



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Follow Up Care Inspection Report



## Wood Green Nursing Home

**Type of Service: Nursing Home (NH)**  
**Address: Wood Green, Circular Road, Jordanstown,  
BT37 0RJ**  
**Tel no: 028 9036 9901**  
**Inspector: Julie Palmer**

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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 registered nursing home which provides care for up to 32 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Wood Green Management Company (NI) Ltd  <b>Responsible Individual:</b> Yvonne Diamond	<b>Registered Manager and date registered:</b> Debby Ann Gibson 21 September 2018
<b>Person in charge at the time of inspection:</b> Debby Ann Gibson	<b>Number of registered places:</b> 32
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 31  A maximum of 19 patients in category NH-DE and a maximum of 13 patients in category NH-I.

### 4.0 Inspection summary

An unannounced care inspection took place on 2 December 2019 from 09.40 hours to 15.30 hours.

The inspection was undertaken to assess progress with all areas for improvement identified in the home since the last care inspection and in response to information received from the Adult Safeguarding Team, Northern Health and Social Care Trust. 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.

The inspection focused on the following areas:

- staffing
- staff training
- record keeping
- communication
- the dining experience
- management of complaints.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, training, risk management, the home's environment, care planning, wound care recording, providing a positive mealtime experience, communication, the culture and ethos of the home, maintaining good working relationships, management of complaints and governance arrangements.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Debby Gibson, manager, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 31 July and 1 August 2019

The most recent inspection of the home was an unannounced care and medicines management inspection undertaken on 31 July and 1 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 25 November to 8 December 2019
- staff training records
- incident and accident records
- four patients’ care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- a sample of reports of monthly monitoring reports from August 2019 onwards
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

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 previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 23 <b>Stated:</b> Second time	The registered person shall ensure that recording on repositioning charts is reflective of individual patients’ care plans and is contemporaneous.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a selection of repositioning charts evidenced that recording on these was reflective of individual patients’ care plans and was contemporaneous.	

<p><b>Area for improvement 2</b></p> <p>Ref: Standard 12</p> <p>Stated: Second time</p>	<p>The registered person shall ensure mealtimes are a positive experience for patients; patients should be offered condiments.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of the serving of lunch evidenced that this was a positive experience for patients. Patients were comfortably seated, condiments were available and offered; there was music playing and staff were seen to be friendly and helpful to patients.</p>		
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where there is a wound care plans are developed and updated as necessary.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of wound care recording evidenced that care plans had been developed and were evaluated as necessary.</p>		

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the duty rota from 25 November to 8 December 2019 evidenced that the planned daily staffing levels were adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Staff attended to patients' needs in a timely and caring manner; call bells were answered promptly and staff assisted patients appropriately.

Staff spoken with expressed their satisfaction with staffing levels in the home; comments included:

- "It has gotten a lot better, staffing levels are good."
- "It's a nice place to work."

We also sought staff opinion on staffing via the online survey; no responses were received.

Patients and patients’ visitors spoken with told us that they were satisfied with staffing levels. We also sought the opinion of patients and patients’ visitors on staffing levels via questionnaires. One response was received from a relative who indicated that they were very satisfied with staffing levels and all other aspects of care in the home.

Staff spoken with demonstrated their knowledge and awareness in relation to adult safeguarding and reporting concerns.

Discussion with the manager and review of training records confirmed that staff compliance with mandatory training was monitored; adult safeguarding, moving and handling and fire safety training updates had been arranged for the week during which the inspection took place.

Staff demonstrated their knowledge of individual patient’s moving and handling requirements; observation of moving and handling practice evidenced that staff assisted patients appropriately.

Review of care records evidenced that a range of validated risk assessments were completed and informed the care planning process for patients.

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

Personal protective equipment (PPE), for example aprons and gloves, were readily available and appropriately used by staff. We observed that staff adhered to infection prevention and control (IPC) measures in the home.

Discussion with staff and review of medication administration records evidenced that there was a system in place to ensure that medications administered on a weekly basis were not omitted.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, risk management and the home’s environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.4 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Observation of care delivery and the daily routine in the home evidenced that patients care needs were met in a timely manner. Patients spoken with during the inspection were satisfied that their care needs were met.

Review of four patients' care records evidenced that care plans and risk assessments were in place to direct the care required and reflected the assessed needs of the patients. 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.

Review of repositioning charts evidenced that these were reflective of individual patients care plans and schedules; this area for improvement had been met. However, we observed that, on occasions, staff were not signing the repositioning chart as required; we brought this to the attention of the manager for information and action as necessary.

We reviewed the management of wounds and observed that, in the records reviewed, wound care plans had been developed and these were updated and evaluated as necessary; this area for improvement had been met. Wound care charts reviewed were up to date and reflective of individual patients care plans.

We observed the serving of lunch in the dining room. Patients were appropriately assisted into the dining room and were offered clothing protectors. A selection of drinks and condiments were available and offered to patients. We noted that the menu on display had not been updated, however, staff did discuss the options available with patients and offered them choice as the food was served. The food on offer was well presented and smelled appetising. Staff were friendly, helpful and appropriately seated beside patients they were assisting. There was music playing and the atmosphere was calm and unhurried. We observed that meals taken to patients in their rooms were covered to ensure they remained warm and staff also offered those patients a selection of drinks and condiments. The mealtime was observed to be a positive experience; this area for improvement had been met.

A patient told us that “the food is lovely” and a visitor commented that “the food is great”.

Food and fluid intake charts were maintained and the records reviewed were up to date.

We discussed the menu on display with the manager who told us that the management team were working to develop new menus to ensure that these were available in the most suitable format for patients. In the meantime, the manager assured us that she would monitor the dining room to ensure the menu on display was updated on a daily basis.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care planning, wound care recording and providing a positive mealtime experience.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Patients spoken with commented positively about their experience of living in Wood Green; they told us:

- “I’m satisfied with everything.”
- “It’s lovely in here.”

Patients who were unable to express their views appeared to be content and settled in the home.

Patients’ visitors spoken with commented positively about their experience of the home; they said:

- “Everything has been really good.”
- “Staff have been excellent, they make me feel very welcome.”
- “Everything is good.”
- “I’m happy with ... being in here.”

During the inspection staff interactions with patients were observed to be kind and caring; they treated patients with dignity and respect. Staff were seen to knock on bedroom and bathroom doors before entering rooms and to keep doors closed when assisting patients in order to ensure their privacy was maintained.

Staff were seen to effectively and sensitively communicate with patients throughout the inspection. We discussed communication with patients’ visitors and they expressed their satisfaction in this area, one visitor told us “I don’t even need to ask, staff just tell me everything”.

The weekly activity planner was displayed and we observed that the activity co-ordinator took time to speak to individual patients to let them know what was on offer that day. A full programme of activities was planned which included, for example, reminiscence therapy, sensory pet therapy, boccia, games and gospel singers coming in to entertain the patients. Patients spiritual needs were accounted for with a prayer group and morning hymns also planned.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to treating patients with dignity and respect, communication and the culture and ethos of the home.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. There had been no change in management arrangements since the last inspection. Discussions with staff and observations within the home confirmed that it was operating within the categories of care registered.

Staff told us that they found the manager accessible and approachable. Staff also said that teamwork had improved within the home; they commented:

- “Things have improved, staffing is more stable and teamwork is good.”
- “We are all working well on the floor.”
- “The management team have an open door policy.”
- “Everyone is very supportive.”

The manager told us that she was very aware of the importance of promoting good working relationships and supporting staff; the skill mix within the home was kept under review to ensure less experienced staff worked alongside more experienced colleagues. A learning and development champion role had also been introduced within the home since the last care inspection. We spoke to the champion who told us that the role had initially been developed to support new staff through their induction and probation period but it had quickly become apparent, via staff feedback, that all staff felt they would benefit from this additional support. As a result the role had been expanded to ensure the champion was accessible to all staff and had dedicated time available to work alongside them on the floor, meet with them on a one to one basis or provide assistance with their learning and development needs as required.

Systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. We discussed notifications sent to RQIA with the manager to emphasise the importance of providing RQIA with relevant and adequate information.

We reviewed the system in place for recording complaints received; this included the outcome and if the complainant was satisfied with the response. The complaints procedure was displayed in the entrance of the home and patients’ visitors spoken with told us they were aware of the procedure.

The manager completed a number of monthly audits to assure the quality of care and services provided in the home. Audits were completed, for example, regarding accidents/incidents, care records, wounds, falls and IPC practices.

A selection of monthly monitoring reports from July 2019 onwards were reviewed; we found these to be comprehensive, detailed and informative.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality improvement and maintaining good working relationships, management of complaints and governance arrangements.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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