Unannounced Care Inspection Report
30 May 2018

Wood Green Private Residential Home

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

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 residential care home with fifty four beds that provides care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Wood Green Management Company (NI) Limited **Responsible Individual:** Yvonne Diamond	**Registered Manager:** Yvonne Diamond (acting)
Person in charge at the time of inspection: Yvonne Diamond	**Date manager registered:** Yvonne Diamond– application not submitted
Categories of care: Residential Care (RC) DE – Dementia MP – Mental disorder excluding learning disability or dementia	**Number of registered places:** 54

4.0 Inspection summary

An unannounced care inspection took place on 30 May 2018 from 10.45 to 17.45.

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 assessed progress with any areas for improvement identified during and since the last care inspection and sought 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 staff recruitment, induction, training, audits, communication between residents, staff and other interested parties, the culture and ethos of the home, governance arrangements, management of complaints and maintaining good working relationships.

Two areas requiring improvement have been stated for a second time with regards to ensuring records reflect when and how fire safety recommendations have been addressed and to ensure residents life history information is included in care records. One new area for improvement was identified with regards to ensuring evaluation records where signed by the person making the entry.

Residents said they liked the home, the food was good and staff couldn't do enough to help.

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

Details of the Quality Improvement Plan (QIP) were discussed with Yvonne Diamond, Acting Manager and 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 December 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: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager/responsible individual, twelve residents and four staff.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two staff files
- Three residents' care files
- The Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls) complaints, environment, Infection Prevention and Control (IPC), NISCC registration
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings/ representatives' meetings

- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance was recorded as met and 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 18 December 2017

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 18 December 2017

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 27. (4) (d) (v)

Stated: Second time</td><td>The registered person must ensure fire safety checks are completed regularly and maintained on an up to date basis.

Ref: 6.2</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Discussion with the manager and review of records maintained showed fire safety checks were being completed regularly and maintained on an up to date basis.</td></tr>
</table>

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	The registered person shall ensure that a schedule is put in place for staff supervision and appraisal. Ref: 6.4	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and review of records maintained in the home showed a schedule was in place for staff supervision and appraisal.	
Area for improvement 2 **Ref**: Standard 35.6 **Stated:** First time	The registered person shall ensure that information, in a range of formats, promoting infection prevention and control and public health notices for residents, representatives and staff is made available in the home; such information should be displayed in a prominent position. Ref: 6.4	**Met**
	Action taken as confirmed during the inspection: Inspection of the home confirmed relevant information was displayed in the reception area of the home.	
Area for improvement 3 **Ref**: Standard 29.1 **Stated:** First time	The registered person shall ensure that records reflect when and how recommendations are actioned from the home's fire safety risk assessment. Ref: 6.4	**Not met**
	Action taken as confirmed during the inspection: Records were not available to confirm when and how recommendations had been actioned from the homes fire safety risk assessment dated February 2017. The manager confirmed the most recent fire safety risk assessment had been completed on 25 April 2018 under new management. This area for improvement shall be stated for a second time in the QIP appended to this report.	

Area for improvement 4 **Ref**: Standard 5.2 **Stated:** First time	The registered person shall ensure life history information is completed within the care records for all residents. Ref: 6.5	**Not met**
	Action taken as confirmed during the inspection: Three care records were reviewed two of these did not include life history information. This has been stated for a second time in the QIP appended to this report.	

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.

The manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used in the home. The manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care as repeat bookings were made. The manager stated staff recruitment was ongoing and further admissions to the home would only be in conjunction with the recruitment of additional permanent staff.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the acting manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules for staff appraisals and supervision were reviewed during the inspection.

Discussion with the manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the manager and review of two staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. An annual safeguarding position report was in place from 1 April 2017 to 31 March 2018.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, review of notifications information, care records and complaints records confirmed that any suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

The manager advised there were restrictive practices within the home, notably the use of locked doors including the main entrance, bed rails and pressure alarm mats. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the homes statement of purpose.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. IPC compliance audits were undertaken regularly.

The manager reported that there had been no recent outbreaks of infection since the home came under new management. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

"The Falls Prevention Toolkit" was discussed with the manager and advice was given on the benefits of using this or a similar toolkit. Audits of accidents/falls were undertaken on a monthly basis referrals were made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety.

The home had an up to date Legionella risk assessment in place dated 3 March 2018 the manager confirmed and any recommendations were being addressed.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The manager confirmed that safety maintenance records were up to date regarding Lifting Operations and Lifting Equipment Regulations (LOLER).

Following the inspection the manager forwarded the current fire safety risk assessment dated 25 April 2018 as the report was not available during the inspection. The manager confirmed any recommendations would be addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with data protection the manager was advised to ensure the home is registered with the information commissioner's office (ICO) regarding the storage of information. Three care records were reviewed, these were maintained on an electronic recording system. They included an up to date assessment of needs, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Life history information was not included in two of the three records reviewed. This 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. Care needs assessment and risk assessments (e.g. nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. However it was noted that entries were being made to the daily evaluations and signed off as agency staff, the name of the person making the entry should be recorded. This was identified as an area for improvement.

The manager confirmed plans were being implemented to obtain written consent from residents and or representatives regarding the handling of information contained within the electronic care records.

Discussion with staff 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 have preferred rising and retiring times.

A varied diet was provided to meet the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately.

The 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. Audits of accidents and incidents (including falls), complaints, environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The 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' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits, communication between residents, staff and other interested parties.

Areas for improvement

One new area for improvement was identified during the inspection this related to ensuring the name of staff members is recorded when making an entry on residents care records.

	Regulations	Standards
Total number of areas for improvement	0	1

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 manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain where appropriate.

The manager confirmed plans were in place to display user friendly information including menus, activities and events in different parts of the home. During the inspection written information was available with regards to activities and menu choices.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, wishing tree, and visits by the registered provider.

The manager confirmed plans were in place to consult with residents formally at least annually, about the quality of care and environment. The findings from the consultation would be collated

into a summary report and an action plan made available for residents and other interested parties to read.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Two residents shared with the inspector that they would like more activities this information was shared with the manager who confirmed the activities programme was currently under review. During the inspection residents were observed potting plants/herbs while others were observed reading and discussing the daily newsletter which was available in the home. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example the manager shared examples of initiatives with local schools and visits by musicians and local church groups.

Residents and staff spoken with during the inspection made the following comments:

- "I am very happy here, they (staff) are all very good. They couldn't do enough for you." (resident)
- "It's nice, I have whatever I need. The food is good. " (resident)
- "I like it here, yes it is very good. The staff are good." (resident)
- "Everyone is very nice, it would be nice to have more to do." (resident)
- "It's a very rewarding job, there is a good team on the floor. I go home and know that I have given 100%" (staff)
- "We are here to help the residents, that's what is most important". (staff)

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 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

6.7 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

The manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and

procedures were to be systematically reviewed every three years or more frequently as changes occur.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants and the outcome of the complaint. The manager was advised to ensure the complainant's level of satisfaction with the outcome of any complaint was recorded. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

A review of accident, incident and notifiable events information confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example dementia training.

A visit by the registered providers representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The responsible individual who was also acting as manager confirmed plans were in place regarding the recruitment of a registered manager for the home.

The manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed, employers liability insurance was also available.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. The manager confirmed relevant information was gathered as part of the admission process including for example marital status and religious beliefs.

The manager was advised to contact the Equality Commission for Northern Ireland for guidance if needed on best practice in relation to collecting this type of data.

Staff spoken with during the inspection made the following comments:

- "I feel well supported in my role, the manager is very approachable and helped with information for my coursework." (staff)
- "Management are good, they will listen to staff." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints 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 Yvonne Diamond, 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	
Area for improvement 1 **Ref**: Standard 29.1 **Stated:** Second time **To be completed by:** 30 June 2018	The registered person shall ensure that records reflect when and how recommendations are actioned from the home's fire safety risk assessment. Ref: 6.4
	Response by registered person detailing the actions taken: Fire Safety Risk Assessment reviewed and updated. New Fire safety Risk Assessment completed on 25th April 2018, currently working through the recommendations and actions required.
Area for improvement 2 **Ref**: Standard 5.2 **Stated:** Second time **To be completed by:** 30 July 2018	The registered person shall ensure life history information is completed within the care records for all residents. Ref: 6.5
	Response by registered person detailing the actions taken: Home is reviewing all life history information for residents, currently the majority of life stories have been put in place, there are currently 4 outstanding and staff have been in contact with family to complete same, we aim to have them completed within one week. Going forward, we plan to have all life histores for new admissions in place within 4 weeks of admission.
Area for improvement 3 **Ref**: Standard 8.5 **Stated:** First time **To be completed by:** 31 May 2018	The registered person shall ensure all records are signed and dated by the person making the entry. Ref: 6.5
	Response by registered person detailing the actions taken: Reviewed all care note entries, currently all are signed and dated by the person making the entry, notice is in place to remind agency staff of same, and the hand over includes communication of same. Continue to monitor by the Home Manager and Senior Staff in the home

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

The Regulation and Quality Improvement Authority

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