



The Regulation and
Quality Improvement
Authority

Unannounced Follow-up Care Inspection Report 31 July and 1 August 2019



Wood Green Residential Care Home

Type of Service: Residential Care Home
Address: Wood Green, Circular Road, Jordanstown
BT37 0RJ
Tel no: 028 9036 9901
Inspector: Bronagh Duggan

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 provider 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 residential care home with 48 beds that provides care for residents living with dementia. The residential care home consists of the ground floor and second floor of the building. Wood Green Nursing Home occupies the first floor of the building.

3.0 Service details

| | |
|---|--|
| Organisation/Registered Provider: Wood Green Management Company (NI) Ltd Responsible Individual: Yvonne Diamond | Registered Manager and date registered: Debby Gibson 21 September 2018 |
| Person in charge at the time of inspection: Debby Gibson | Number of registered places: 48 |
| Categories of care: Residential Care (RC) DE – Dementia A maximum of 22 residents accommodated on the Ground Floor and a maximum of 26 residents accommodated on the 2nd Floor. | Total number of residents in the residential care home on the day of this inspection: 43 |

4.0 Inspection summary

An unannounced inspection took place on 31 July 2019 from 08.00 to 18.15, and 1 August 09.30 to 14.00. An inspection of Wood Green Nursing Home was undertaken on 31 July 2019, the findings from the nursing home inspection are available in a separate report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection sought to assess progress with issues raised during and since the previous care inspection and to follow up on information received by RQIA from the Belfast 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 following areas were examined during the inspection:

- staffing
- reporting of notifiable events
- governance systems in place
- environment
- care records
- views of residents and representatives.

Residents and their representatives said they were satisfied with care provided in the home. Representatives spoken with also confirmed if they were not satisfied with any aspect of care provided, or if they had identified any issues to be addressed, these had been reported to management and had been dealt with appropriately.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | *3 |

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

Areas for improvement and 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 May 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents reported to RQIA since the previous inspection, the previous inspection report, the returned QIP and any other information received.

During the inspection the inspector met with residents, staff, residents' visitors/representatives, the registered manager, responsible individual and other members of the senior management team.

The following records were examined during the inspection:

- Staff duty rota from 22 July 2019 to 4 August 2019
- Staff supervision and appraisal information
- A sample of governance audits/records including, accidents, incidents, complaints, falls, weights, Infection Prevention and Control (IPC), care plans, Northern Ireland Social Care Council (NISCC) information
- Staff training records

- Complaints records
- Compliment records
- Three residents' care records
- Annual safeguarding position report
- Accident and incident records
- A sample of registered provider reports for May to July 2019
- RQIA certificate of registration.

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 15 July 2019

The most recent inspection of the home was an announced medicines management enforcement monitoring inspection on 15 July 2019. This inspection was to assess compliance with one outstanding Failure to Comply (FTC) notice issued following an inspection to the home on 27 February 2019. Two FTC notices were issued as a result of the inspection on 27 February 2019. One FTC notice issued under regulation 30 (1) was achieved on 5 June 2019. The inspection on 15 July 2019 evidenced compliance with issues identified under Regulation 13 (4). Findings from the medicines management inspection can be found in a separate report.

6.2 Review of areas for improvement from the last care inspection dated 14 May 2019

| Areas for improvement from the last care inspection | | |
|--|---|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 30. (d) Stated: Second time | The registered person shall ensure RQIA is notified of any event in the home which adversely affects the care, health, welfare or safety of any resident. | Met |
| | Action taken as confirmed during the inspection: Discussion with the registered manager and review of records of notifiable events showed there had been a significant improvement in the reporting of notifiable events to RQIA. | |

| | | |
|---|---|---------------------------------|
| | See section 6.5. | |
| Area for improvement 2 Ref: Regulation 19(2) Schedule 4.7 Stated: Second time | <p>The registered person shall ensure a copy of the duty roster of persons working in the home, and a record of whether the roster was actually worked is accurately maintained in the home.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of the duty roster showed that it was accurately maintained to reflect hours worked in the home.</p> | Met |
| Area for improvement 3 Ref: Regulation 17. (1) Stated: Second time | <p>The registered person shall ensure there are clear and robust systems in place to review at appropriate intervals the quality of care and other service provision in the home.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of a sample of audits and governance measures showed robust systems were in place to review the quality of care and other service provision in the home. A sample of audits reviewed included accidents and incidents, complaints, falls analysis, weights, infection prevention and control (IPC) and care plan audits.</p> | Met |
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | | Validation of compliance |
| Area for improvement 1 Ref: Standard 24.2 Stated: First time | <p>The registered person shall ensure staff have recorded individual, formal supervision according to the home's procedures and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of supervision information showed the completion of supervision for care staff in the month of July, however overall completion rates should be improved upon. This area for improvement has been stated for a second time in the QIP appended to this report.</p> | Partially met |

| | | |
|--|--|------------|
| Area for improvement 2 Ref: Standard 6.2 Stated: First time | The registered person shall ensure the identified care plan is reviewed and updated to reflect clearly the identified needs of the resident in a person centred way. | Met |
| | Action taken as confirmed during the inspection: Discussion with the registered manager and review of information available showed the care plan had been updated accordingly. | |

6.3 Inspection findings

6.3 Is care safe?

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

On arrival we observed the home was comfortably heated and welcoming. Five residents were up and appeared well cared for, appropriately dressed, with obvious time and attention afforded to personal care needs. The residents sat within the communal area, as the morning progressed; others were seen being supported by staff, relaxing in their bedrooms, or moving freely around the home.

The registered manager, who was on duty throughout the inspection, explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated. The staff duty roster reviewed accurately reflected the number and names of staff on duty over the twenty four hour period and capacity in which they worked.

Competency and capability assessments were in place for staff in charge of the home when the registered manager was out of the home.

We were assured by staff and management that there was enough staff on duty to provide safe care and should additional staff be required this would be addressed. The registered manager advised the home had undertaken a recruitment drive to reduce agency use in the home and had successfully recruited a number of staff.

There was a system in place to ensure all care staff were registered with the Northern Ireland Social Care Council (NISCC), this was reviewed monthly.

Staff told us that they had a good induction programme when they commenced work and that ongoing training was provided to ensure they were competent and capable to provide safe care in accordance with each resident's care plan. Staff also said they received good support from the manager and senior staff through the provision of staff meetings, supervision and annual appraisals. The completion of formal supervision for staff was identified as an area for improvement during the previous inspection and has been stated for a second time in the QIP appended to this report.

Staff training schedules reviewed evidenced that mandatory training was being provided alongside additional professional development training including: dementia awareness, complex behaviour and falls prevention.

The registered manager, is the adult safeguarding champion for the home, the adult safeguarding position report for 2018 had been completed accordingly and was available for review during the inspection. Staff training in adult safeguarding was included within mandatory training records and staff were able to describe what action they would take if they suspected or witnessed any form of abuse.

Accident and incident records retained in the home were cross referenced with those notified to RQIA. There was a significant improvement noted in the reporting of notifiable events as this had previously been identified as an area for improvement. A large number of notifiable events were reviewed as part of the inspection. The registered manager was advised on the importance of ensuring the reporting improvements were maintained see section 6.5.

Discussion with the registered manager outlined the measures in place to minimise the risk of falls in the home these included for example: fall risk assessments, referral to falls team, occupational therapy input including the provision of various aids and appliances to aid mobility. Care records reviewed contained risk assessments and care plans with recorded measures in place to minimise the risk of falls.

An inspection of the home was undertaken. All areas within the home were observed to be comfortably heated, odour free and clean. Residents' bedrooms were personalised with items of memorabilia displayed. Fire doors were closed and exits unobstructed. The carpet in the main entrance was observed to be clearly stained. This was discussed with the registered manager. An area for improvement was identified to comply with the standards. The seating arrangements were discussed with the registered manager regarding the dining room on the second floor as it was noted there was insufficient seating areas in the event of full occupancy. Following the inspection the registered manager provided confirmation that additional dining furniture had been put in place.

We observed a plentiful supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents. Domestic staff advised there was specific colour coded equipment in place to ensure IPC procedures were maintained and that they were aware of specific equipment to be used in identified areas. Environmental audits were completed on a regular basis and there was evidence that any deficits were addressed.

The registered manager described the range of professional staff who visit the home to assess and monitor the health and social care needs of residents referred to them. Visiting professionals included for example; district nurse, general practitioner, social worker, speech and language therapist and podiatrist. Records of visits were reflected within care records reviewed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff induction, training, staff appraisal, and the home's environment.

Areas for improvement

One area was identified for improvement in relation to improving the carpet at the main entrance area.

| | Regulations | Standards |
|-------------------------------------|-------------|-----------|
| Total numb of areas for improvement | 0 | 1 |

6.4 Is care effective?

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

There was evidence within three residents' care records reviewed that risk assessments were completed and reviewed on a regular basis. Records were maintained on an electronic recording system. Examples of risk assessments completed included falls management, nutrition, pain and moving and handling. Care plans had been developed which were reflective of residents' needs; these were updated when changes were identified. Improvement was evident in the detail included in the care plans reviewed, the importance of ensuring all residents' care plans reflect person centeredness was discussed.

Reviews of records in the home showed there was a system in place to regularly record residents' weights and ensure any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Records showed residents were weighed regularly and the nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was implemented to determine the risk of weight loss or weight gain. Where a risk was identified there was evidence within care records that advice was sought from an appropriate health professional such as a dietician or a speech and language therapist.

Regarding the meal time experience in the home we could see that the dining room was spacious, clean and bright. There was a menu on display on the wall which reflected the choices available. There was a choice of two hot dishes on the lunch menu. Staff shared that the main meal of the day was served in the evening; with a lighter lunch provided around midday.

Food was brought to the dining room using a hot trolley; staff plated dishes which were served to residents. We could see that the portion sizes were good and there was a variety of cold drinks available. Condiments were on tables and staff were observed offering residents choice of sauces. The lunch service was relaxed and pleasant. Residents spoken with confirmed they had a good choice of meals at meal times and drinks were observed as being made available in the home throughout the day.

Discussion with the registered manager and staff confirmed that wound care would be managed by district nursing services. Referrals would be made to the multi-professional team regarding any concerns identified. The importance of ensuring body maps are completed in a timely manner when residents are being admitted to the home and when returning from hospital stays was discussed.

Staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Each staff member was aware of their roles and responsibilities within the team. Staff were observed interacting with residents in a pleasant and supportive manner. Residents appeared comfortable and relaxed in their surroundings. Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Staff spoken with confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, residents are supported to maintain personal interests including music and gardening, residents' representatives were also consulted with regards to their relatives care provision.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals see section 6.6. The benefit of maintaining a system to monitor the completion of care reviews for residents was discussed with the registered manager. An area for improvement was identified.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' and representatives meetings, staff meetings and staff shift handovers. Observation of staff practice and interactions with residents evidenced that staff were able to communicate effectively with residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified during the inspection this related to the development of a system to maintain an overview of care reviews within the home.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

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.

Throughout the inspection staff interactions with residents were observed to be compassionate, staff spoken with had good knowledge of residents' choices, likes, dislikes, preferences and assessed needs. There was a pleasant atmosphere within the home, with residents conversing with staff and each other in a friendly manner.

Residents spoke openly with us during the inspection and appeared relaxed and content. Staff were observed to respond promptly to their requests for assistance. In keeping with their level of understanding residents confirmed that there was a good selection of activities to participate in within the home.

Staff demonstrated good awareness and understanding of residents likes and dislikes. For example; where they liked to sit, how their furniture and memorabilia was displayed within their bedrooms, their choice of clothes to wear each day. Care records reviewed outlined specific information relating to for example specific dietary requirements, and resident's food preferences.

The activities therapist advised there was a range of activities available on a daily basis such as arts, crafts, reminiscence, musical events, bocce, and garden events. In addition plans were in place for joining a local film group. The activities therapist also explained how residents have the opportunity for one to one interactions daily. Staff said activities were based on residents past hobbies and interests and they were consulted about their preferences when activities were being planned. A selection of materials and resources were available for use during activity sessions. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. A weekly activities planner was displayed in a central part of the home.

Comments received from residents and their representatives during the inspection included:

- "It's a good home, I have whatever I need. There is a buzzer there if I need help, staff come quick. I'm just getting ready to go up for breakfast you can go when you want." (resident)
- "I like it here, everyone is nice." (resident)
- "The staff are kind." (resident)
- "Staff are very good. I would easily mention if something was not right, I have done in the past and it was sorted." (representative)
- "They (staff) are very good, ten out of ten. (Relative) has done very well here. Kept well informed." (representative)
- "There is always things on any day, you can do something if you like. The food is good too." (resident)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and their representatives and taking account of the views of residents.

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 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 registered manager explained how she is supported in her role by a deputy manager, residential team leader, mixed skill care and ancillary team of staff and that the assessed needs of residents were met in accordance with the home's statement of purpose, legislation and best practice guidance.

The registered manager remained on duty throughout the inspection; the responsible individual was also present. There had been no change in the organisational structure of the home since the previous inspection. Staff we spoke with confirmed they would be comfortable in raising issues with the senior management in the home. Staff also confirmed that they found the senior management team to be approachable and supportive in helping them to carry out their duties. Staff demonstrated good understanding of their roles and responsibilities.

Comments received from staff included:

- "It's a great company to work for. I can see what the management team are trying to do - that's providing excellent care, that's what they are aiming for in every way."
- "The management team are very good especially the training side of things there are always training opportunities."

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home retains a wide range of policies and procedures in place to guide and inform staff. The registered manager explained that a range of audits were completed regularly for example accidents/incidents, complaints, medication, IPC, weights, housekeeping, and care plans. Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider. Review of reports for May to July 2019 confirmed compliance with regulation 29 of The Residential Care homes Regulations (Northern Ireland) 2005 and minimum care standards. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

The home had a complaints policy and procedure in place. We looked at the records of complaints since the last inspection and could see that they were managed appropriately. Representatives spoken with told us that they knew how to make a complaint and that they would not hesitate to raise issues with the manager, if needed. There were a number of thank you cards received which contained words of gratitude and appreciation from family members, the registered manager advised these were maintained and shared with staff.

As stated earlier in this report there was a comprehensive review of accidents, incidents and notifiable events from May 2019 to 31 July 2019 which showed overall there had been a significant improvement with regards to the reporting of notifiable events.

A substantial amount of data was viewed during the inspection, a marked improvement was evident. It was noted one incident recorded in the homes monthly audit had not been reported onwards to RQIA. This issue was discussed with the registered manager who advised it had been an oversight. Notification of the event was forwarded to RQIA retrospectively. Following a discussion with RQIA management, it was decided based on the amount of data viewed; proportionality and the overall improvement noted the area for improvement had been met. The registered manager was informed of this following the inspection and was advised that reporting of notifiable events would be subject to close review moving forward to ensure the improvement was maintained. The reporting of notifiable events shall be followed up at the next care inspection.

Review of information in the home showed current best practice guidelines was made available to staff for example International Dysphagia Diet Standardisation Initiative (IDDSI). Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents; for example dementia awareness, falls prevention, complex behaviours, and health and safety.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement 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 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 DHSSPS Residential Care Homes Minimum Standards, August 2011 | |
| <p>Area for improvement 1</p> <p>Ref: Standard 24.2</p> <p>Stated: Second time</p> <p>To be completed by: 31 October 2019</p> | <p>The registered person shall ensure staff have recorded individual, formal supervision according to the home's procedures and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: A Supervision tracker is in place to monitor supervision with staff and we have seconded a member of staff into the position of Learning and Development Champion who will be responsible to ensure this is maintained. All residential staff and they have completed at least one supervision within the last six months.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2019</p> | <p>The registered person shall ensure the carpet in the reception area of the home is improved upon.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: A new carpet cleaner has been purchased and the cleaning of the carpet in the reception area. The cleaning is to be carried out every 2 weeks and has been added to the cleaning schedule for the Domestic Team. The Manager is to check the cleaning has been completed and sign off the schedule.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2019</p> | <p>The registered person shall ensure a system is developed to maintain an overview of care review status of residents in the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A tracker is now in place to monitor the care review status of all residents. The tracker will now be included monitoring in the Managers Monthly Audit Schedule.</p> |

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



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