



Unannounced Care Inspection Report 3 September 2020



Wood Green Residential Home

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service 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 49 residents.

3.0 Service details

| | |
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| Organisation/Registered Provider: Wood Green Management Company (NI) Ltd Responsible Individual: Yvonne Diamond | Registered Manager and date registered: Debby Gibson 21 September 2018 |
| Person in charge at the time of inspection: Debby Gibson | Number of registered places: 49 |
| Categories of care: Residential Care (RC) DE – Dementia | Total number of residents in the residential care home on the day of this inspection: 43 |

4.0 Inspection summary

An unannounced inspection took place on 3 September 2020 from 09.15 hours to 18.55 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to assess progress with issues raised in the Quality Improvement Plan from the previous inspection on 10 October 2019.

It is not the remit of RQIA to investigate complaints/whistleblowing/adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management

Residents shared positive comments about their life in the home and relations with staff.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

Details of the Quality Improvement Plan (QIP) were discussed with Debby Gibson, manager, and Yvonne Diamond, 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 inspection dated 10 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 10 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notifiable events since the previous care inspection
- The registration status of the home
- Written and verbal communication received since the previous care inspection
- The returned QIP from the previous care inspection
- The previous care inspection report

During the inspection the inspector met with 14 residents individually and others in groups; seven staff, the manager, the responsible individual and other members of the senior management team. Ten questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with "Tell Us" cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No completed questionnaires were returned within the identified timescale.

The following records were examined during the inspection:

- Duty rotas
- Three residents' care records
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records

- A sample of incident and accident records
- Certificate of registration

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 10 October 2019

| Areas for improvement from the last care inspection | | |
|--|--|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 13.(7) Stated: First time | The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between residents and staff. Reference to this is made in relation to proper management of laundry, ensuring availability of personal protective equipment (PPE), and maintaining the general cleanliness of the home. | Met |
| | Action taken as confirmed during the inspection: Discussion with the manager and observation of practice during the inspection showed improvement had been made with regards to infection prevention and control measures. Laundry was seen to be managed appropriately, personal protective equipment was available throughout the home and the general environment was clean and tidy. | |
| Area for improvement 2 Ref: Regulation 13.(1) (b) Stated: First time | The registered person shall ensure that the residential care home is conducted so to make proper provision for the care and where appropriate, treatment and supervision of residents. Reference to this is made to ensure staff are aware of any matters concerning residents' eating and drinking as detailed in each resident's individual care plan, and there | Met |

| | | |
|--|--|---|
| | <p>are adequate numbers of staff present when meals are served to ensure:-</p> <ul style="list-style-type: none"> • Risks when residents are eating and drinking are managed • Required assistance is provided • Necessary aids and equipment are available for use. | |
| | <p>Action taken as confirmed during the inspection: Review of care records and observations made during the lunch period showed arrangements were in place to ensure risk assessment and adequate supervision and support for residents during the mealtime.</p> | |
| <p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p> | | <p>Validation of compliance</p> |
| <p>Area for improvement 1 Ref: Standard 27.3 Stated: First time</p> | <p>The registered person shall ensure that call bells are available and accessible to residents and relevant signage is in place to help residents navigate the home.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and observations made during the inspection showed call bells were available and accessible to residents. Additional signage was in place to help residents navigate the home.</p> | <p style="text-align: center;">Met</p> |
| <p>Area for improvement 2 Ref: Standard 6.2 Stated: First time</p> | <p>The registered person shall ensure the identified resident's care plan is developed further to reflect how their diabetes is to be managed.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager confirmed the identified resident no longer resided at the home therefore the identified care record was not reviewed. See main body of report regarding general diabetes management.</p> | <p style="text-align: center;">Met</p> |

6.2 Inspection findings

6.2.1 Staffing

We arrived at the home at 09.15 hours; the manager was in charge of the home. We discussed staffing levels for the home. Staff duty rotas for the period of 24 August 2020 to 6 September 2020 were reviewed. Records showed shifts were covered and there were stable staffing arrangements in place. We could see that the staff duty rota accurately reflected the staff working in the home. The manager confirmed that on occasions agency staff were used within the home, when this was the case the manager advised every effort is made to ensure block bookings.

We met with staff and discussed their experiences of working in the home. Staff confirmed they were aware of the reporting arrangements in the home and who to speak with if they had any concerns. Staff spoken with confirmed there was good team working within the home. Staff showed they were aware of the individual needs of residents. The manager advised staff had access to training which was generally being completed online at present due to the restrictions caused by Covid 19.

Comments received from staff included:

- “Generally good staffing levels.....managers door is always open, have no problem raising issues, they will listen if I had anything to raise.”
- “I love it here, good place to work, am very happy. Staffing levels are pretty good. (We really focus on the residents.”
- “Staffing is usually ok, unless someone phones in sick, but they usually get it covered. (The manager is supportive.”
- “Good support from management, staffing is good, we haven’t been short.”

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

The manager confirmed all residents had temperatures taken twice daily. Staff temperatures were also taken and recorded. We found PPE supplies and hand sanitization was available throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE and carrying out hand hygiene appropriately in accordance with current guidance.

During discussion with care and domestic staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread. Domestic staff confirmed they had a good supply of products available to do their job and had a clear procedure and schedule in place.

6.2.3 Environment

During a walk around the home it was found to be warm, clean and tidy. The home is split across two floors. Communal areas including lounges, dining areas and bathrooms were found to be clean and tidy. We noted the dining room on the ground floor had been redecorated since the previous inspection. This was warm and inviting. In addition some communal areas and ensuite doors had been repainted and decorated. We found residents bedrooms were

personalised and nicely decorated with individual styles reflected and personal mementos displayed.

The manager advised a number of areas within the home environment had been identified for repainting however the work had been put on hold due to the Covid 19 situation. The manager advised the work would recommence when deemed safe to do so.

6.2.4 Care delivery

We observed staff practice in the home, interactions with residents were warm and friendly. Staff showed good knowledge of resident's individual needs. Residents were well presented with obvious time and attention given to their personal care. Staff referred to residents by name and showed that they were aware of resident's personal preferences.

Some residents were observed relaxing in their bedrooms, while others rested in the communal sitting rooms or on seating throughout the general areas. Residents appeared comfortable; staff were available throughout the day to meet their needs.

Comments from residents included:

- "We love it here, couldn't say a bad word. I enjoy the music, staff are very nice. I love my porridge in the morning."
- "The staff are very good, always someone about."
- "I am getting on the best. Its good can have whatever you want. (Staff) they help you if you need it. I don't need much help. There is plenty of choice for breakfast."
- "The food is good."
- "It's a good place."

Staff spoken with were aware of the need to maintain good communication links with relatives as visits to the home were restricted due to the Covid 19 situation. Staff advised there had been drive by and virtual visits done through the use of technology and via telephone. The manager advised weekly updates are shared with relatives and specific risk assessments had been completed before any individual visit could proceed.

6.2.5 Care records

A sample of three care records was reviewed; the records were maintained on an electronic records system. Review of records showed they included an assessment of needs, risk assessments, care plans and regular evaluation record updates. Care needs assessments and risk assessments were generally reviewed and updated on a regular basis or as any changes occurred. However it was noted during the inspection from observation of one resident and discussion with staff that the resident displayed some specific behaviours. These were not reflected within the residents care plan. This issue was discussed with the manager. An area for improvement was identified.

During the previous inspection one area for improvement was identified in relation to care plan updating with regards to management of diabetes. The identified record was not available for review as the resident no longer resided at the home. A sample of two care plans relating to the management of diabetes was reviewed. It was noted relevant information was included in the care plans, however the benefit of ensuring diabetic specific care plans were clearly marked in the care records was discussed. In addition staff awareness of diabetes management was

discussed with staff and the manager as there appeared to be different levels of awareness with regards to record keeping and monitoring among staff. The benefit of ensuring relevant diabetes awareness training for all relevant staff was discussed with the manager; an area for improvement was identified.

6.2.6 Governance and management arrangements

There was an identified management structure in the home. The manager confirmed there were regular meetings among the senior management team. Staff spoken with confirmed they were kept well informed of changes in recent months as they happened and relevant information was available at clinical stations throughout the home with regards to COVID-19 information. Staff confirmed they felt well supported by the management of the home.

We reviewed a range of audits which were completed on a regular basis including complaints, staff training, environment, activities, accidents and incidents, falls and resident dependencies. The manager confirmed any actions identified as a result of the audits would be addressed. There was also a system in place regarding the reporting of notifiable events. We reviewed a sample of accidents and incidents reported since the previous inspection, records showed RQIA had been notified of these appropriately. A monthly audit was in place to review accidents and incidents to help identify any patterns or trends. Records reviewed showed that occurrences were broken down and analysed for trends.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of the visits for May, June and July 2020 were reviewed. The reports were noted to have been completed in an effective manner. An action plan was completed as the result of these visits and there was evidence that action plans were addressed. The home's certificate of registration was displayed in a central location and was up to date to reflect the registration status of the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to interactions between staff and residents, staff training, the environment, and IPC practices.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to reviewing and updating an identified resident's care plan and to ensure staff complete relevant training in relation to diabetes awareness.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

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, manager, and Yvonne Diamond, responsible individual. 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 6.2 Stated: First time To be completed by: 5 September 2020 | <p>The registered person shall ensure the care plan for the identified resident is reviewed and updated to fully reflect their needs.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The identified care plan has been reviewed and updated to fully reflect the resident's needs. A review of all care plans was undertaken and any required updating was completed. Monitoring of same will continue with care plan audits.</p> |
| Area for improvement 2 Ref: Standard 9.2 Stated: First time To be completed by: 17 October 2020 | <p>The registered person shall ensure the general health and social care needs of the residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents. Reference to this is made with regards to staff completing training in diabetes awareness.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: 100% of senior care assistants completed training in relation to diabetes management. Monitoring of diabetes management will continue through spot checks of paperwork by senior members of the team.</p> |

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



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