



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 14 and 15 May 2019



## Wood Green Residential Care Home

**Type of Service: Residential Care Home**

**Address: Circular Road, Jordanstown, BT37 0RJ**

**Tel No: 028 9036 9901**

**Inspector: Bronagh Duggan and Joseph Mc Randal**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 48 residents living with dementia. Wood Green Residential Home occupies two floors of a three story building. The residential home consists of the ground floor and second floor of the building. Wood Green Nursing Home is situated on the first floor of the building.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Wood Green Management Company (NI) Ltd</p> <p><b>Responsible Individual(s):</b> Yvonne Diamond</p>	<p><b>Registered Manager and date registered:</b> Debby Gibson</p>
<p><b>Person in charge at the time of inspection:</b> Debby Gibson</p>	<p><b>Number of registered places:</b> Total number 48 comprising: 47– RC - DE 01– RC – MP (E)</p>
<p><b>Categories of care:</b> Residential Care (RC) DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years</p>	<p><b>Total number of residents in the residential care home on the day of this inspection:</b> 41 A maximum of 22 residents accommodated on the Ground Floor and a maximum of 26 residents accommodated on the 2nd Floor. 1 named resident in category RC-MP.</p>

### 4.0 Inspection summary

An unannounced inspection took place on 14 May 2019 from 09.30 hours to 19.10 hours. The nursing home was also inspected on the same day. The findings from the nursing home inspection are available in a separate report. A finance inspection was undertaken on 15 May 2019 from 10:30 hours to 13:00 hours.

The inspection assessed progress with all areas for improvement identified in the home 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. Areas for improvement in respect of previous finance inspection have also been reviewed and validated as met.

Evidence of good practice was found in relation to staffing, staff induction, training, the environment, information sharing with representatives and maintaining good working relationships.

Areas requiring improvement were identified in relation to formal supervision for care staff and further development of an identified care record. Two areas for improvement have been stated for a second time, relating to the accuracy of the duty rota and ensuring robust systems are developed to review the quality of care and other service provision in the home. Progress was evident in both these areas. One area for improvement has been carried forward with regard to reporting notifiable events due to a failure to comply notice remaining in relation to medicines management as a number of reportable events had not been reported to RQIA as required. Please refer to section 4.2 for further information.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, people who visit them and staff during the inspection, are included in the main body of this report.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*3	2

\*The total number of areas for improvement includes two which have been stated for a second time and one which has been carried forward for review at the next care inspection.

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 inspection dated 8 May 2019

An unannounced inspection was undertaken by the pharmacist inspector on 27 February 2019. The findings of the inspection indicated that significant improvements were necessary in the management of new residents' medicines and medicines changes, the standard of record keeping, the management of incidents, auditing processes and staff knowledge and understanding of pain management, to ensure the safe administration of medicines.

Following the inspection, two failure to comply notices (FTC) were issued under Regulations - 13(4) (Health and Welfare) and Regulation 30(1) (Notification of death, illness and other events) of The Residential Care Homes Regulations (Northern Ireland) 2005.

The inspection on 8 May 2019 was undertaken to assess compliance with the actions in the notices. Evidence was not available to validate compliance with the FTC Notices. There was evidence of some improvement and progress made to address the required actions within the notices. Following the inspection, RQIA senior management held a meeting on 9 May 2019 and a decision was made to extend the compliance date to 5 June 2019. Compliance with the notices must therefore be achieved by 5 June 2019. Details of this inspection can be found in a separate report.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. There were no completed questionnaires returned within the identified timescale.

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

- staff duty rotas from 5 May 2019 to 14 May 2019
- staff training schedule and training records
- two staff recruitment records
- two staff induction records
- sample of staff competency and capability assessments
- three residents' records of care
- sample of daily handover records
- complaint records
- compliment information
- a sample of governance audits/records regarding accidents and incidents, environment, weights, NISCC registration information
- safeguarding information
- a sample of reports of visits by the registered provider
- RQIA registration certificate
- two residents' finance files, including copies of written agreements
- the resident's guide
- a sample of invoices for services provided by the hairdresser and podiatrist

Areas for improvements 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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement four were met, two were partially met and one was carried forward for review at a future inspection and have been included in the QIP at the back of this report.

Areas of improvement identified at previous finance inspection have been reviewed. Of the total number of areas for improvement all were met.

## 6.2 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.**

Discussion with the registered manager confirmed that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. The registered manager advised that the home had recently recruited a number of new staff and that the use of agency staff had been reduced. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota identified an inaccuracy on what was later clarified with information provided following the inspection. A copy of the duty roster was maintained on each floor; records also showed agency cover. Although progress was evident with regard to the duty rota, not all of the relevant information was clearly available. An area for improvement identified in this regard at the previous inspection had been partially met and has been stated for a second time.

We reviewed two 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, supervision and annual appraisal of staff were regularly provided. Records of training, staff appraisals and supervision were reviewed during the inspection. There were deficits observed in supervision completion rates for care assistants. Senior carers' supervision was completed more frequently. The need to ensure care assistants also receive regular formal supervision was discussed with the registered manager. This was identified as an area for improvement to comply with the standards.

The registered 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. A sample of three staff competency and capability assessments was reviewed and found to be satisfactory.

We reviewed the recruitment records for two staff; these were found to be satisfactory. Records showed that AccessNI enhanced disclosures were undertaken for staff prior to the commencement of employment.

There was a system in place to monitor the registration status of staff with their professional body the Northern Ireland Social Care Council (NISCC); this was most recently reviewed in March 2019. No issues were identified.

There was an adult safeguarding policy and procedure in place which was in keeping with current regional guidance. The registered manager advised systems were in place to liaise with the adult safeguarding team as necessary. Staff were knowledgeable and had 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 registered manager and review of records in the home confirmed that suspected, alleged or actual safeguarding incidents were referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

There was an infection prevention and control (IPC) policy and procedure in place. 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.

We inspected the premises and found 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. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

Any outbreak in the home was managed in accordance with the home's policy and procedures, and reported to the Public Health Agency and RQIA with appropriate records retained.

We walked around the home and saw that it was in good decorative state and it was kept clean and warm; there were no malodours. We looked in the bedrooms of some residents, with their permission. Bedrooms had an en-suite bathroom. Bedrooms were found to be personalised with photographs, memorabilia and personal items. A resident told us: "I love it here, everyone is just lovely. I have no complaints, it is so clean, it's very good. No complaints at all."

There were communal areas and separate lounges for the use of residents on the ground and second floors along with space for activities and meetings. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

The front door to the home was secure. The registered manager advised work had commenced to install a keypad system, thus changing from a manually controlled system to aid practicality for visitors and staff in the home whilst also ensuring the safety of residents. Evidence of the works was apparent during the inspection. It was confirmed residents' representatives were being kept informed of the process.

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

### Areas of good practice

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

### Areas for improvement

One new area for improvement was identified during the inspection in this domain relating to the formal supervision of care staff.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.4 Is care effective?

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

Three care records were reviewed. 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. Records were maintained on an electronic recording system. Care needs assessment and risk assessments (e.g. falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. One of the records reviewed showed limited information regarding the management of an identified condition. Discussion with staff confirmed some preferences of the resident were also not reflected in the care record. The need to develop the care record more fully to ensure it reflects greater person centeredness and clarity around the management of the identified condition and personal preferences was identified as an area for improvement to comply with the standards. In addition, the need to ensure all residents' care records reflect person centeredness was discussed with the registered manager.

From discussions with staff they were able to describe how the needs, choices and preferences of individual residents were met within the home. For example, the activities therapist explained how residents are supported to maintain individual interests including musical instruments, plants, and family connections. The activities therapist also stated that there were plans in place to support residents who enjoyed planting and gardening, with activities planned for the summer months.



Discussion with the registered manager confirmed there was a system in place to regularly record residents' weights and 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. Guidance and recommendations provided by dietitians and SALT were included in care records. A folder containing information relating to residents' specialist dietary needs was available in each kitchen for staff to access. Information was also displayed on notice boards. The benefit of ensuring the information on the notice boards was more clearly displayed was discussed with the registered manager.

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, complaints, environment, and residents' weights, were available for inspection. As stated earlier in this report some inaccuracies were noted in the accident and incidents information provided; this was discussed with the registered manager who confirmed these would be addressed. The area for improvement relating to the development of robust systems to review at appropriate intervals the quality of care and other service provision in the home has been stated for a second time. There was also evidence of audit contained within the reports of the visits by the registered provider and the annual quality review report.

We discussed with the registered manager systems 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, relatives' meetings, staff meetings and staff shift handovers. The benefit of maintaining topics relating to staff professionalism, accountability and codes of professional conduct as a standing item on the agenda for team meetings was discussed with the registered manager.

Information displayed in the home showed that arrangements had been made to have an information/awareness session delivered by the Alzheimer's Society for families/relatives of people living in the home. This was to increase relatives' understanding of their family member's condition and to help build relations and support networks with other relatives. This is good practice. Staff shared how the Dementia Bus had been stationed at the home for a few days to aid understanding about how dementia can affect individuals. Staff confirmed they had found this to be beneficial.

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

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to reviews, information provision for relatives and communication between residents, staff and other key stakeholders.

### **Areas for improvement**

One area was identified for improvement in this domain; this related to ensuring greater detail and person centeredness in the care plan for an identified resident.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.**

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home. Residents appeared relaxed, content and confident with staff; staff were attentive towards residents.

There was evidence of additional communication strategies, for example, signage was clearly displayed in a resident's bedroom to remind them of where they were, why and information about family members and staff.

Staff told us about the range of activities available; a seven day activities planner was displayed. On the day of inspection there was a reminiscence session held in the morning, there was painting during the afternoon and the hairdresser also visited. The "Daily Sparkle" newspaper was shared with residents. Residents spoken with confirmed they enjoyed activities on offer and one resident commented, "It's the ideal situation, there is always something going on if you want to join in. Whoever organises it does it very well. It's very good, you're not sitting twiddling you're thumbs. Everyone is very kind, it couldn't be any better." Other activities available included gardening club, gospel singer visits, as well as different denominational church services. The activities therapist described how the home had arranged a sponsored walk to help raise money for the Alzheimer's society.

Discussion with staff, residents, and one resident's representative, and observation of practice, confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents were consulted daily regarding their preferences at mealtimes.

Residents, one resident's representative and staff spoken with during the inspection made the following comments:

- "It is very good, the staff are good. You can have a choice if there is something you don't want." (food choices, resident)
- "I like it here, the food is nice enough." (resident)
- "Can't complain it's very good, it's a lovely place." (resident)
- "It's very good, I think they (residents) are well cared for here. One day I seen (relative) chatting in the dining room, I didn't want to disturb him as he doesn't usually talk to other people." (representative)
- "I don't have any issues, anything I have went to management with was sorted. I love it, I love working here." (staff member)

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, providing information sessions for relatives, dignity and privacy, listening to and valuing resident 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
<b>Total number of areas for improvement</b>	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.**

Staff in the home said that they got good support from their manager who was supportive and approachable. Staff said they would have no concerns regarding raising any issues with the management of the home. One staff member said, "The management are very supportive. There are weekly meetings which are really helpful."

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 Resident's Guide and information on display in the home. We reviewed complaints records maintained in the home. Records evidenced that they had been handled appropriately. It was noted that the number of complaints had reduced since the previous two inspections. Arrangements were in place to share information about complaints and compliments with staff. A number of thank you cards were displayed in the home.

As stated earlier in this report, the reporting of notifiable events has been identified as an area for improvement. During the medicines management enforcement monitoring inspection, that preceded the care inspection, it was established that not all notifiable events had been reported to RQIA accordingly; therefore, the failure to comply notice was not lifted in relation to the reporting of events. This area for improvement has been carried forward on the QIP appended to this report.

Discussion with the registered manager confirmed that information with regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example falls prevention training, and dementia awareness training.

There was a defined management structure throughout the organisation. The home was visited by the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits from February to April 2019 and found that these were comprehensive. The reports showed evidence of how the provider checked that audits and 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 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.

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.

### **Finance inspection findings**

Discussion with staff on 15 May 2019 confirmed that it was policy at the home for residents to manage their own finances. No monies or valuables were held on behalf of residents at the time of the inspection. Areas for improvement identified at the previous finance inspection on 17 May 2017 had all been met. No new areas for improvement were identified during the finance inspection on 15 May 2019.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to further development of governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### **Areas for improvement**

No new areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30. (d)  <b>Stated:</b> Second time  <b>To be completed by:</b> 15 May 2019	<p>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.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 19(2) Schedule 4.7  <b>Stated:</b> Second time  <b>To be completed by:</b> 15 May 2019	<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><b>Response by registered person detailing the actions taken:</b>            The duty roster is checked daily to ensure it is accurate and has been amended to reflect any changes due to sickness. A copy of the rota is available on each unit and also on the electronic record system.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 17.1  <b>Stated</b> Second time  <b>To be completed by:</b> 14 July 2019	<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><b>Response by registered person detailing the actions taken:</b>            The Home Manager maintains a log of the incidents and accidents within the home, this is then cross checked against the notification log which ensures accuracy. The home has a number of robust audits in place, which are completed on a monthly basis. The home manager has oversight of all the audits and ensures these are carried out and all actions followed up. This is also checked by the responsible person in the monthly monitoring visit. The home evidences a daily walkabout which checks a number of areas within the home. Staff Team meetings are held regularly and minutes are available.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 24.2  <b>Stated:</b> First time  <b>To be completed by:</b> 14 July 2019	<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: 6.3</p>

	<p><b>Response by registered person detailing the actions taken:</b>                  Formal supervisions have been scheduled for all staff, the majority of staff have received supervisions and the remainder will be rolled out on an individual basis throughout the month. The home regularly uses supervision for staff who are underperforming.</p>
<p><b>Area for improvement 2</b>   <b>Ref:</b> Standard 6.2   <b>Stated:</b> First time</p>	<p>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.                   Ref: 6.4</p>
<p><b>To be completed by:</b>                  17 May 2019</p>	<p><b>Response by registered person detailing the actions taken:</b>                  Resident care records are reviewed on a monthly basis. There is a schedule for care plan audits, whereby all care plans are audited within a 6 monthly period. The Residential Unit Co-ordinator completes the audit and after a follow up audit one month later submits them to the Home Manager. The Keyworker for each resident is provided with feedback verbally and via electronic measures.</p>

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



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