

Inspection Report

14 April 2022



Wood Green Nursing Home

Type of service: Nursing Home
Address: Wood Green, Circular Road, Jordanstown, BT37 0RJ
Telephone number: 028 9036 9901

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Wood Green Management Company (NI) LTD</p> <p>Responsible Individual: Mrs Yvonne Diamond</p>	<p>Registered Manager: Mrs Tanya Brannigan - not registered</p>
<p>Person in charge at the time of inspection: Mrs Tanya Brannigan - Manager</p>	<p>Number of registered places: 32</p> <p>A maximum of 19 patients in category NH-DE and a maximum of 13 patients in category NH-I.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 32</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Nursing Home which provides nursing care for up to 32 patients. The home is divided into two units, a general nursing unit and a dementia care unit which are located on the first floor of the building.</p> <p>There is a Residential Care Home which occupies the ground and second floors. This home is managed separately from the Nursing Home.</p>	

2.0 Inspection summary

An unannounced inspection took place on 14 April 2022 from 9.15 am to 5.45 pm by a care inspector.

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

Patients were content in the home and voiced their opinion of the care provided in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 7.0.

RQIA were assured that the delivery of care and service provided in Wood Green Nursing Home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services.

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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Five patients spoken with told us they were happy with the care provided in the home, the food was lovely and they were well looked after. A relative was complimentary about the staffing, care provided and the cleanliness of the home.

Three staff spoken with were knowledgeable about individual patient care needs; described the management team as supportive and approachable and described staffing as improving due to new staff recruited recently.

There were no patient or relative questionnaires received following the inspection and no responses from the online staff survey.

A record of compliments received about the home was kept and shared with the staff team.

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 28 June 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall minimise the risk of infection by ensuring a sink cupboard and buzzer mat are appropriately cleaned and personal protective equipment is used correctly and when required.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 27 (4)(a) Stated: First time	The registered person shall have in place a current risk written assessment and fire management plan which is revised and actioned when necessary. This is in relation to the completion of the recommended action required in the current fire risk assessment.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 14 (2)(a) Stated: First time	The registered person shall ensure all parts of the home to which patients have access are free from hazards. This is in relation to the safe storage of cleaning chemicals.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	<p>The registered person shall ensure that patients' care plans are detailed, accurate and individualised; care plans should be up to date and reflective of the current care required.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. Care records for wounds, repositioning, activities and eating and drinking were not reflective or up to date for all patients who required them. This area for improvement has been subsumed under the regulations.</p>	Partially met
Area for improvement 2 Ref: Standard 12.20 Stated: First time	<p>The registered person shall ensure patients are enabled to have their meals served in the dining room or can choose to have their meals served in other areas of the home</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. There was no dining room area provided in the general nursing unit for patients to choose to have their meals. This area for improvement has been stated for a second time.</p>	Partially met
Area for improvement 3 Ref: Standard 40 Stated: First time	<p>The registered person shall ensure staff have their performance appraisal completed on an annual basis.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients, however, not all gaps in employment had been explored. An area for improvement was identified.

There were systems in place to monitor if staff were trained do their job. Mandatory training was in progress, however, fire training was not completed for a large number of staff. An area for improvement was identified.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way and to provide patients with a choice on how they wished to spend their day. Call bells were answered promptly and residents who requested assistance were responded to.

A competency and capability assessment had been completed for all staff taking charge in the home in the absence of the manager.

Regular checks were completed to ensure staff were registered with professional bodies including the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of the individual needs of patients, their daily routines and preferences.

It was observed that 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.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and/or alarm mats. Documentation was in place to support the need for this equipment.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records however, did not accurately reflect the regular repositioning required for all patients. Care records also lacked detail and accuracy on regular wound management, eating and drinking and activities provided for patients. This area for improvement has been subsumed as an area for improvement under the regulations.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example walking aids were provided and staff gave assistance to patients who required this.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience, however, not all patients were able to choose to have their meal served in a dining room. This was discussed with the management team and this area for improvement has been restated for a second time.

There was choice of meals offered, the food was attractively presented, smelled appetising and portions were generous. There was a variety of drinks available. Patients were complimentary about the lunch meal provided.

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.

Patients care records were held and stored confidentially. Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on what or who was important to patients. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

On arrival at the home a member of staff recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage at the entrance of the home provided advice and information about infection and Covid-19.

Observation of the home's environment evidenced that the home was tidy, fresh smelling and well maintained. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Patients could choose where to sit and staff were observed supporting patients to make these choices. No concerns were raised by patients about the cleanliness of the environment.

Observation of bathrooms, bedrooms and lounges found that not all bathroom facilities and furniture were appropriately cleaned. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe, however, staff were not up to date with their fire training and this has been stated as an area for improvement in section 5.2.1.

The home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). Visiting arrangements were managed in line with DoH and IPC guidance.

Staff were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Staff called patients by their first name and were familiar with how patients wished to spend their day. Discussion with patients confirmed that they were able to choose how they spent their time. For example, patients could have visits from family or friends in their room or spend time in the communal lounge or in their own bedrooms.

Although there was a variety of activities documented for patients to take part in, records showed evidence that meaningful activities were not being provided on a regular basis. An area for improvement was identified.

Staff were observed offering choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear and food and drink options.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. 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 in the management of the home since the last inspection. Mrs Tanya Brannigan has been the manager in this home since 14 April 2022 and has applied to RQIA to become the registered manager.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home, however, wound care was not audited regularly. This was discussed with the manager and is to be completed on a regular basis. This will be reviewed at the next inspection.

Patients spoken with said that they knew how to report any concerns and said they were confident that the manager would address this. Review of the home's record of complaints confirmed that these were well managed.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents which happened in the home. Review of the records of accidents and incidents identified that not all were notified, when required, to RQIA. An area for improvement was identified.

The home was visited each month by a representative of the registered provider 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 in detail; where action plans for improvement were put in place, however, actions were not always followed up to ensure that they were correctly addressed. An area for improvement was identified.

7.0 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/or the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	4	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Tanya Brannigan, Manager and Yvonne Diamond, Responsible Individual, 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	
Area for improvement 1 Ref: Regulation 15 (2)(a)(b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that patients' care plans are detailed, accurate and individualised and kept under review and revised at any time when required. Ref: 5.1 and 5.2.2 Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall make suitable arrangements to minimise the risk and spread of infection. This is in relation to the areas identified in the report. Ref: 5.2.3

To be completed by: With immediate effect	Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect	The registered person shall ensure all notifiable accidents and incidents are reported to RQIA. Ref: 5.2.5 Response by registered person detailing the actions taken:
Area for improvement 4 Ref: Regulation 29 Stated: First time To be completed by: With immediate effect	The registered person shall ensure the actions identified as part of the Regulation 29 reports are followed-up and completed in a timely manner. Ref: 5.2.5 Response by registered person detailing the actions taken:
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 12.20 Stated: Second time To be completed by: 30 June 2022	The registered person shall ensure patients are enabled to have their meals served in the dining room or can choose to have their meals served in other areas of the home. Ref: 5.1 and 5.2.2 Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 38.3 Stated: First time To be completed by: With immediate effect	The registered person shall ensure before making an offer of employment, any gaps in employment are explored and recorded. Ref: 5.2.1 Response by registered person detailing the actions taken:



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