for administration as prescribed. The prescriber must be made aware of any missed doses. An area for improvement was identified.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each patient could be easily located. The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage, the storage of controlled drugs and the safe disposal of medicines.

3.3.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Most of the records were found to have been accurately completed. A small number of missed signatures were brought to the attention of the manager for ongoing monitoring. Records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines, which are subject to strict legal controls and legislation. They commonly include strong painkillers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

The date of opening was recorded on the majority of medicines to facilitate audit and disposal at expiry.

3.3.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions/readmissions to the home. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the patient's medicines and this was shared with the GP and community pharmacist.

3.3.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place, which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

A review of the audits indicated that the issues raised at this inspection were not being identified; the audit system should be reviewed. A robust audit system, which covers all aspects of medicines management, is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. An area for improvement was identified.

3.3.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place. The manager advised, via telephone call, that further training and competency assessment had been provided for all nurses following the inspection.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	4*

* the total number of areas for improvement includes two, which were carried forward for review at the next inspection.

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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 21 April 2026	The registered person shall ensure that patients have a continuous supply of their prescribed medications. Ref: 3.3.2
	Response by registered person detailing the actions taken: Completion of a root cause analysis into the out of stock medications highlighted required improvement in communication between the GP surgeries, providing pharmacist and the nursing team within the home. A robust action plan was developed and followed through to completion. Actions included training for the nursing staff, meetings between the providing pharmacist and GP surgeries, and a review of the nursing team's medication competencies. The issue of medications being out of sync with the 28-day cycle has been addressed and a local protocol has been developed to guide the nursing team in the management of out of stock medication. The emphasis within the home is to address low stock medications as soon as possible to ensure that stock does not run out. The nursing team are required to highlight any medication issues on the Home Manager's shift report and medication will be discussed at daily flash meetings. In addition, regular medication stock audits and monthly monitoring of out of stock incidents will be undertaken by the management team to ensure compliance with the protocol, identify any emerging trends and support continuous improvement in medication management practices.

Area for improvement 2 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time **To be completed by:** 6 December 2025	The registered person shall review bowel management in the home to ensure accurate recording and nurses' knowledge of the process in place where concerns are identified.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 3 **Ref:** Regulation 14 (2) (a) and (c) **Stated:** First time **To be completed by:** With immediate effect (6 November 2025)	The registered person shall ensure that the appropriate signage is displayed when floors are wet to warn patients, visitors and staff of slip hazards.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 21 April 2026	The registered person shall ensure that personal medication records are in place and are accurately maintained Ref: 3.3.1
	Response by registered person detailing the actions taken: Personal medication records are maintained for all residents within the home. The requirement to ensure these records are completed accurately, contemporaneously, and in accordance with the home's medication management policy has been reinforced with the nursing team through recent face-to-face medication training sessions and individual medication competency assessments. Compliance with medication record keeping will be monitored through monthly medication audits undertaken by the Nurse Manager. In addition, the Regional Manager will undertake unannounced spot checks of a sample of residents' medication records during monitoring visits. Findings from these checks will be documented within monitoring reports, with any identified deficits recorded in an action plan and reviewed to completion. Where concerns regarding documentation standards are identified, staff will receive individual supervision and support, with targeted retraining and repeat competency assessments completed as required. Persistent concerns will be managed in accordance with the home's performance management procedures.

	Audit findings, spot-check outcomes, and any corrective actions will be reviewed through the home's governance and quality assurance processes to ensure sustained compliance and continuous improvement.
Area for improvement 2 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 21 April 2026	The registered person shall review the management of thickening agents to ensure that the recommended consistency level is recorded on both personal medication records and administration records. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Iddsi Level is now recorded clearly on the individual resident's personal medication records and administrative records. This will be monitored going forward by the use of the HCI Iddsi audit which specifically asks the auditor to check these records and triangulate to the REDS provided by SALT. The importance of this has been discussed with nursing staff to ensure they understand it needs completed when new kardexs are being written
Area for improvement 3 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 21 April 2026	The registered person shall ensure the management of medicines prescribed 'when required' for distressed reactions is reviewed, to ensure the reason and outcome is recorded and that it is clear which medications should be administered first and second line. Ref: 3.3.1
	Response by registered person detailing the actions taken: Any resident who is prescribed medication for distressed reactions will have this clearly documented on their Personal Medication Record (PMR) and Medication Administration Record (MAR). Where two PRN medications are prescribed for distressed reactions, the prescription chart, MAR, and associated care documentation will clearly identify the first-line and second-line medication, including the circumstances in which each should be administered. A PRN medication recording sheet is maintained for each resident prescribed PRN medication. This record will document the medication administered, whether it was used as the first-line or second-line intervention, the reason for administration, any non-pharmacological interventions attempted prior to administration, the effectiveness of the medication, and the outcome for the resident. Compliance with these requirements will be monitored through monthly medication audits, which will include review of PRN documentation, appropriate use of first-line and second-line

	medications, and evidence that outcomes have been evaluated and recorded. Any deficiencies identified will be addressed through staff supervision, targeted retraining, and repeat competency assessment where required.
Area for improvement 4 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 21 April 2026	The registered personal shall implement a robust audit tool, which covers all aspects of medicines management. Ref: 3.3.5
	Response by registered person detailing the actions taken: The Healthcare Ireland medication audit tool has been implemented within the home and is used to provide comprehensive oversight of all aspects of medication management. Since the inspection, a number of medication audits have been completed by independent third parties to provide additional assurance that the required improvements have been implemented and sustained. The findings from the inspection, subsequent audits, and identified areas for improvement have been discussed with all relevant staff through team meetings, handovers, supervision sessions, and medication training. This has ensured that staff understand the learning arising from the inspection, their individual responsibilities in relation to medication management, and the standards expected within the service. Outcomes from ongoing audits will continue to be shared with staff to promote reflective practice, reinforce learning, and support continuous improvement. Where audit findings identify areas of concern, targeted support, supervision, retraining, and competency reassessment will be undertaken as appropriate. Evidence of these discussions and learning will be maintained through meeting minutes, supervision records, training records, competency assessments, and audit reports.

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