

Unannounced Care Inspection Report 3 September 2020



Wood Green Nursing Home

Type of Service: Nursing Home

**Address: Wood Green, Circular Road, Jordanstown,
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Tel No: 028 9036 9901

Inspector: Julie Palmer

www.rqia.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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 32 patients.

3.0 Service details

Organisation/Registered Provider: Wood Green Management Company (NI) Ltd Responsible Individual(s): Yvonne Diamond	Registered Manager and date registered: Debby Gibson 21 September 2018
Person in charge at the time of inspection: Debby Gibson	Number of registered places: 32
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

4.0 Inspection summary

An unannounced care inspection took place on 3 September 2020 from 09.15 hours to 17.30 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

At the outset of the inspection the manager informed us that the Northern Health and Social Care Trust (NHSCT) adult safeguarding team had contacted the home on 2 September 2020 with regard to anonymous allegations received. It is not the remit of RQIA to investigate adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home. Following the inspection the NHSCT adult safeguarding team informed RQIA that the allegations had not been substantiated.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- infection prevention and control (IPC) measures
- care delivery
- care records
- governance and management arrangements.

Patients said:

- “The staff are very good.”
- “You couldn’t get better.”

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Debby Gibson, Manager, and Yvonne Diamond, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with nine patients and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' relatives. Ten patients/relatives questionnaires were left for distribution. A poster was displayed for staff inviting them to provide feedback to RQIA online. The inspector provided the manager with 'Tell Us' cards which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No completed questionnaires or responses to the staff survey were returned within the indicated timeframe.

The following records were examined during the inspection:

- duty rotas from 24 August to 6 September 2020
- staff training records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- COVID-19 information files
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- four patients' care records including food and fluid intake charts
- adult safeguarding records
- RQIA registration certificate.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 2 December 2019. No further actions were required to be taken following this inspection.

6.2 Inspection findings

Staffing

The manager told us that planned daily staffing levels were subject to at least monthly review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. We observed that staff attended to patients' needs in a caring manner and spoke to them appropriately.

Staff spoken with told us that teamwork was good, they felt well supported and the manager was approachable. Staff did not express any concerns regarding staffing levels. Comments made by staff included:

- "It's alright here."
- "I think it is good here."
- "It is rewarding work."
- "It can be a bit manic some days but I enjoy it."
- "I like it here."

There was a system in place to monitor that staff were registered with the NMC or NISCC as required. The manager told us that staff compliance with mandatory training was monitored and staff were reminded when training was due; training was mainly being completed on-line due to social distancing guidelines. Information regarding COVID-19 was disseminated to staff by email and there was a COVID-19 information file in each unit of the home.

Personal Protective Equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up in the lobby enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors, including the inspector, had a temperature check on arrival at the home.

The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home.

Staff confirmed that they had received training in the use of PPE. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to put on and take off their PPE correctly. However, during the inspection we did observe that, on occasions when they were not in contact with patients, some staff partially removed their masks. We discussed the current PPE regional guidance with staff and reminded them of the need to adhere to this. We also brought this to the attention of the manager. The manager told us that staffs' use of PPE was monitored through observations and audits and that the current regional guidance would be reiterated to staff.

Infection Prevention and Control (IPC) measures

We reviewed the home's environment; this included observations of a sample of bedrooms, ensembles, bathrooms, lounges, a dining room, treatment rooms, sluices and storage areas. The home was found to be warm, clean and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients' bedrooms were attractively decorated and personalised.

We reviewed the cleaning schedule in place; this included ensuring that frequently touched points were regularly cleaned within each 24 hour period.

An identified communal area was observed to be cluttered and untidy; this was brought to the attention of staff and following the inspection the manager confirmed that the area had been decluttered and tidied. We also observed that identified equipment required more effective cleaning; this was brought to the attention of staff and immediate action was taken to resolve the issue. Discussion with the manager evidenced that this equipment was not included on the IPC audit checklist; prior to the inspection concluding the manager informed us that the audit documentation had been reviewed to ensure all equipment was included.

The responsible individual informed us that non-essential maintenance had been placed on hold due to COVID-19 restrictions; a programme of redecoration and repair had been drawn up and works would be undertaken when safe to do so following appropriate risk assessment.

Patients had a twice daily temperature check; a record of this was maintained and staff discussed the actions they would take if a high temperature was recorded. Staff had a temperature check prior to commencing their shift and were aware of the need to report any COVID-19 type symptoms immediately.

Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner. Patients spoken with commented positively about living in Wood Green and the care they received; they told us:

- "The staff are very good."
- "I can't complain."
- "The staff aren't bad at all."
- "The staff are there if you need them."
- "You couldn't get better."
- "The nurses are very good."
- "Our rooms are cleaned every day."

We observed that some patients who were in their rooms did not have call bells within reach; an area for improvement was made. Other patients were sitting in the lounges with social distancing measures adhered to as far as possible.

The manager told us that visiting was currently suspended but the situation was risk assessed and kept under review. Staff recognised the importance of social interaction for the patients and made efforts to maintain good communication with families; virtual visiting was encouraged, relatives were being sent a weekly newsletter and email update. An activity schedule was in place and outside entertainment was arranged for patients to safely enjoy from areas of the home which overlooked the carpark and gardens.

We observed the serving of lunch in the dining room which had been tastefully redecorated since the last inspection. We observed that an up to date menu was on display; the food on offer was well presented and smelled appetising and patients were offered a choice of drinks with their meal. Staff were helpful, they were seen to encourage patients and offer assistance where necessary. Staff demonstrated their knowledge of which patients required a modified diet. The mealtime was a pleasant and unhurried experience for patients; comments about the food on offer included:

- “The food is tasty.”
- “The food can be reasonably good.”

We spoke to a podiatrist who was in the home providing care to patients; they commented that staff always enquired about what podiatry treatment had been provided and followed any treatment recommendations made.

Comments received during the inspection were brought to the attention of the manager for information and action as required.

Care records

We reviewed four patients’ care records which evidenced that individualised care plans had been developed to reflect the assessed needs and direct the care required. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care.

In the event of a fall we observed that staff had updated the relevant risk assessments and care plans appropriately, however, neurological observations were not consistently recorded; an area for improvement was made.

There was evidence of referral to and recommendations from other healthcare professionals such as the dietician, speech and language therapist (SALT) and tissue viability nurse (TVN) where necessary. Patients’ weights were monitored on at least a monthly basis. A registered nurse on duty discussed actions that had been taken regarding a patient who had lost weight; review of the relevant care plans for this patient evidenced that these had been regularly evaluated and were reflective of the care recommended by SALT and the dietician. Food and fluid records reviewed were up to date.

Following discussion of patients’ care needs with staff we observed that, in the care records reviewed, some identified care plans required review to more accurately reflect individual patients’ needs. For example, the following information was not clearly recorded; a patient’s preference to rise early and have assistance with their personal care prior to day staff coming on duty, the schedule in place to monitor a patient who was unable to use a call bell and the current recommended dressing for a wound; an area for improvement was made.

Governance and management arrangements

The manager commended the staff for their dedication to the patients in their care during the COVID-19 pandemic. The manager told us that staff were very aware of the precautions they needed to take, both in the home and outside, and had been “very on-board and very good” in adhering to the current guidelines. The manager told us that she felt well supported in her role and that good working relationships were maintained in the home.

A sample of governance audits reviewed evidenced that management maintained a good level of oversight in the home; the audits reviewed contained clear action plans where deficits had been identified.

Review of records evidenced that there were systems in place to manage complaints and to ensure that RQIA were appropriately notified of accidents/incidents and safeguarding issues that occurred in the home.

Monthly monitoring reports were completed; the views of patients and staff were reflected in these and action plans had been developed to ensure deficits were corrected within an agreed timeframe.

Areas of good practice

Areas of good practice were identified in relation to staffing, the environment, treating patients with respect and kindness, referral to other healthcare professionals, maintaining good working relationships and governance arrangements in the home.

Areas for improvement

Areas requiring improvement were identified in relation to carrying out neurological observations, ensuring patients have call bells within reach and ensuring care plans are reflective of individual patients' needs.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

Following the inspection the NHSCCT adult safeguarding team informed RQIA that review of the anonymous allegations received had found these not to be substantiated and a safeguarding investigation was not required.

The equipment decontamination schedules and IPC audits were updated to ensure that all equipment in use in the home was included; the manager provided RQIA with copies of the updated documentation following the inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Debby Gibson, Manager, and Yvonne Diamond, Responsible Individual, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) Stated: First time To be completed by: With immediate effect	<p>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.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: A staff supervision was held with all nursing staff in relation to falls and neurological observations, current guidance is available for nursing staff. All staff are aware of the importance of ensuring neurological observations are recorded appropriately and within timelines. Monitoring of this will be through spot checks of documentation by the management team.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: With immediate effect	<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> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: All staff have been reminded of the importance of ensuring residents have their call bells within reach. Resident's who are unable to summon assistance, have a care plan in place to reflect this. Monitoring of call bells is being carried out through the daily walkaround and spot checks on the floor by the management team.</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 10 September 2020	<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>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Identified care plans discussed on the day of the inspection have all been updated. The home is currently reviewing all care plans to ensure accuracy and are reflective of the current care required. The home will continue to monitor care plans through auditing and spot checks.</p>

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



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