The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Willow Grove Care Home**

Provider: **Healthcare Ireland (Belfast) Ltd**

Date of Inspection: **26 August 2026**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Registered Provider:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Michelle Marie Devlin
Service Profile – This home is a registered nursing home which provides nursing care for up to 27 patients who have dementia. Patients have access to communal living and dining spaces. There is a garden which surrounds the home. The nursing unit is on the first floor of the building. There is a residential care home on the ground floor and the manager of the nursing unit manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 26 August 2026 from 9.30am to 5.00pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 6 November 2025; 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 the service was well led.

Patients spoke positively when describing their experiences of living in the home. Refer to Section 3.2 for more details.

As a result of this inspection one area for improvement from the previous care inspection was assessed as having been sufficiently addressed by the provider and the other was stated for a second time. Five areas for improvement identified during a medicines management inspection on 21 April 2026 were not reviewed as part of this inspection and were carried forward for review at the next inspection. Four new areas for improvement were identified. Details can be found in the main body of the report and in the quality improvement plan (QIP) in Section 4.

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 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 were well presented in their appearance and, those who could, told us that they were happy living in the home. Patients' comments included, "I am happy here; the staff are very nice and I get plenty to eat and drink", and, "I am happy here; the staff are good and I'm comfortable". Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Relatives consulted responded positively in relation to the care provision in the home. One told us, "We are very happy with the care. Everyone is so friendly. It takes a special type of person to work here". We received no questionnaire responses from patients or relatives.

A visiting professional complimented staff in the home and told us, "The staff here are all very good; good at following recommendations left and they are very quick to respond to any situations when they arise".

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together. There were no responses from the staff online survey.

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.

All appropriate recruitment safety checks had been verified prior to staff commencing in post. Newly employed staff completed a structured induction at the commencement of their employment. Although, staff raised concerns with the time allocated for the induction process; especially for those with no care experience and those who did not feel ready to progress to working as part of the team independently. This was discussed with the manager and identified as an area for improvement.

Some new staff allocated to work within a team of two had not completed moving and handling training prior to doing so where the moving and handling of patients was required. In addition, several staff told us that they did not have, or were not familiar with, training on managing behaviours that are challenging. Some patients in the home could present with these type of behaviours. An area for improvement was identified.

Compliance with training on other areas was good. Training topics included dementia management, delirium, oral health, dysphagia, adult safeguarding and mental capacity. Some staff expressed a wish for more bespoke training on dementia care. This was shared with the managers for their review and actions as appropriate. In addition to training, staff were also supported through staff supervisions and staff appraisals.

Some staff shared concerns that could negatively impact on the staffing arrangements. Their concerns were shared with the managers for their review and actions as appropriate.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

3.3.2 Quality of Life and Care Delivery

Patients told us that they were happy living in the home. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences. Interactions between staff and patients were noted to be caring and compassionate. Patients spoke fondly about the staff.

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. Patients told us that they had choice in where and how they spent their day, what they wore and what they had to eat.

The staff handover process had changed since the last inspection, in that, the registered nurse on duty would handover all patient details to the next registered nurse coming onto duty. The registered nurse coming on duty would then handover relevant information to the care assistants to aid in the sharing of information. However, care assistants confirmed that on

several occasions this did not happen and they did not receive any handover at the commencement of their shift. This was discussed with the manager and identified as an area for improvement.

A review of accident records evidenced that the correct actions had been taken after a fall in the home and the correct persons notified. Accidents in the home were reviewed monthly for any patterns and trends in an effort to prevent any future falls from occurring. A falls action plan was completed, where appropriate, following the review. Staff, dependant on role, were aware of the actions they should take when finding a patient on the floor.

Patients who required special attention with skin care were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs. Daily evaluation records monitored patients' skin integrity. Care records identified how to safely move and handle any patient in the home.

Patients were well presented in their appearance. Each patient had a personal hygiene care plan in place identifying, where appropriate, the level of assistance they required with hygiene needs. In addition, patients had specific oral hygiene care plans in place. Although, staff confirmed that there were occasions when patients' toiletries had ran out and, where families had not had the opportunity to replenish them, the staff provided toiletries for patients to maintain their hygiene and personal care needs. This was discussed with the manager and identified as an area for improvement.

Patients had good access to food and fluids throughout the day and night. Patients were safely positioned for their meals and the mealtimes were appropriately supervised. Staff communicated well to ensure that every patient received their meals in accordance with their assessed needs and assisted patients in an unhurried and compassionate manner. Food was only served when the patients were ready to eat their meal. The meals served appeared appetising and nutritious. Patients had fluid targets recorded in order to maintain hydration. Staff monitored and recorded oral intake well over the 24 hour period to ensure patients received enough to eat and drink.

Specific attention had been placed on bowel management. Patients were monitored closely to ensure that their bowels were moving in accordance with normal patterns. Any concerns were identified and managed quickly.

An activity planner had been displayed identifying the upcoming weeks activities. The planner needed to be bigger and more prominent to make it easier for patients to see what was planned. The activity therapist agreed to address this. Planned activities included games, pampering, chats, relaxation, exercise, quiz and spiritual needs were met through church services shown on a Sunday morning. Records of all patients' activity engagements were maintained.

We watched the planned morning activity engagement as part of a formal structured observation. Patients were enjoying a karaoke session. The activity therapist clearly knew the patients well and engaged with each one during the session bringing warmth, inclusiveness and fun to each participant. Patients were singing, dancing and smiling; clearly enjoying the activity.

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 the patients' needs. 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. Risk assessments and care plans were reviewed regularly to ensure that they remained reflective of patient need. Care records were stored securely.

Supplementary care records were maintained to evidence the care delivered to patients. The records included personal care delivery, food and fluid intake, repositioning, checks made on patients and continence care.

Nurses completed daily progress notes to monitor and evaluate the care delivered to the patients in their care.

3.3.4 Quality and Management of Patients' Environment

Patients' bedrooms were personalised with items important to them. The home was warm, clean and comfortable to live in. Areas were identified requiring refurbishment and/or redecoration. The regional manager confirmed that this would be part of the refurbishment plan currently under development. We also discussed the benefits of completing a dementia audit to make the environment more dementia friendly. This will be reviewed at a subsequent inspection.

Three floors, which had been recently washed, did not have warning signage in place to alert any person entering the room of a slip hazard. This was discussed with the manager and an area for improvement previously made in this regard was stated for the second time.

Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted.

Monthly infection control and environmental audits were completed to monitor the environment and staffs' practices. Personal protective equipment and hand hygiene facilities were readily available throughout the home. The equipment in use in the home was clean.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Michelle Devlin has been registered as manager of the home since 23 March 2015. In the absence of the manager there was a nominated nurse-in-charge (NIC) to provide guidance and leadership. The NIC was clearly identified on the duty rota.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager had a suite of audits to complete. We discussed ways of enhancing the action plan process when deficits were identified.

The number of complaints to the home was low. There was a system in place to manage any complaints received. Registered nurses completed Conflict Resolution and Complaints Handling training. A compliments log was maintained which included cards and verbal compliments received. All compliments received were shared with staff.

Staff shared some views they had on raising concerns which were shared with the management team for their review and actions as appropriate. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients and relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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*	7*

*The total number of areas for improvement includes one that has been stated for a second time and five which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Michelle Devlin, Registered Manager and Mrs Karen Agnew, Regional 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: 2.0
	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.

Area for improvement 2 **Ref:** Regulation 14 (2) (a) and (c) **Stated:** Second time **To be completed by:** With immediate effect (26 August 2026)	The registered person shall ensure that the appropriate signage is displayed when floors are wet to warn patients, visitors and staff of slip hazards. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Discussions have taken place with the domestic staff to ensure compliance of displaying wet floor signs in all areas. We have purchased a further supply of wet floor signs to ensure compliance in this area. This will be monitored daily during Home Managers daily walk around.
Area for improvement 3 **Ref:** Regulation 20 (1) (c) (i) **Stated:** First time **To be completed by:** 14 October 2026	The registered person shall ensure that all appropriate staff receive training on: 1. Patient moving and Handling (Theory and Practical) 2. Managing challenging behaviours Ref: 3.3.1
	Response by registered person detailing the actions taken: All staff will receive moving and handling training both theory and practical during their induction process. In house moving and handling trainers have now been allocated to the Home to ensure all staff receive training in a timely manner. Managing challenging behaviour and introduction to trauna informed care is now being delivered to all staff in the home.
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: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

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: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
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: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
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: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 5 **Ref:** Standard 39 **Stated:** First time **To be completed by:** With immediate effect (26 August 2026)	The registered person shall ensure that the appropriate time is allocated to the induction process depending of staffs' abilities. Ref: 3.3.1
	Response by registered person detailing the actions taken: The length of the induction has been reviewed and has been extended for all staff. Those staff who require an extension in their induction due to their ability will be catered for and monitored to ensure they feel confident and competent in their role.

Area for improvement 6 **Ref:** Standard 41 **Stated:** First time **To be completed by:** With immediate effect (26 August 2026)	The registered person shall ensure that care staff receive an appropriate handover at the commencement of their shift. Ref: 3.3.2
	Response by registered person detailing the actions taken: When care staff arrive on shift they will receive a handover from the Nurse in charge , care staff have been advised to ensure they arrive to work on time and the Nurses have been advised of the importance of providing a handover report to the care staff as part of their responsibility as the Nurse in charge of the shift. Care assistants also have a copy of the handover to which they can refer to on each shift. .
Area for improvement 7 **Ref:** Standard 6 **Stated:** First time **To be completed by:** With immediate effect (26 August 2026)	The registered person shall ensure that proper provisions are made to make sure that patients' personal care and grooming needs are maintained at all times. Ref: 3.3.2
	Response by registered person detailing the actions taken: Familes are contacted when residents require toiletries .Care assistants have been advised to inform the Nurse in charge when a residents toiletries are running low so the stock can be replenished. Regular checks will be carried out to ensure each resident has adequate supply of toiletries to meet their personal care needs. The home will hold an emergency supply of toiletries which will be used if required.

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