

Inspection Report

Name of Service: Wood Green Residential Home

Provider: Wood Green Management Company (NI) Ltd

Date of Inspection: 9 &10 January 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Wood Green Management Company (NI) Ltd
Responsible Individual:	Yvonne Diamond
Registered Manager:	Tara Watters
Service Profile – Wood Green Residential Home is a residential care home, registered to provide health and social care, for up to 78 residents living with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 9 January 2025, between 10.10am and 4.00pm, and on the 10 January 2025, between 9.20am and 4pm, by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last pharmacy inspection on 21 May 2024 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about life in the home. Comments included, "We are well cared for", and, "There is plenty to do in the home ". Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us, "The care in the home is excellent! The food is brilliant; I have no complaints". Another resident said, "The home is a place for excellent care, the staff are attentive".

Residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

A relative spoke of how, "The staff are attentive, there is good communication and a lot of activities for residents, I have no concerns".

A visiting professional spoke of the very good communication with staff.

Residents told us that they were encouraged to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices. There were also evidence of ongoing relative's meetings in the home.

Residents told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

No completed questionnaires from residents, relatives or responses to the staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed, and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities such as arts and crafts, bowling, musical activities and outings. A review of activity records evidenced gaps in the recording of resident participation. An area for improvement was identified.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care plans for clients requiring increased levels of supervision, did not have an identified process for the regular review of this practice. An area for improvement was identified. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

There were items stored under the stairwells. This was brought to the manager's attention who arranged for the areas to be cleared immediately. This was identified as an area for improvement.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Tara Watters has been the manager in this home since 22 July 2022.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Some Staff were observed to be wearing Personal Protective Equipment (PPE) appropriately, others were not. Some staff were also observed to be wearing nail polish and jewellery. An area for improvement was identified.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Residents and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address these.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Tara Watters, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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) Stated: First time To be completed by: 9 January 2025	<p>The registered person shall ensure that all stairwells in the home are free from obstruction.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: At time of the inspection we were awaiting confirmation from the local council that we were able to set up an account to enable us to dump our waste, as we had been previously turned away from waste sites. I can confirm that this account has been since</p>

	created and we are now in a position where there is no items for waste disposal left in stairwells. On day of the inspection a skip was hired to remove anything that was there. Medical equipment that is no longer in use or required will be stored in the shed out the back going forward. Mattresses ready for collection will be held in the admin office. I will complete daily monitoring of the stairwells on my walk arounds.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 13 Stated: First time To be completed by: 1 March 2025	<p>The registered person shall ensure that if a resident does not participate in a planned activity, that a contemporary record is kept of this.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: I held a meeting with the Activities team and they have confirmed that they will record refusal to engage going forward. I have reviewed this since our meeting and the staff have been recording refusals as instructed, and I will continue to monitor this monthly .</p>
Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: 1 March 2025	<p>The registered person shall ensure the resident has an individual and up to date care plan. This is stated in relation to the provision of bespoke one to one care ,that this is regularly reviewed.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: All bespoke care plans have been reviewed to include the planned review dates. Though the named workers do not review these with us regularly, I have them noted in diary to request a review from the named workers.</p>
Area for improvement 3 Ref: Standard 35 Stated: First time To be completed by: 9 January 2025	<p>The registered person shall ensure Infection Prevention and Control training (IPC) is embedded into practice. This is stated in relation to the use of PPE, and the staff practice of wearing nail polish and jewellery.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The home has a system in place called focus of the month. We have chosen IPC on the back of our inspection to try and ensure that all staff are and remain complaint. I will monitor this going forward through tighter auditing systems to include areas around nail polish and jewellery.</p>

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