



Unannounced Care Inspection Report 8 January 2019



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

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Wood Green Management Company (NI) Limited Responsible Individual: Yvonne Diamond	Registered Manager: Debby Gibson
Person in charge at the time of inspection: Debby Gibson (Registered Manager)	Date manager registered: 21 September 2018
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	Number of registered places: 32 comprising: 19 patients in category NH-DE 13 patients in category NH-I

4.0 Inspection summary

An unannounced inspection took place on 08 January 2019 from 09.30 to 16.20 hours.

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 Care Standards for Nursing Homes 2015.

This was a focused inspection to determine the level of progress with any areas for improvement identified during and since the last care inspection.

Evidence of good practice was found in relation to patient care, the home's general environment, staff interactions with patients, teamwork, management of complaints and incidents and governance arrangements.

There were no new areas for improvement identified during this inspection. However, one area for improvement has been stated for a second time.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	*1

The total number of areas for improvement includes one under the standards which has been stated for a second time.

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

4.2 Action/enforcement taken following the most recent inspection dated 22 July 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 22 July 2018. 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

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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with eight patients, eight patients' representatives and four staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you 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.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 31 December 2018 to 13 January 2019
- four patient care records
- four patient care charts including personal care, wound care, food and fluid intake charts and bowel management charts
- a sample of governance audits
- complaints record
- compliments received

- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 most recent inspection dated 22 July 2018

The most recent inspection of the home 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 care inspection dated 22 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) (a) Stated: First time	The registered person shall ensure that medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.	Met
	Action taken as confirmed during the inspection: Medicine trolleys were safely and securely stored when not in use and were not observed to be left unattended when in use.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time	The registered person shall ensure that the following areas relating to the environment are addressed: <ul style="list-style-type: none"> • Redecorate the identified bedrooms. • Deep clean the small kitchen area attached to the dining room. 	Met

	<p>Action taken as confirmed during the inspection: Review of a selection of bedrooms showed they were in good decorative order.</p> <p>The small kitchen area beside the dining room was found to be clean and hygienic.</p>	
<p>Area for improvement 2 Ref: Standard 44 Stated: Second time</p>	<p>The registered person shall ensure that the designated storage areas are clearly defined in the home and managed in accordance with best practice.</p> <p>Action taken as confirmed during the inspection: Appropriate signage was in place to designated storage areas and review of one storage area evidenced it was tidy and clutter free.</p>	Met
<p>Area for improvement 3 Ref: Standard 46 Stated: First time</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff, specifically:</p> <ul style="list-style-type: none"> • The sharps box on the medication trolley should be secure and the aperture closed when not in use. • Wash creams should be for individual use only. <p>Action taken as confirmed during the inspection: Sharps boxes were stored in the treatment rooms when not in use and the apertures were observed to be closed. Sharps boxes were not observed on top of medication trolleys. Wash creams were observed in individual bathrooms only; none were stored in communal bathrooms.</p>	Met
<p>Area for improvement 4 Ref: Standard 12 Stated: First time</p>	<p>The registered persons shall ensure that patients' food and fluid intake records evidence a contemporaneous record over a 24 hour period.</p> <p>Action taken as confirmed during the inspection: Review of four patients' care charts for a random selection of dates evidenced that food and fluid intake was consistently recorded over a 24 hour period.</p>	Met

<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that appropriate action is taken in relation to any changes in the condition of a wound and that any identified deficits are recorded in the daily progress notes.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of four patients' wound charts evidenced 'gaps' in recording; the daily care recording did not consistently evidence wounds had been redressed nor did they consistently indicate when the next dressing was due. However, where wound charts had been completed they were comprehensive and informative regarding any changes in condition of the wound.</p> <p>This area for improvement has been partially met and is stated for a second time. Refer to Section 6.3.2 for details.</p>	<p>Partially met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff interactions with patients when serving and assisting them with their meals are improved and appropriate music is played in the dining area.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of the lunch time meal evidenced good patient and staff interactions, pleasant music was playing in the background and staff were assisting residents as required.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the dining experience is reviewed in order to enable patients to be independent in their choices regarding food preferences. The menu should be clearly displayed and items of choice should be visible to patients to promote choices.</p> <hr/> <p>Action taken as confirmed during the inspection: A pictorial menu was displayed on the wall in the dining room and reflected the food choices on offer that day. Staff were observed discussing the following days' menu choices with patients and alternative menu options were available if patients changed their minds.</p>	<p>Met</p>

Area for improvement 8 Ref: Standard 35 Stated: First time	The registered person shall ensure that areas for improvement highlighted in the monthly quality monitoring visits are actioned.	Met
	Action taken as confirmed during the inspection: Review of a selection of monthly quality monitoring reports demonstrated that areas identified for improvement were included in an action plan, with a date for completion denoted and a record of action taken to resolve or required to improve/implement and by whom.	

6.3 Inspection findings

6.3.1 Staffing

The registered 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 staffing rota from 31 December 2018 to 13 January 2019 evidenced that the planned staffing levels were adhered to. The rotas examined did not indicate which nurse was in charge on each shift; however the registered manager stated that a review of the rota system was planned for the following day to identify and resolve any issues such as this.

Staff spoken with were generally satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that this only happened occasionally and that shifts were generally "covered."

A significant number of shifts were covered by agency staff; this was discussed with the registered manager and the responsible individual who confirmed that there was an ongoing recruitment programme.

Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. A care assistant stated she received good support from the senior care assistants and valued their support and advice.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Wood Green.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Care records

We reviewed four patient care records in relation to the management of personal care, wound care, food and fluid intake and bowel management. It was evidenced that care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Care plans were reflective of patients' assessed needs and of recommendations made by other healthcare professionals such as the tissue viability nurse (TVN).

Review of four wound charts evidenced 'gaps' in recording of the delivery of care and that a date was not consistently recorded to indicate when the next dressing was due. In addition dressing changes were not always consistently or contemporaneously recorded in the daily progress notes. However, where wound charts had been completed, as required, they were comprehensive, informative and reflected if any changes had occurred in the condition of the wound. As recorded previously in Section 6.2 and area for improvement has been stated for a second time.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room, the small kitchen beside the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Bedrooms were found to be personalised and in good decorative order. Bathrooms were found to be clean and in good condition. Fire exits and corridors were observed to be clear of obstruction. Isolated environmental issues were managed during the inspection.

Patients/representatives/staff spoken with were complimentary in respect of the home's environment.

Observation of practices and care delivery; discussion with staff and review of records evidenced that infection prevention and control measures were consistently adhered to.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.4 Consultation

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Wood Green. Patients also confirmed that they were confident in raising concerns with the home's staff/management. We also provided the registered manager with 10 patient questionnaires for distribution. However, none were returned to RQIA within the timescale specified. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patient comments included:

- "It's good here."
- "Pleasant enough."
- "Very good here."
- "Food is great."
- "Staff are great."
- "I take things as I find them."
- "Everything's fine."

We spoke with eight patients' representatives during this inspection. One patient's representative spoken with said that while she felt concerns were dealt with at the time issues did tend to recur; she felt this was because of the use of agency staff and said she would welcome more permanent staff in the home.

The representatives of another patient expressed their dissatisfaction with the management of an incident that occurred on the day of the inspection. Following discussion with the registered manager we were assured that the appropriate action had been taken. We were further assured that the registered manager had met with the patient's representatives on the day of the inspection to provide them with support and guidance regarding the actions taken.

Comments from other patients' representatives on the day included:

- "Home is beautiful, staff are very good."
- "Some issues initially but quickly dealt with ... is well looked after."
- "Staff are overworked but generally ok."
- "Place is lovely but staff have too much to do, patients can be very hard work."
- "Staff nurse doesn't always act on issues discussed."
- "Staff are excellent, very happy with the home, have been very lucky."

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- "We appreciate the smiley faces who let us in and out."
- "Looking out for the whole family."

- “Thank you for taking such good care of ...”
- “I am so grateful to you for the concern and professionalism you showed to her during the last period of her life.”
- “I knew I was leaving her in safe hands when I could not be with her.”
- “Thank you for all your support over the last six months.”

Staff were asked to complete an on-line survey; we had no responses within the timescale specified.

Any comments from patients, patient representatives in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas for improvement

No areas for improvement were identified within this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.5 Provision of Activities

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. weekly activity programme was displayed in both lounges and was appropriate for the needs of the patients. An afternoon painting activity session was observed to be well attended by patients. The activity coordinator and another member of staff provided plenty of enthusiasm, encouragement and assistance; it appeared to be a positive and fun experience for the patients who were taking part. There were two small therapy dogs in the home, they were observed to be calm and sociable with the patients who in turn were responsive and affectionate towards the dogs.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were nicely decorated and were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

6.3.6 Meal time experience

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. The food on offer appeared nutritious and was well presented. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime experience. There was music playing in the background and staff were chatting to patients while assisting them. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks; they confirmed daily menu choices were offered but alternatives were available if patients changed their minds. Staff were observed discussing the following days’ menu choices with patients and they helped them with their choices were necessary. A pictorial menu was displayed on the wall in the dining room and reflected the food choices on offer that day.

Areas for improvement

No areas for improvement were identified within this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.7 Management and Governance Arrangements

Since the last inspection there has been a change in management arrangements and RQIA were notified appropriately.

Discussion with staff/patients/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager/manager.

Review of the home's complaints records, accidents and incidents records and monthly monitoring reports all evidenced that systems and processes were in place to regularly review the quality of the nursing care and other services provided in the home.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

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 QIP. Details of the QIP were discussed with Debby Gibson, registered 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 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 4</p> <p>Stated: Second time</p> <p>To be completed by: 22 February 2019</p>	<p>The registered person shall ensure that, in accordance with NMC guidelines, there is contemporaneous and consistent recording of wound care in wound charts and daily care records. The date a dressing is next due should also be recorded in the wound chart and any variance from the care plan and the reason for this documented.</p> <p>Ref: 6.3.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Home has reviewed the care planning system and a section is available for staff to incorporate date of the when the dressing is next due. Supervision carried out with all trained nurses ensuring they have a good understanding of the importance of recording date dressing is next due and reason for any variance from the care plan. The Home Manager has included in the monthly wound care audit checking that these areas are being addressed and it has also been added to the monthly monitoring report.</p>

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



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