

# Inspection Report

16 & 17 January 2024



## Wood Green Residential Home

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Wood Green Management Company (NI) Ltd</p> <p><b>Responsible Individual:</b> Mrs Yvonne Diamond</p>	<p><b>Registered Manager:</b> Mrs Tara Watters</p> <p><b>Date registered:</b> 22/07/2022</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Tara Watters - manager</p>	<p><b>Number of registered places:</b> 77</p> <p>A maximum of 23 residents accommodated on the Ground Floor a maximum of 28 residents on the middle floor and a maximum of 26 residents accommodated on the 2nd Floor.</p>
<p><b>Categories of care:</b> Residential Care (RC) DE – Dementia.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 77</p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>This home is a registered Residential Care Home which provides health and social care for up to 77 residents.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 16 January 2024, from 10.30 am to 5.00 pm, and on the 17 January 2024 from 10.00am to 4.30 pm by a care Inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean and there was a homely atmosphere. Staff were attentive to the residents needs and carried out their work in a compassionate manner.

It was evident 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.

New areas requiring improvement were identified. Please refer to the Quality Improvement Plan (QIP) for details.

RQIA were assured that the delivery of care and service provided in Woodgreen Residential Home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Woodgreen Residential Home.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Tara Watters, Registered Manager, and the management team, at the conclusion of the inspection

### **4.0 What people told us about the service**

Residents commented positively regarding the home and said they felt they were well looked after. One resident spoke of how, "The staff are very good, we are very well looked after." Another resident spoke of how "The staff are very attentive, the care is good, I have no complaints."

A relative spoke of how, "The staff are excellent." Another relative spoke of how, "The communication with the home is good, the care is good. I have no complaints."

Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the Manager and the training provided.

One questionnaire was received which suggested there should be more activities in the home. This was shared with the manager for her consideration and action.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

**5.0 The inspection**

**5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

Areas for improvement from the last inspection on 22 November 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 27(4) Stated: First time	The registered person shall ensure that all stairwells in the home are free from obstruction. <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for improvement 1</b> Ref: Standard 35 Stated: First time	The registered person shall ensure that incontinence products are stored correctly. <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>

**5.2 Inspection findings**

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

There was a system in place to ensure that staff were appropriately registered with the Northern Ireland Social Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the residents.

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

### 5.2.2 Care Delivery and Record Keeping

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.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

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.

The dining experience was an opportunity of residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The daily menu is in a three-week rotational cycle. The Lunch meal each day had soup as the second choice offered to the residents. The menu is required to offer residents choice with a nutritious and varied diet. Residents who are on a modified diet, were only being offered one choice of meal. This was discussed with the manager, and an area for improvement was identified.

The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the residents.

No daily menu board was on display to show the meal choices that were available for residents in the Elm unit. This was discussed with the manager and an area for improvement was identified.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed 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 well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. The care plans reviewed were not signed by the resident, or if appropriate their representative. An area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

The environment in the Elm unit lacked methods to promote and orientate patients to their surroundings, and a lack of visual aids to assist patients to find their way from room to room in the course of their daily routines. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Building work relating to Variation VA012353 was in progress. A fire door in the Elm unit was being held open with a piece of cardboard, and a trolley was in a stairwell. This was brought to staff's attention and removed immediately.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times. The home was participating in a research study. As part of this study, the home would sometimes work outside of the regional Public Health Authority (PHA) guidance on wearing PPE. While all staff wore a fluid repellent surgical face mask, there were occasions when members of staff had the mask pulled down from their face. There had not been a risk assessment completed for the home operating outside of the regional guidance in relation to the wearing of PPE. This was discussed with the manager and an area for improvement was identified.

#### **5.2.4 Quality of Life for Residents**

Discussion with 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.

It was observed that staff offered choices to residents 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.

Some residents and staff spoke of their dissatisfaction with the activity programme on the ELM floor, and felt there could be a better programme of structured activities in place. The activity planner could also be displayed in a more dementia friendly format. This was discussed with the manager and an area for improvement was identified.

Residents' needs were met through a range of individual and group activities, such as arts and crafts, music therapy and pamper days.

#### **5.2.5 Management and Governance Arrangements**

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

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	4

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



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (2) (b)(d)(i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2024</p>	<p>The registered person shall ensure that the environment in the Elm unit is enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. A baseline audit should be completed and repeated thereafter at regular intervals, to ensure the environment is in keeping with best practice guidelines.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>One lounge has been identified to utilise as a sensory room. This will include massaging recliner chairs, muted lighting, and sensory items to help to calm residents during periods of agitation and or challenging behaviours. This sensory room can also be used for residents to relax in a quiet environment. We have engaged a company to vinyl wrap all bedroom doors, to try to enable residents to identify their own bedrooms, furthermore, we have purchased memory boxes, and relatives have been requested to bring in trinkets / items that residents can identify with and these are outside of all bedroom doors. Corridors will be themed as follows: the corridor space between bedrooms 1 and 10 will be a forest / woodland theme and will include drawings and tactile objects for residents to engage with. Corridor space between bedrooms 11 and 18 will be history themed and this will cover, news and storylines from residents history. Corridor space between bedrooms 19 and 27 will be hobby / job themed, this will cover tactile objects for residents to interact with.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that all staff wear surgical face masks in line with IPC guidance. The registered person shall draw up a risk assessment, to direct staff when working outside of PHA guidance.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Risk assessment has been implemented for the use of surgical face masks outside of PHA guidance. This will be utilised as per QUB research results.</p>

<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall ensure that the choices of meal offered at lunchtime are varied, and that a choice of meal is offered to those residents on modified diets.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Menus have been reviewed to reduce the frequency of the soup option and to include a more varied diet for those prescribed modified diets.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection.</p>	<p>The registered person shall ensure the daily menu is displayed in a suitable format in the Elm unit.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The daily menu on Elm is now displayed on a television screen as opposed to the paper menu that was there previously.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of Inspection</p>	<p>The registered person shall ensure the resident, or their representative, signs their care plan.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A timeline has been implemented between the manager, deputy manager and team lead to arrange appointments with relatives to invite them in to review and discuss their relatives care plans. This will be recorded on a spread sheet to track for completion and review.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of Inspection</p>	<p>The registered person shall ensure the home offers a structured programme of varied activities relating to the identified needs of the residents. The programme of activities is displayed in a suitable format. This is stated in relation to the ELM unit</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Since the inspection we have recruited a third activities therapist. A new larger board has been purchased for the activities team to display the activities plan in a large dementia friendly format for the benefit of the residents.</p>

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



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