

# Unannounced Care Inspection Report 07 January 2021



## Wood Green Nursing Home

Type of Service: Nursing Home

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

Tel No: 028 9036 9901

Inspector: Mandy Ellis

[www.rqia.org.uk](http://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 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Wood Green Management Company (NI) Ltd  <b>Responsible Individual(s):</b> Yvonne Diamond	<b>Registered Manager and date registered:</b> Debby Gibson 21 September 2018
<b>Person in charge at the time of inspection:</b> Raisa Pop Registered Nurse	<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

### 4.0 Inspection summary

An unannounced inspection took place on 07 January 2021 from 09.40 to 17.20 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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 following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- the internal environment
- care delivery
- governance and management arrangements

The findings of this report will provide Wood Green Nursing 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>	3	3

\*The total number of areas for improvement includes one area under regulation and one area under the standards which have not been reviewed and have been carried forward to the next inspection. One area under the standards has not been met and is stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Debby Gibson, Manager, Sheree Quinn, Deputy Manager, Yvonne Diamond, Responsible Individual and Mark Donnelly, Home Owner, 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 returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with three patients and five staff. Questionnaires were also left in the home to obtain feedback from patients and their relatives/ representatives. Ten questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. We provided the manager with 'Tell us cards' which were then placed in a prominent position to allow patients and their relatives/representatives, 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:

- the duty rota from 28 December 2020 to 10 January 2021
- the home's registration certificate
- two patients' care records
- a sample of governance audits/records
- a sample of monthly monitoring reports

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as not met or carried forward for review at a future inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 3 September 2020.

Areas for improvement from the last care inspection		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (1) <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	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. <b>Action taken as confirmed during the inspection:</b> 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.	<b>Carried forward to the next care inspection</b>
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	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. <b>Action taken as confirmed during the inspection:</b> On the day of inspection two patients were observed not to have call bells within their reach. This area for improvement was not met and will be stated for the second time.	<b>Not met</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	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.	<b>Carried forward to the next care inspection</b>

<b>To be completed by:</b> 10 September 2020	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
---	--	--

## 6.2 Inspection findings

### 6.2.1 Staffing arrangements

On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. We reviewed the duty rotas for the period 28 December 2020 to 10 January 2021. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoken with told us that they enjoyed coming to work. They also told us that they felt supported by the manager and the deputy manager.

### 6.2.2 Personal Protective Equipment

PPE stations were well stocked throughout the home and the home had an adequate supply of PPE. Vinyl gloves were observed in the PPE stations and in use by staff when delivering care to patients. Vinyl gloves are not recommended and are less effective in the clinical setting than other glove types. This was discussed with the manager for appropriate action. An area for improvement was made.

### 6.2.3 Infection Prevention and Control and the internal environment

We reviewed the home's internal environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas. We found corridors and fire exits were clear and unobstructed. The patients' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual patients.

We observed various IPC shortfalls, namely:

- staff were observed wearing nail polish, gel nails and inappropriate items of jewellery
- the underside of hand sanitiser units throughout the home required a more effective clean
- items were observed stored on the hand rails along the corridors such as, water bottles and patient wipes
- crash mats required a more effective clean
- wheelchairs required a more effective clean
- multiple items were observed stored in patients' bathrooms; the items observed were multiple packets of continence products and cleansing wipes.

The above deficits were discussed with the manager for her appropriate action. An area for improvement was identified.

#### **6.2.4 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.

We observed two patients who were in their rooms did not have call bells within reach, this was brought to the attention of the nurse in charge and call bells were made accessible however, this area for improvement will be stated for the second time.

Review of two patients' care records and discussion with the nurse in charge evidenced individualised care plans were in place to direct the care required and reflected the assessed needs of patients. Risk assessments reviewed were up to date and appropriate to the patients' needs. In light of the home changing to a new electronic care system which is only partially implemented the area for improvement in respect to care documentation will be reviewed on the next care inspection. The new system will enable care staff to record the care provided to patients on hand held devices, the staff spoken with are looking forward to working with the new system.

#### **6.2.5 Governance and management arrangements**

A review of audits carried out evidenced that systems were in place to monitor and evaluate the quality of care and other services provided in the home. Audits reviewed included infection control, hand hygiene, kitchen safety audits, wound care and falls. These audits included the development of action plans to address identified deficits as necessary.

It was observed the home manager did not always sign the audits if the audit was delegated to other staff members. The wound care audits reviewed did not evidence who carried out the audits as they were not signed by the auditor. Action plans were included with the wound care audits however, deficits identified from the September 2020 audit was repeated in all subsequent audits and had not been addressed. It was therefore unclear if the manager maintained oversight of the audit process in respect to the audits reviewed on inspection. This was discussed with the manager and an area for improvement was identified.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

Review of the record of complaints evidenced that there were systems in place to manage complaints and expressions of dissatisfaction were taken seriously and managed appropriately.

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. The monitoring reports from September 2020 to December 2020 were reviewed; areas for improvement identified since September 2020 showed no evidence of being addressed and the same deficits were restated on all the reports viewed until December 2020. This was discussed with the responsible individual who could not provide a rationale for this. In order to drive improvement in the quality and robustness of the Regulation 29 monitoring reports these should include a review of actions taken to address identified deficits and rationale, if required, for delays in action; an area for improvement was identified.

**Areas of good practice**

Areas of good practice were identified in relation to staffing, care delivery and staff interaction with patients.

**Areas for improvement**

Three new areas for improvement were identified in regard to infection prevention and control, governance audits and Regulation 29 monitoring reports.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

**6.3 Conclusion**

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion.

**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, Sheree Quinn, Deputy Manager, Yvonne Diamond, Responsible Individual and Mark Donnelly, Home Owner, 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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 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><b>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.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13(7)  <b>Stated:</b> First time  <b>To be completed by:</b> with immediate effect	<p>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.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• staff should not be wearing nail polish, gel nails and items of inappropriate jewellery</li> <li>• the use of vinyl gloves for direct patient care</li> <li>• the cleanliness of the underside of hand sanitiser units</li> <li>• the cleanliness of wheelchairs</li> <li>• the cleanliness of crash mats</li> <li>• the use of corridor hand rails to store items</li> <li>• the storage of excess continence products and wipes in patient bathrooms.</li> </ul> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            All areas identified have been reviewed through supervision, staff meetings and ongoing weekly infection control and hand hygiene audits.            When providing direct patient care staff are using blue nitrile gloves as per Regional Guidance.            Spot checks by the Nurse in Charge are in place to ensure no inappropriate items are being stored in patients bathrooms.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time	<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>

<p><b>To be completed by:</b> 7 February 2021</p>	<p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The rationale for the required actions from the Regulation 29 monitoring report is contained within the main body of the report and they are reviewed during the following months visit. Addressing some of the previous identified areas has been slow due to the current restrictions in place as a result of the ongoing pandemic and this is evidenced also within the main body of the report. The action plan provided with the Regulation 29 visit is reviewed and the required actions are allocated to the designated staff to be addressed. An allotted timescale is provided and the required actions are reviewed at that time.</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b>  Ref: Standard 4  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> <p>Ref: 6.2</p>
<p><b>To be completed by:</b> 10 September 2020</p>	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 2</b>  Ref: Standard 6  Stated: Second time  To be completed by: with immediate effect</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> <p>Ref: 6.2 and 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> An assessment of each patients ability to use the call bell has been completed. It is documented in their individual care record if they are unable to use the call bell appropriately The Nurse in Charge is monitoring this on a daily basis and the Management Team are carrying out spot checks.</p>
<p><b>Area for improvement 3</b>  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</p>

<b>To be completed by:</b> 7 February 2021	in any corresponding action plan. Any reason for delay in addressing the deficits should be clearly documented.  Ref: 6.2.5
	<b>Response by registered person detailing the actions taken:</b> Following completion of the monthly governance audits an action plan is devised and a timeframe put in place to address the outstanding issues. This action plan will be reviewed by the Responsible Person while carrying out the following months Regulation 29 monitoring visit.

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





The Regulation and  
Quality Improvement  
Authority

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](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

**Twitter** @RQIANews