

Inspection Report

28 June 2021



Wood Green Nursing Home

Type of Service: Nursing Home

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

Tel no: 028 9036 9901

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Wood Green Management Company (NI) Ltd Responsible Individual: Mrs Yvonne Diamond | Registered Manager: Ms Debby Ann Gibson Date registered: 22 September 2018 |
| Person in charge at the time of inspection: Ms Debby Ann Gibson | Number of registered places: 32 A maximum of 19 patients in category NH-DE and a maximum of 13 patients in category NH-I. |
| Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. | Number of patients accommodated in the nursing home on the day of this inspection: 31 |
| Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 32 patients. The home is on the first floor of the building and there is a Residential Care Home which occupies the ground floor. The registered manager for this home manages both services. | |

2.0 Inspection summary

An unannounced inspection took place on 28 June 2021, from 9.00 am to 6.30pm 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.

The home was generally clean and tidy and patients appeared comfortable and relaxed. Staff were available when patients required their assistance and staff reported they felt supported by the management team.

Staff promoted the dignity and well-being of patients and patients and their relatives were satisfied with the care provided.

Areas requiring improvement were identified regarding care records, infection prevention and control (IPC), fire safety, storage of cleaning chemicals, the dining experience and staff appraisals.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and services provided 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 in Wood Green Nursing Home.

The findings of this report will provide the Registered Persons 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 and 'Tell Us' cards 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

Seven patients, one relative and three staff were consulted with during the inspection.

Patients told us they were looked after well, they were happy with the numbers of staff, they liked getting their nails painted and the food was lovely.

A relatives told us they were very happy with the care provided in the home and were kept well updated by the staff about any changes in their loved ones needs.

Staff said they liked working in the home and were happy with the care provided in the home. They had a good knowledge of patients care needs and felt supported.

No questionnaires were received following the inspection and no responses were received to the online survey.

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 07 January 2021 | | |
|---|---|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 13 (1) Stated: First time | The registered person shall ensure that neurological observations are consistently carried out and clearly recorded following a fall. Any deviation from this and the rationale for such should be clearly documented. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |
| Area for improvement 2 Ref: Regulation 13(7) Stated: First time | The registered person shall ensure that the infection prevention and control deficits identified during this inspection are managed to minimise the risk and spread of infection. With specific reference to: <ul style="list-style-type: none"> • staff should not be wearing nail polish, gel nails and items of inappropriate jewellery | Met |

| | | |
|--|--|---------------------------------|
| | <ul style="list-style-type: none"> the use of vinyl gloves for direct patient care the cleanliness of the underside of hand sanitiser units the cleanliness of wheelchairs the cleanliness of crash mats the use of corridor hand rails to store items the storage of excess continence products and wipes in patient bathrooms. | |
| | <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p> | |
| <p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> | <p>The registered person shall ensure Regulation 29 monitoring reports include consistent regular review of the required actions to address any identified areas for improvement. A clear rationale should be documented for any delays in meeting the areas for improvement.</p> | Met |
| | <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p> | |
| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | | Validation of compliance |
| <p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> | <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> | Partially met |
| | <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. A sample of care plans examined showed that repositioning records were not completed and up to date.</p> | |
| <p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: Second time</p> | <p>The registered person shall ensure that when patients are in their rooms they have call bells within reach; if a patient is unable to summon assistance in this way this should be clearly documented in their individual care record.</p> | Met |

| | | |
|--|---|------------|
| | <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p> | |
| <p>Area for improvement 3 Ref: Standard 35 Stated: First time</p> | <p>The registered person shall ensure the robust completion and effective managerial oversight of all governance audits including but not limited to wound care audits. The deficits identified from the governance audits should be addressed appropriately within an identified timeframe as outlined in any corresponding action plan. Any reason for delay in addressing the deficits should be clearly documented.</p> <p>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.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training was progressing for staff and additional training including dementia awareness and dignity in care were also being completed by staff.

Staff said they were well supported in their role and said team work was good, 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. Staff told us that there was enough staff on duty to meet the needs of the patients.

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. For example, residents who wished to spend their day in their rooms were supervised and those who preferred to use the lounges were assisted to do so.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff told us that the patients' needs and wishes were taken into consideration when providing care.

Patients said there were plenty of staff around if you needed them and they were attentive and caring. Patients did not raise any concerns about staffing levels in the home.

Patients' relatives said there were always staff around and they provided updates on how their relatives were on a regular basis. No concerns about staffing were raised by relatives.

There were safe systems in place to ensure staff were recruited and trained properly; and that patient' needs were met by the number and skill of the staff on duty.

5.2.2 Care Delivery and Record Keeping

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 expressing their wishes or feelings. Staff showed skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff asked patients before providing intimate care or hand and nail care and considered their responses and preferences.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, lap belts or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, storing patient's confidential care records securely and providing personal care in a discreetly.

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 and a new record was put in place to record when the recommended change of position had been completed. Care records accurately reflected the patients' needs, and if required, nursing staff consulted the tissue viability specialist nurse (TVN) and followed the recommendations they made.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, ramble guards, buzzer mats and supervision by staff when required.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to their GP, or the out of hours GP service.

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.

It was observed that patients were enjoying their meal. There was evidence that patients' needs in relation to nutrition were being met. Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

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. The record of fluid intake had not been regularly completed on the electronic care plan records. This was discussed with the manager and a new recording process is to be put in place to record fluid intake accurately and a record for repositioning of a resident had also not been put in place and recorded as directed by the care plan. This area for improvement has been stated for a second time.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially. Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information about 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.

Patients said they were well looked after and staff said that they were aware of individual patients care needs.

Addressing the recording of the care records for fluid intake and patient repositioning will drive improvement in care delivery and the recording of care records.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was generally clean, tidy and well maintained.

For example; 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 or where to take their meals and staff were observed supporting patients to make these choices.

A lovely outdoor area was evident in the garden with flowers and a seating area for patients and relatives to use in the warmer weather. Patients described how they loved the garden and getting outdoors.

There was evidence throughout the home of 'homely' touches such as snacks and drinks available throughout the day or at patient's request.

It was noted that a sink cupboard and buzzer mat were unclean and not all staff were using their face masks appropriately. An area for improvement was identified.

Patients, patients' relatives and staff spoken with said they had no concerns about the upkeep and cleanliness of the environment.

Fire safety measures were in place; however, the actions resulting from the most recent fire risk assessment had not all been completed to ensure patients, staff and visitors to the home were safe. The manager agreed to ensure the action was followed up immediately. An area for improvement was identified.

The cupboard of a patients' kitchen area and an ensuite bathroom contained cleaning chemicals which were not stored securely. This was brought to the attention of staff for removal and an area for improvement was identified.

There was evidence that robust systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, 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).

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

Visiting arrangements were managed in line with DoH and IPC guidance.

Addressing the areas identified for improvement will assist the home to ensure that the environment of the home and IPC practices are effectively managed.

5.2.4 Quality of Life for Patients

Discussion with patients and patients' relatives confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or get up early or spend time in the communal areas of the home including the lounges or garden.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home: for example, planning of activities, staffing and the menu choices.

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear, food and drink options, where they wanted to eat their meals and where and how they wished to spend their time.

Patients were being offered hand cream and hand massage throughout the day. As said previously patients had helped plan their activity programme.

The dining rooms were not used for the majority of patients during the lunch time meal. Patients were served lunch in the hallways with tables which were not suitable for patients to reach their meal and drink. This was discussed with the manager and an area for improvement was identified.

The lunch time meal was enjoyed by patients who said it was lovely, hot and nice. Modified meals appeared and smelled appetising. A relative said the food is really good here.

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.

Patients said they were happy and love to have their nails painted. Staff were assisting patients to decide if they wanted to take part in the hand massages or do something else of their choice.

Systems were in place to support patient to have meaning and purpose to their day. Addressing the serving of meals in hallways would enhance patient experience during mealtimes.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Debby Ann Gibson has been the manager in this home since 22 September 2018.

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, the manager did not have oversight of the restrictive practices used in the home. Following discussion with the manager it was agreed that this would be put in place.

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 manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients and relatives spoken with said that they knew how to report any concerns and said they had no concerns. 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.

The record of staff yearly appraisals showed that this had not been completed. This was discussed with the manager and an area for improvement was identified.

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

Staff commented positively about the management team and described them as supportive, approachable and available for guidance.

The home was visited each month by 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, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Patients looked well cared for and were settled and appeared happy in the home. Staff were seen to treat patients with dignity and respect. The home was welcoming and tidy and patients spent their time in communal rooms or their own bedrooms.

Staff felt supported by the management team and the manager was available in the home to offer assistance when required.

As a result of this inspection six areas for improvement were identified. Five were in relation to safe and effective care and one was in relation to the service being well led. Details can be found in the Quality Improvement Plan (QIP) included.

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 | 3 | 3* |

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Debby Ann Gibson, Registered 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 13 (7) Stated: First time To be completed by: Immediately from the date | 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. Ref: 5.2.3 Response by registered person detailing the actions taken: |

| | |
|---|---|
| of inspection | The staff have been reminded about the correct use of PPE to ensure adherence to the IPC recommendations. Cleaning of the sink cupboard and buzzer mats have been added to the decontamination schedule to ensure it is done daily. This is to be monitored during Management daily walkround. |
| Area for improvement 2 Ref: Regulation 27 (4)(a) Stated: First time To be completed by: 5 July 2021 | 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. Ref: 5.2.3 Response by registered person detailing the actions taken: All recommended actions in the current fire risk assessment have been completed. Updated risk assessment in place. |
| Area for improvement 3 Ref: Regulation 14 (2)(a) Stated: First time To be completed by: Immediately from the date of inspection | 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. Ref: 5.2.3 Response by registered person detailing the actions taken: All cleaning chemicals are stored in the Domestic Store which has a coded door lock. All staff are aware of the code and can freely access any cleaning products needed. The safe storage of cleaning products and the accountability of staff to ensure this happens has been raised during staff meetings. |
| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | |
| Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 15 July 2021 | 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. Ref: 5.1 Response by registered person detailing the actions taken: A full audit of all care plans has been carried out. Named Nurses have been completing all actions that were identified areas have been addressed. Monitoring is ongoing during the Regulation 29 visit and the monthly audits. |
| Area for improvement 2 Ref: Standard 12.20 Stated: First time | 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: 5.2.4 |

| | |
|--|--|
| <p>To be completed by: Immediately from the date of inspection</p> | <p>Response by registered person detailing the actions taken: All residents are enabled to go to the dining room to have their meals. Those residents who do not wish to go to the dining room are provided with support to have their meals in the area of their choosing</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2021</p> | <p>The registered person shall ensure staff have their performance appraisal completed on an annual basis.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: A planner is in place for the completion of annual appraisals and is ongoing at this time. Staff Nurses are to carry out the Care Assistant appraisals once they have completed online training.</p> |

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)