

Unannounced Care Inspection Report 18 December 2017



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

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 residential care home with 54 beds that provides care for residents living with dementia. The residential care home is situated on the ground floor and first floor of the building with a separate nursing facility on the second floor.

3.0 Service details

Organisation/Registered Provider: Manor Healthcare Ltd Responsible Individual: Mr Eoghain King	Registered Manager: Mr Tiago Moreira
Person in charge at the time of inspection: Mr Tiago Moreira	Date manager registered: 20 March 2017
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 54

4.0 Inspection summary

An unannounced care inspection took place on 18 December 2017 from 10.10 to 17.30.

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 induction, training, infection prevention and control, the home's environment, regular review and updating of care records, audits and reviews, communication between residents, staff and other key stakeholders, the culture and ethos of the home, the ongoing development of governance arrangements and maintaining good working relationships.

Areas requiring improvement were identified in relation to completion of a schedule outlining supervision and appraisal arrangements, availability of information regarding infection prevention and control and other public health issues, ensuring records are maintained of when and how the fire safety risk assessment recommendations have been actioned and the completion of life history information for all residents. One area for improvement identified during the previous inspection has been stated for a second time, this related to the regular completion of fire safety checks.

Residents said that the staff were great, the food was good, and they had no complaints.

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	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Mr Tiago Moreira, 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 5 June 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: notifications of accidents and incidents submitted to RQIA since the last care inspection, the previous inspection reports including the care inspection report and the variation to registration report regarding the increase in residential beds, as well as the returned QIP.

During the inspection the inspector met with 14 residents, four staff, and one resident's visitor/representative.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Information regarding the completion of electronic questionnaires for return to RQIA was provided for staff. No questionnaires were returned within the identified timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment files
- Four residents' care files
- Minutes of recent staff meetings
- Compliments records
- Audits of hand hygiene, accidents and incidents (including falls), weights
- Accident/incident/notifiable events
- Monthly monitoring reports
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

Areas for improvements identified at the last care inspection and carried over from the variation to registration inspection were reviewed and assessment of compliance was recorded as met and partially 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 13 September and 5 October 2017

The most recent inspection of the home was an announced variation to registration inspection this resulted in no new areas for improvement.

6.2 Review of areas for improvement from the last care inspection dated 5 June 2017

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 27. (2) (o) Stated: Carried forward To be completed by: 30 September 2017	<p>The registered provider must ensure that the garden area identified to the back of the home is developed with planted and grass areas. Each unit should have a separated area provided with suitable fencing. This should be completed as soon as the weather permits.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the garden area confirmed that it had been secured appropriately and developed with grass areas.</p>	Met

<p>Area for improvement 2</p> <p>Ref: Regulation 27. (2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 5 August 2017</p>	<p>The registered provider must ensure that the environment of the residential floor will be further enhanced to promote best practice in dementia care and to ensure the overall environment is conducive to accommodate residents with dementia.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and inspection of the environment confirmed that improvements had been made to enhance and promote best practice within the environment with regard to accommodating residents with dementia. The registered manager confirmed environmental developments were ongoing.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 27.(4) (d) (v)</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2017</p>	<p>The registered person must ensure fire safety checks are completed regularly and maintained on an up to date basis.</p>	<p style="text-align: center;">Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and review of records maintained in the home showed improvements with regard to the completion of fire safety checks. However, it was noted from the records inspected some checks were recorded as being completed on 20 December 2017 which was after the date of the inspection. The records were therefore inaccurate. The registered manager was advised such records were unacceptable.</p> <p>This area for improvement has been stated for a second time in the QIP appended to this report.</p>		

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 registered manager advised on the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. The registered manager confirmed recruitment was ongoing and that residents were being gradually admitted to the newly registered residential beds on an incremental basis. This ensured that the number of staff available was sufficient to meet the needs of the residents. Staff reported that they were busy but no issues were raised regarding meeting the needs of residents. No concerns were raised regarding staffing levels during discussion with residents and one resident's representative.

A review of the duty roster confirmed that it reflected the staff working within the home.

Review of completed induction records and discussion with the registered 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 was regularly provided. The registered manager advised on the arrangements for supervision and appraisal of staff. Review of staff supervision and appraisal information showed low rates of completion. This was discussed with the registered manager who provided information to show that all staff had been assessed at the end of their six month employment probationary period. A supervision and appraisal schedule should be put in place to ensure completion at regular intervals. This was identified as an area for improvement to comply with the standards. Supervision and appraisal completion rates shall be followed up at a future inspection.

The registered manager and staff 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; records of competency and capability assessments were retained. Samples of two completed 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 registered manager and review of two staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

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

The adult safeguarding policy in place was consistent with the current regional guidance. The registered manager confirmed that there were plans in place to implement the new adult safeguarding procedures. The registered manager confirmed that there were plans in place to access specific safeguarding champion training in January 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.

The registered manager advised that no issues of adult safeguarding had arisen since the last care inspection. The registered manager advised that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met.

The registered manager confirmed there were restrictive practices employed within the home, notably secure front doors, locked doors and pressure alarm mats. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

CCTV was in place for security purposes to monitor the outside areas of the home.

The registered manager advised there were risk management policy and procedures in place in relation to safety in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. legionella checks.

An infection prevention and control (IPC) policy and procedure was in place. Staff training records confirmed that all 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 drying facilities wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

The benefit of providing information, in a range of formats, promoting infection prevention and control and public health notices for residents, representatives and staff was discussed with the registered manager. Information should be made available in a prominent position within the home. This was identified as an area for improvement to comply with standards.

The registered manager reported that there had been no outbreaks of infection since the home opened in March 2017. 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.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Décor and furnishings were completed to a high standard. The registered manager confirmed plans to further develop the dementia aspect of the environment.

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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 7 February 2017. The registered manager confirmed all recommendations had been appropriately addressed. The need to record when and how the recommendations were addressed was discussed with the registered manager. This was identified as an area for improvement to comply with the standards.

Review of staff training records confirmed that staff completed fire safety training; a fire training session was being held in the home on the day of inspection. Records in the home showed the most recent fire drill was completed in March 2017. The registered manager advised that a further fire drill was due to be completed in January 2018. The arrangements in place to ensure that all staff attend a fire drill at least annually shall be followed up during a future inspection. During the previous inspection the completion of regular fire safety checks was identified as an area for improvement. As stated earlier in this report, fire safety records reviewed showed improvements, however, it was noted some checks were recorded as being completed on 20 December 2017 which was after the date of the inspection. The registered manager was advised such records were unacceptable. This area for improvement has been stated for a second time in the QIP appended to this report.

Areas of good practice

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

Areas for improvement

Three new areas for improvement were identified during the inspection. These related to the completion of a schedule for staff supervision and appraisal, the availability of infection prevention and control and other public health information for residents, representatives and staff and maintaining records of completion of fire risk assessment recommendations.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

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

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

Care records were maintained on an electronic recording system. The care records of four residents were reviewed. They included an up to date assessment of needs, risk assessments, care plans and regular statement of health and well-being of the resident. It was noted that two of the care records reviewed contained life history information, while the other two did not contain this information. This was identified as an area for improvement to comply with the standards. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls) 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. A discussion took place with the registered manager regarding how best to demonstrate residents and/or their representative's agreement with information contained within the care records, considering these were stored electronically. The registered manager advised this issue would be addressed with residents and/ or their representatives. This shall be followed up at a future inspection. Discussion with staff confirmed that a person centred approach underpinned practice, for example, residents are encouraged to rise and retire at a time preferable to them.

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. Audits of accidents and incidents (including falls), weights and hand hygiene were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visit reports.

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, staff meetings and staff shift handovers. The registered manager confirmed a resident and/or representative meeting was planned for January 2018. In addition, the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager advised that arrangements were in place, in line with the legislation, to support and advocate for residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to regular review and updating of care records, audits and reviews and communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified during the inspection. This related to ensuring life history information was completed within the care records for all residents.

	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 registered manager confirmed 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 registered manager, residents and/or their representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, the representative and staff, along with observation of care practice and social interactions, demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected, for example, by ensuring staff handovers were held in the office.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and the representative spoken with confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, a representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed arrangements would be put in place to ensure residents are consulted about the quality of care and environment on an annual basis. The registered manager was advised findings from the consultation should be collated into a summary report and made available for residents and other interested parties to read. Where applicable, an action plan should be developed and implemented to address any issues identified or improvements made.

Discussion with staff, residents, and the representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities, for example, making crafts, participating in quizzes and music sessions. Arrangements were in place for residents to maintain links with their friends, families and wider community, for example, visitors are welcome to the home and volunteers from the Alzheimer's

Society also supported residents where necessary. The registered manager advised that work was ongoing with regards to establishing links with a number of local churches.

Residents spoken with during the inspection made the following comments:

- “It’s great here. They (staff) are all very kind, my room is very nice. I am quite happy”
- “This is a very pleasant place, everyone is very good”
- “I’m happy here, the staff are great, no complaints about anything, honestly, and I would complain if there was something to complain about!”
- “There is always someone about if you need them. The food is very good”
- “It is very nice, the food is good, no complaints from me”

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 registered manager outlined the management arrangements and governance systems in place within the home. As stated earlier in this report admissions to the home were being accepted gradually in conjunction with the ongoing recruitment of staff. The registered manager confirmed staffing levels were being adjusted accordingly with admissions to ensure resident’s needs could be met at all times. Observations made during the inspection confirmed 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.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to receive and deal with complaints. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party.

A review of accidents/incidents/notifiable events 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 Falls Prevention Toolkit” was discussed with the registered manager and advice was given on the benefits of using this or a similar toolkit.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits. The registered manager confirmed work was ongoing with a view to further develop and embed governance systems within the home.

A monthly monitoring visit 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, trust representatives and RQIA to read.

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 registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular visits and updates.

The registered manager confirmed 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 and employers’ liability insurance certificate were displayed.

The registered manager advised that no issues of adult safeguarding had arisen since the last care inspection. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the development of 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 Mr Tiago Moreira, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27. (4) (d) (v) Stated: Second time To be completed by: 24 December 2017	<p>The registered person must ensure fire safety checks are completed regularly and maintained on an up to date basis.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: All fire equipment has been serviced and is approved for use. Fire warden training has taken place and fire safety training for staff.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 24.2 Stated: First time To be completed by: 25 January 2018	<p>The registered person shall ensure that a schedule is put in place for staff supervision and appraisal.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Supervision dates have been scheduled and will take place during February. Appraisals will be carried out at the end of each individual's 12 month period of employment..</p>
Area for improvement 2 Ref: Standard 35.6 Stated: First time To be completed by: 18 February 2018	<p>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.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Responsible person will ensure a leaflet rack is provided and Public Health and appropriate agencies will be contacted to provide relevant leaflets.</p>
Area for improvement 3 Ref: Standard 29.1 Stated: First time To be completed by: 18 January 2018	<p>The registered person shall ensure that records reflect when and how recommendations are actioned from the home's fire safety risk assessment.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: New fire risk assessment carried out and any actions required will be written off on the assessment itself as evidence of completion.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 18 February 2018</p>	<p>The registered person shall ensure life history information is completed within the care records for all residents.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager and care team will collate life histories for each resident and record these within care records as appropriate.</p>



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