

Announced Variation to Registration Care Inspection Report 13 September 2017



Wood Green Nursing Home

Type of Service: Nursing Home (NH)

Address: Wood Green, Circular Road, Jordanstown, BT37 0RJ

Tel No: 028 90 369901

Inspector: Donna Rogan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Wood Green is a nursing home with 58 beds that provides care for patients living with dementia and old age not falling within any other category. The nursing home operates on the middle and top floor of a three storey building. The ground floor is registered to provide residential care. The home was first registered with RQIA in March 2017.

3.0 Service details

Organisation/Registered Provider: Manor Healthcare Ltd Responsible Individual: Eoghain King	Registered Manager: Tiago Moreira
Person in charge at the time of inspection: Tiago Moreria	Date manager registered: 20 March 2017
Categories of care: Nursing Home (NH) I – Old age not falling within any other category DE – Dementia	Number of registered places: 58 comprising: 26 – NH-I 32 – NH- DE

4.0 Inspection summary

An announced variation to registration inspection of Wood Green Nursing Home took place on 13 September 2017 from 10.30 to 12.45.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes, April 2015.

The inspection sought to assess an application submitted to RQIA for a variation to the number of nursing beds registered with RQIA. The registered person sought to reduce the overall numbers of the nursing care beds by 32. The proposed plan would provide for 26 beds located on the top floor of the home. These beds would be subdivided into two units comprising of a total of seven beds registered in the NH-I (frail elderly) category of care and 19 in the NH-DE (dementia) category of care.

The application would increase the number of residential category dementia places in the home from 22 to 54. The residential variation is addressed in a separate report.

Two areas for improvement under the regulations and one area for improvement under the care standards made during the previous inspection on 14 June 2017 have been met. Three areas of improvement made during the previous inspection on 14 June 2017 under the standards were not reviewed as part of this inspection and have been carried forward to be reviewed during the next care inspection. They can be viewed in the QIP at the end of the report.

The variation to registration to Wood Green Nursing Home was granted from a care perspective following this inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Tiago Moreira, registered manager and Eoghain King, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 17 July 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent finance inspection on 17 July 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the variation application and supporting documentation.

During the inspection the inspector met with the registered manager and the responsible individual was present for periods throughout the inspection.

The findings of the inspection were provided to the registered manager and responsible individual.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 July 2017

The most recent inspection of the home was an unannounced finance inspection.

This QIP will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last care inspection dated 14 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (o) Stated: First time (carried forward)	The registered person shall ensure that the garden area identified to the back of the home is developed with planted, and grass areas. Each unit should have a separated area provided with suitable fencing. This should be completed as soon as the weather permits.	Met
	Action taken as confirmed during the inspection: A review of the garden and exterior of the building evidenced that the garden continues to be developed, planted and grass areas were nicely tended to and there was various seating areas observed. Fencing was provided to secure the garden area to the back of the home.	
Area for improvement 2 Ref: Regulation 27 (2) (a) Stated: Second time	The registered person shall ensure that the environment in the dementia nursing floor will be further enhanced to promote best practice in dementia care and to ensure the overall environment is conducive to accommodate patients with dementia.	Met
	Action taken as confirmed during the inspection: The environment in the nursing home was further enhanced from a dementia care perspective and further occasional furniture has been purchased to enhance the homeliness of the home. The responsible individual has provided written assurance to RQIA that they will continue to enhance this area in order to ensure that it is conducive to accommodate patients with dementia.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 Stated: First time	The registered person shall ensure that the lounges and dining rooms are further enhanced in terms of providing soft furnishing and furniture to ensure it is homely and welcoming.	Met
	Action taken as confirmed during the inspection: Written evidence has been received by RQIA that the lounges and dining rooms have been further enhanced in terms of providing soft furnishing and furniture. Since this inspection the following has been provided in the home; <ul style="list-style-type: none"> • 60 coffee tables for the various lounges and sitting areas within the home. • 3 large sideboards for each of the main dining rooms • 5 book cases for the lounges • 5 sideboards for lounges • large clocks for the dining rooms • a range of floor and table lighting for use in the lounges and various sitting areas • a range of pictures 	
Area for improvement 2 Ref: Standard 44 Stated: First time	The registered person shall ensure that the designated storage areas are clearly defined in the home and managed in accordance with best practice.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall ensure that the dining experience is reviewed in order to enable patients to be independent in their choices regarding food preferences. The menu should be clearly displayed and items of choice should be visible to patients to promote choices.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 4 Ref: Standard 11 Stated: First time	The registered person shall ensure activities are arranged on a regular basis and a formal activity plan is formulated and followed.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

This inspection focused solely on the variation to registration application made by the registered provider to RQIA. Three areas for improvement from the last care inspection on 14 June 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

Staffing

The registered manager outlined the planned staffing arrangements for the top floor for both day and night cover. The registered manager confirmed there had been a recruitment drive for staff and sufficient numbers had been recruited to meet the needs of the patients and the layout of the home. Staff were not spoken with during this inspection.

Infection prevention and control

The registered manager confirmed the first floor of the home had received a full terminal clean having been vacated from previous nursing use and was now awaiting approval for variation for residents in the dementia residential category of care. Good standards of hygiene were observed in the home on the top floor. Inspection of the premises confirmed that there were

wash hand basins, adequate supplies of liquid soap dispensers and drying facilities for areas of care delivery. Shelving and storage issues were identified as needing further improvements during the inspection on 13 September 2017, written confirmation that new shelving had been purchased and storage was rearranged was received from the responsible person on 25 September 2017.

Environment

The top floor of the building was appropriately subdivided into two units. One unit comprising of 7 patients in the NH-I category of care and 19 in the NH-DE category of care. The units are divided using keypad access. All bedrooms were ensuite, communal areas were available and included living areas, bathrooms, dining room with a small prep kitchen which relatives can also access. The environment was modern, clean, fresh and was finished to a high specification. Appropriate signage was in place to help promote a “dementia friendly” environment. During the inspection there was a lack of side tables, shelving and soft furnishings available which would be conducive to the promotion of a homely environment. The responsible person provided assurances that these would be in place within two weeks of the inspection. On 25 September RQIA were provided with a list of additional furniture and soft furnishes provided throughout the home and RQIA were satisfied with this response and action taken.

Fire Safety

The home had an up to date fire risk assessment in place dated February 2017.

Management arrangements

The registered manager outlined the proposed new management arrangements for the home including the introduction of a deputy manager to implement quality assurance measures for use moving forward.

Areas of good practice

Areas of good practice were identified in relation to the environment, the management ethos of the home and infection prevention and control.

Areas for improvement

No areas for improvement were identified during the inspection.

Conclusion

Following the inspection the variation to registration for Wood Green Nursing Home was approved.

	Regulations	Standards
Total number of areas for improvement	0	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tiago Moreira, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 44 Stated: First time To be completed by: 30 June 2017	<p>The registered person shall ensure that the designated storage areas are clearly defined in the home and managed in accordance with best practice.</p> <hr/> <p>Response by registered person detailing the actions taken: All storage areas have now been equipped with adequate shelving and have been clearly identified.</p>
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 30 June 2017	<p>The registered person shall ensure that the dining experience is reviewed in order to enable patients to be independent in their choices regarding food preferences. The menu should be clearly displayed and items of choice should be visible to patients to promote choices.</p> <hr/> <p>Response by registered person detailing the actions taken: Menus are displayed at each individual dining table to provide the residents with a more homely experience and promoting their independence regarding their choice of meals.</p>
Area for improvement 3 Ref: Standard 11 Stated: First time To be completed by: 30 June 2017	<p>The registered person shall ensure activities are arranged on a regular basis and a formal activity plan is formulated and followed.</p> <hr/> <p>Response by registered person detailing the actions taken: Activity plan has now been implemented and activities are carried out on a regular basis throughout the home both by care staff as well as an activity coordinator</p>

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



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