



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 14 and 15 May 2019



Wood Green Nursing Home

Type of Service: Nursing Home

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

Tel no: 028 9036 9901

Inspectors: Julie Palmer and Joseph McRandle

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 registered nursing home which provides 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 Ann Gibson 21 September 2018
Person in charge at the time of inspection: Debby Ann 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: 29

4.0 Inspection summary

An unannounced care inspection took place on 14 May 2019 from 09.30 hours to 19.05 hours and by the finance inspector on 15 May 2019 from 10.30 hours to 13.00 hours.

An unannounced care inspection was also undertaken in the residential home, which is on the same site, on 14 May 2019. The findings of the residential home inspection are available in a separate report.

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.

Evidence of good practice was found in relation to staffing, training, supervision and appraisal, the home's environment, communication between staff and patients and maintaining good working relationships.

Areas requiring improvement were identified in relation to keeping repositioning records up to date and the mealtime experience for patients.

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
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Debby Gibson, registered manager, 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.

4.2 Action/enforcement taken following the most recent inspection dated 14 February 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 February 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 including estates, pharmacy and finance issues, 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 opposite the lift on the first floor of the home.

The following records were examined during the inspection:

- duty rota for all staff from 6 to 19 May 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files

- four patients' care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints and compliments records
- a sample of monthly quality monitoring reports from January 2019
- staff supervision and appraisal schedule
- registered nurse competency and capability records
- RQIA registration certificate
- two patients' finance files, the patient's guide and a sample of hairdressing and podiatry invoices.

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 outstanding areas for improvement from previous inspections

Areas of improvement identified at the previous care inspection have been reviewed. One area of improvement had been identified in relation to wound care recording and this had been met.

Areas of improvement identified at the previous estates inspection have been reviewed. One area of improvement had been identified and this had been met.

Areas of improvement identified at the previous finance inspection have been reviewed. Of the five areas for improvement all were met.

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 registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to monthly review to ensure the assessed needs of the patients were met. A review of the staffing rota from 6 to 19 May 2019 evidenced that the planned daily staffing levels were adhered to.

Staff spoken with were satisfied with staffing levels, they stated there were occasional issues with short notice leave but that this was unavoidable and shifts were generally 'covered'. Comments included:

- "Usually fully staffed."
- "Short notice leave can be an issue but usually covered."
- "Quick to cover short notice leave."

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

Patients spoken with indicated they were satisfied there were enough staff on duty to meet their needs.

Patients' visitors spoken with were also satisfied that there were enough staff on duty although one did comment that she felt there was a reliance on agency staff and that "it would be nice to have regular staff". The registered manager was made aware of this comment. The registered manager confirmed that agency staff were used if necessary to ensure patients' needs were met and also that there had been successful recruitment to fill vacant posts with both care assistants and registered nurses due to start work in the home throughout May and June 2019. At a previous residential home inspection on 27 February 2019 it was identified that, on occasions, staff from the nursing home were being used to cover staffing shortfalls within the residential home. Staff numbers within the nursing home should not be depleted to cover the residential home; as an outcome of this RQIA had requested that the registered manager inform us of any instances of short notice leave within the nursing home. RQIA continue to be notified appropriately of any shortfalls in this area.

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires. One response was received from a relative and this indicated they were satisfied with staffing levels in the home.

Review of two staff recruitment and induction files evidenced that appropriate pre-employment checks, for example enhanced criminal checks, had been completed to ensure staff were suitable to work with patients in the home prior to commencing work there.

Discussion with staff confirmed that they had completed, or were in the process of completing, a period of induction. However, an agency nurse spoken with stated she had not completed an induction; this was brought to the attention of the registered manager who provided us with a copy of the completed and signed induction programme the agency nurse had undertaken. The registered manager assured us she would discuss the induction programme with the agency nurse to ensure she had a clear understanding of what this had involved and to determine if a further period of induction was required.

Review of records confirmed there was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Review of records confirmed there was a supervision and appraisal schedule in operation and records of supervision and appraisals were maintained. Staff spoken with confirmed they received regular supervision and a yearly appraisal.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Staff spoken with also confirmed they were aware of the home's whistleblowing policy.

Review of records and discussion with the registered manager confirmed that in the event of a safeguarding issue arising regional protocols were followed and the relevant authorities were notified.

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

A review of the home's environment was carried out and included observations of a sample of bedrooms, bathrooms, shower rooms, lounges, storage areas, sluices, treatment rooms and the dining room. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Patients' bedrooms were observed to be personalised and tastefully decorated; signage placed in bedrooms was appropriate and had been laminated. Patients spoken with were complimentary about the home's environment with one commenting that "the place is always spotless".

Review of care records evidenced that a range of validated risk assessments were completed and informed the care planning process for patients. Where practices were in use, for example bedrails, that could potentially restrict a patient's choice and control, validated risk assessments and care plans were in place, consent was obtained where appropriate and care plans were reviewed regularly.

Discussion with the registered manager and review of records confirmed that, on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging and an action plan was devised if necessary.

Fire exits and corridors were observed to be clear of clutter and obstruction. Review of records confirmed staff had received mandatory training in fire safety.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, infection prevention and control measures, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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. Patients unable to voice their opinions appeared to be comfortable, content and settled in their surroundings. Patients able to express their opinions commented positively about the care they received, they said:

- “I’ve no complaints.”
- “Generally speaking I find it good here.”

Patients’ visitors spoken with were also satisfied with the care provided, comments included:

- “We’re happy enough with everything.”
- “I think they’re all very well looked after.”
- “Treated very well.”
- “Care is up and down but there has been an improvement.”

Review of four patients care records evidenced that patients’ nutritional needs had been identified and validated risk assessments were completed to inform care planning. Patients’ weights were monitored on at least a monthly basis and there was evidence in the care records reviewed of referral to, and recommendations from, the dietician and the speech and language therapist (SALT) where required. Review of supplemental care records evidenced that patients’ daily food and fluid intake was recorded and these records were up to date.

Care plans 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. Care records reflected that, where necessary, referrals were made to other healthcare professionals. Care plans reviewed had been updated to reflect recommendations made by other healthcare professionals.

We observed that validated risk assessments and care plans were in place to direct the care required in the management of falls. Staff spoken with demonstrated their knowledge of how to care for a patient who had a fall. Where a fall had occurred we observed that the appropriate risk assessments and care plans had been updated as necessary.

Care records reflected that where there was a wound the relevant assessments and care plans were in place to direct the care required. There was evidence of referral to other healthcare professionals such as the tissue viability nurse (TVN) and care plans reflected the recommendations of the TVN or other healthcare professionals where required. Wound charts reviewed were up to date.

Validated risk assessments and care plans were also in place to direct care for the prevention of pressure ulcers and pressure relieving equipment was in use if directed. However, we observed that the pressure mattress in use for one patient was not at the correct setting for his weight. We brought this to the attention of the registered nurse on duty who adjusted the setting to the appropriate level and confirmed the patient’s skin was unaffected and was intact.

Review of two repositioning charts evidenced that there were 'gaps' in recording on occasions and the charts were therefore not reflective of the care directed in patients' care plans. Feedback from staff indicated that patients were repositioned as directed by care plans but the recording on repositioning charts reviewed did not reflect this. An area for improvement was made.

We noted that the mid-morning drink and snack was not served until 11.45 hours. Discussion with staff confirmed that this was later than usual because several patients had been at a 'reminiscence and music' activity which staff had not wanted to interrupt. Staff stated the mid-morning drink and snack was usually served earlier in order to ensure there was sufficient time between meals.

We observed the serving of lunch in the dining room. Staff assisted patients into the dining room or delivered meals to their rooms on trays if required. The menu, which was displayed in pictorial format on the wall in the dining room, did not reflect the food on offer and staff stated the menu was not regularly updated. There was no written menu available on the tables although staff did have a list to inform them of the patients' menu choice for the day and which patients required a modified diet. Clothing protectors were available but one patient was observed to be wearing a blue apron rather than a clothing protector. Staff spoken with said they had run out of clothing protectors; use of an apron was not an appropriate alternative.

We observed that staff were wearing aprons and were seated appropriately beside patients they were assisting. We noted that there were no condiments available on the tables and we did not observe staff offering condiments to patients. We also noted that there was only one type of beverage available for patients; they were not offered a choice of drinks. An area for improvement was made in relation to improving the mealtime experience for patients by ensuring that an up to date menu was on display, they were offered a choice of drinks, had condiments available and that sufficient clothing protectors were provided.

However, staff were observed to be helpful and encouraging to patients throughout the meal. They demonstrated their knowledge of how to thicken fluids if required and which patients required a modified diet. They also demonstrated their knowledge of patients' likes and dislikes. A registered nurse was in attendance for the majority of the mealtime.

Patients spoken with also said they had enjoyed their lunch, comments included:

- "Lunch was great."
- "Lovely."
- "Very nice."
- "I like the food."

We observed that staff demonstrated effective communication skills with patients and obviously knew them well. Staff spoken with confirmed they attended a handover at the beginning of each shift. Staff also demonstrated their knowledge around the importance of maintaining confidentiality when discussing patient information.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of falls, risk assessing and care planning, communication between staff and patients and referral to other healthcare professionals where required.

Areas for improvement

Areas for improvement were identified in relation to contemporaneous completion of repositioning records and improving the mealtime experience for patients.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

During the inspection we spoke with ten patients, both individually and in small groups, about their experience of living in Wood Green. Patients spoke positively about the staff and the care they received, comments included:

- “They’re very, very nice.”
- “Couldn’t have nicer.”
- “I’m well looked after.”

Patients who were unable to voice their opinions appeared to be content and settled both in their surroundings and in their interactions with staff.

We also spoke with five patients’ visitors who indicated they were satisfied with the care provided and the way in which their relatives were treated. Comments made included:

- “They’re good with mum.”
- “Smashing, it’s brilliant.”

However, one patient’s visitor commented that he was not satisfied all aspects of his relative’s care needs were fully attended to nor that there had been sufficient consultation about some aspects of care planning or meeting the patient’s spiritual needs. The visitor further commented that he had not discussed his concerns with staff and to his knowledge his relative had not had a care review. These comments were relayed to the registered manager, with the agreement of the patient’s visitor, in order to ensure action could be taken to resolve the issues discussed. The registered manager assured us she would contact the visitor to discuss further and would arrange an urgent care review for the patient.

All other patients’ visitors spoken with during the inspection were satisfied there was sufficient consultation and communication from staff about their relative.

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

As previously mentioned we observed that a 'reminiscence and music' activity took place during the morning, this was provided by two volunteers from the local community and was well attended by patients.

We observed that some patients, who had chosen not to attend the above activity, were seated in a separate lounge with supervision from a member of staff who engaged with them in a very kind and caring manner. This member of staff obviously knew the patients well and took time to help them with activities she knew they would enjoy. The staff member also encouraged the patients to join in a game of 'catch' using a soft ball. There was a friendly and welcoming atmosphere in the lounge.

The activity planner was well displayed throughout the home for the information of patients, staff and patients' visitors. Activities on offer included, for example, musical entertainment, movies, gardening, pet therapy and boccia. Patients' spiritual needs were also taken into account with a weekly prayer group and 'Songs of Praise' on a Sunday.

The home produces a 'Daily Sparkle' newsletter and we observed that this was widely available in patients' bedrooms, lounges and communal areas.

Staff spoken with told us about an upcoming sponsored walk and afternoon tea which had been arranged to raise money for the residents' comfort fund and the Alzheimer's Society. Posters advertising the sponsored walk were displayed throughout the home. The registered manager said that she found staff and visitors were keen to get involved in activities with patients and she really appreciated their efforts.

Thank you cards were on display throughout the home. However, the registered manager did not maintain a formal record of compliments received. We discussed the importance of recording compliments and the registered manager agreed a record of written and verbal compliments received should be implemented.

Review of records confirmed a relatives' meeting had been held in February 2019 and the registered manager confirmed it was her aim to ensure these were held on a regular basis.

We viewed the annual quality report which had been issued in April 2019. The report documented the home's improvements and strengths throughout the previous year; it included the current action plan and it also showed evidence of consultation with patients and relatives.

We observed that staff communicated effectively both with patients and with each other. The atmosphere within the home was friendly and relaxed; patients were seen to be treated with kindness. The culture and ethos within the home appeared to be positive. Patients spoken with said they felt staff listened to them and took their views on board. Staff spoken with were knowledgeable regarding their roles and responsibilities.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and valuing patients, the activities on offer and the culture and ethos of the home.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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. Discussions with staff and observations within the home confirmed that it was operating within the categories of care registered.

There has been no change in management arrangements since the last inspection. A review of the duty rota for the nursing unit evidenced that the registered manager's hours and the capacity in which these were worked were not recorded. This matter was discussed with the registered manager and following the inspection RQIA were provided with a copy of the duty rota for the entire home on which the registered manager's hours were clearly recorded.

Staff spoken with commented positively about working in Wood Green, they said:

- "Everyone gets on very well."
- "We work well as a team."
- "There are good training opportunities."
- "Other staff have been amazing since I started, it's been great for my confidence."

Patients' visitors spoken with also knew the deputy manager well and were on first name terms with her, one said that if they had any issues "I know to go to Sheree". Patients' visitors confirmed that they knew who to speak to about a concern and were aware of the management arrangements although they were more familiar with the deputy manager than with the registered manager. Staff also commented that they received good support from the deputy manager and that she was "on the floor every day".

We observed that there was a system in place for recording complaints received. The complaints procedure was displayed in the entrance of the home. Patients' visitors spoken with were aware of the procedure; one commented that "a recent complaint was satisfactorily resolved", while another said they had had an issue recently which was quickly dealt with and they too were "satisfied with the resolution".

We reviewed a sample of monthly monitoring reports from January 2019; these were comprehensive, detailed and informative, they contained an action plan and a scheduled date of completion for the actions required.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were observed to effectively communicate with patients. Staff also demonstrated their awareness of maintaining patient confidentiality. Patients' visitors spoken with were satisfied with the level of communication they received from staff about their relative.

Review of records confirmed the home provided mandatory training to ensure staff were adequately trained for their roles and responsibilities. Discussion with the registered manager evidenced that additional training was also provided for staff in order to enable them to fulfil the requirements of their role; upcoming training arranged included nutrition and documentation, accountability and care of the deteriorating patient. Discussion with staff confirmed they felt there were good training opportunities within the home.

As stated in section 6.1 an area for improvement identified at the previous estates inspection has also been reviewed. Consultation with the estates inspector confirmed compliance had been met with the area for improvement and the required Legionella risk assessment had been completed. This area for improvement had been met.

Findings of Finance Inspection

A finance inspection was conducted on 15 May 2019. We reviewed a sample of patients' records to validate compliance with the areas for improvement identified from the last finance inspection, these included an updated patients' guide, updated written agreements and invoices signed by the hairdresser to show that the service took place. Financial systems in place at the home, including controls surrounding the management of patients' finances, were reviewed and these were found to be satisfactory. No new areas for improvement were identified as part of the finance inspection.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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, Registered Manager, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 21 May 2019</p>	<p>The registered person shall ensure that recording on repositioning charts is reflective of individual patients' care plans and is contemporaneous.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A review of the repositioning chart in use has been completed and a new form is to be implemented. Supervisions are ongoing with staff in relation to the need to complete documentation in a timely manner and the needs of the individual should be reflected in the care plan.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 21 May 2019</p>	<p>The registered person shall ensure mealtimes are a positive experience for patients; menus on display should be up to date, patients should be offered condiments and a selection of drinks and sufficient clothing protectors should be provided for all patients who require them in order to respect their dignity and protect their clothing.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The menu boards have been reviewed and replaced with an alternative option and pictures are being reviewed in relation to the meals on offer. A selection of condiments are available at all mealtimes and supervisions are ongoing to ensure staff are offering residents a choice of drinks with their meal. More clothing protectors have been purchased</p>

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



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