

Announced Premises Inspection Report 6 February 2018



Woodgreen Nursing Home

Type of service: Nursing Home

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

Tel No: 028 9036 9901

Inspector: Gavin Doherty

www.rgia.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.

1.0 What we look for



2.0 Profile of service

Wood Green is a nursing home with 26 beds that provides care for patients living with dementia and old age not falling within any other category.

3.0 Service details

Organisation/Registered Provider: Manor Health Care Ltd. Responsible Individual(s): Eoghain King	Registered Manager: Ann Scott MBE
Person in charge at the time of inspection: Ann Scott MBE	Date manager registered: 07 February 2018
Categories of care: NH-DE, NH-I	Number of registered places: 26

4.0 Inspection summary

An announced inspection took place on 06 February 2018 from 10.00 to 12.00.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with any areas for improvement identified since the last premises inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the ongoing maintenance of the premises and the monitoring of key aspects of health and safety within the premises.

An area requiring improvement was identified in relation to the formalising of the premises legionella risk assessment.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Ann Scott MBE, 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 care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 19 September 2017.

5.0 How we inspect

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

- recent inspection reports and returned QIPs
- recent correspondence with the service
- the establishment related incidents reported to RQIA since the last premises inspection

The following records were examined during the inspection:

- service records and in-house log books relating to the maintenance and upkeep of the building and engineering services
- legionellae risk assessment
- fire risk assessment

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 dated 13 September 2018

The most recent inspection of the service was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last premises inspection dated 07 March 2017

There were no areas for improvement made as a result of the last premises inspection.

6.3 Inspection findings

6.4 Is care safe?

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

A range of documentation in relation to the maintenance and upkeep of the establishment was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and risk assessments.

Documentation relating to the safe operation of the establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. The standard used by the registered person to determine the overall level of fire safety within the establishment takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

These measures support the delivery of safe care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to building maintenance, health and safety, and staff fire training. All staff received face to face training on 05 January 2018, with a further eight staff receiving fire warden training on 22 January 2018. This will ensure that a trained fire warden will be on duty at all times.

Areas for improvement

It was good to note that there are significant control measures in place for the premises hot and cold water systems. The maintenance person for the home provided detailed records for the monitoring of the premises' hot and cold water, the flushing of seldom used outlets, and the cleaning of shower heads and hoses etc. However, an overarching risk assessment for the control of legionella bacteria in the premises hot and cold water systems was not available in the home at the time of the inspection. This is an important document which the registered manager should ensure is in place without further delay. It is essential that this risk assessment considers the specific guidance relating to health care and care homes contained in 'HSG274 part 2: Legionnaires' disease - The control of legionella bacteria in hot and cold water systems', issued by the Health & Safety Executive NI.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

There are arrangements in place for routine premises management and upkeep, as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the establishment.

This supports the delivery of effective care.

Areas of good practice

Areas of good practice were identified in relation to the environment, the management ethos of the home and infection prevention and control.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The areas of the establishment reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor and their private accommodation where appropriate.

This supports the delivery of compassionate care.

Areas of good practice

Areas of good practice were identified in relation to the personalisation of resident's private accommodation and effective, sympathetic signposting throughout the premises.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified 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 quality improvement plan (QIP). Details of the QIP were discussed with Ann Scott MBE, 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 Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 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.

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2)</p> <p>Stated: First time</p> <p>To be completed by: 06 March 2018</p>	<p>The registered person shall ensure that a suitable risk assessment is in place for the control of legionella bacteria in the premises hot and cold water systems, without further delay.</p> <p>It is essential that this risk assessment considers the specific guidance relating to health care and care homes, contained in 'HSG274 part 2: Legionnaires' disease, The control of legionella bacteria in hot and cold water systems', issued by the Health & Safety Executive NI.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Person has highlighted the immediate requirement for a Risk Assessment report to be commissioned for completion by 6/3/18.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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