



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow-up Care Inspection Report 10 October 2019



Wood Green Residential Home

Type of Service: Residential Care Home
Address: Wood Green, Circular Road, Jordanstown
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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 residential care home with 49 beds that provides care for residents living with dementia. The home shares a building with Wood Green Nursing Home. Wood Green Residential Home occupies the ground floor and second floor of the building.

3.0 Service details

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 A maximum of 23 residents accommodated on the Ground Floor and a maximum of 26 residents accommodated on the 2nd Floor.
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 49

4.0 Inspection summary

An unannounced inspection took place on 10 October 2019 from 09.20 to 19.00 hours.

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 sought to assess progress with issues raised during and since the last care inspection. The inspection was undertaken following information received by RQIA in relation to infection prevention and control, the environment, and meals and mealtimes.

It is not the remit of RQIA to investigate complaints 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:

- Infection prevention and control measures
- Meals and mealtimes
- Environment.

Residents in keeping with their level of understanding described living in the home as being a good experience. Representatives spoken with were generally positive about the home. Comments by one resident's representative, regarding the cleanliness of an identified bedroom, were shared with the registered manager.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Debbie 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 31 July 2019 & 1 August 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 31 July 2019 and 1 August 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: the previous inspection report, notifications of accidents and incidents and any other communications received since the previous inspection.

During the inspection the inspector met with thirteen residents individually and others in groups, eight staff, three residents' visitors/representatives, the registered manager and home owner.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision schedule
- Care review information
- Records of meal choices
- Notifications of accidents and incidents
- Three care records
- Compliments and complaints records
- Sample of audits including infection prevention and control audit, housekeeping, weights and monthly accident and incident audits
- 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 31 July 2019 and 1 August 2019

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		
<p>Area for improvement 1</p> <p>Ref: Standard 24.2</p> <p>Stated: Second time</p> <p>To be completed by: 31 October 2019</p>	<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>Action taken as confirmed during the inspection: Discussion with the registered manager and review of the supervision schedule in place confirmed regular supervision was completed with staff in the home.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2019</p>	<p>The registered person shall ensure the carpet in the reception area of the home is improved upon.</p> <p>Action taken as confirmed during the inspection: Inspection of the carpet in the reception area of the home evidence that this had been improved upon. Confirmation was also given that a regular cleaning schedule was in place to maintain the condition of the carpet on an ongoing basis.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2019</p>	<p>The registered person shall ensure a system is developed to maintain an overview of care review status of residents in the home.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of information showed there was a system in place to monitor care review status of residents in the home.</p>	Met

6.2 Inspection findings

6.2.1 Infection prevention and control

We reviewed the infection prevention and control procedures in the home. Discussion with staff confirmed they were aware of practice to reduce or minimise the risk of infection in the home. Staff had completed relevant training in infection prevention and control. Domestic staff were observed on duty on both floors throughout the home and through discussion confirmed they were aware of cleaning arrangements in the home. Observations of staff showed they wore appropriate personal protection equipment as needed. It was noted however that some supplies of aprons and hand towels placed around the home had not been refilled. We observed mismanagement of laundry in the home where clean and used laundry was sitting together on top of the laundry trolley with used plates and cups beside them. A red laundry bag was in place on the trolley for soiled items. The other laundry bags for normal laundry were missing. This issue was discussed with the registered manager; an area for improvement was identified.

Other areas identified for improvement within the home related to the dining room area were there was a notable amount of food stuffs gathered on chairs, the edging of the tables and beneath tables. This issue was discussed with the registered manager. It was also found that in an identified bedroom cleaning records had been completed to say that the room had been cleaned however, marks and debris were evident on the bedroom floor and the ensuite area did not appear to have been cleaned. These issues were also discussed with the registered manager. An area for improvement was identified as above.

6.2.2 Meals and meal times

The registered manager confirmed residents were provided with a nutritious and varied diet and that there was currently a focus within the home to improve the mealtime experience for residents. Information in the home showed there had been a recent meeting with kitchen staff to review arrangements in place. Discussion with the cook confirmed there was a good supply of ingredients available to prepare fresh meals daily and homemade pastries and bread were baked fresh and available in the home. Records available in the home showed that residents were offered a choice of meals at each mealtime. A choice was also available for those on a therapeutic diet. The daily menu was displayed in written format in both dining rooms. Meals were provided at conventional times of the day. Staff confirmed that residents had a lighter lunch during around midday; the main meal for residents was served at dinner time. Hot and cold drinks and snacks were provided throughout the day. Staff spoken with confirmed they were aware if residents had specialist dietary needs including specific speech and language therapist (SALT) guidance and that relevant information was available and also reflected within residents' care records. Monthly weights audits were completed; the most recent was completed in September 2019.

Observation of lunch time showed staff took time to support residents and offer them choices. Staff were present in the dining room and servery kitchen area. However it was noted that one resident who required supervision at meal times had their meal not in the dining room but in the communal atrium area. Staff supervision for the resident was intermitted and it was noted the resident had not been provided with the correct cutlery to have their meal. This issue was discussed with the registered manager. An area for improvement was identified.

6.2.3 Environment

We undertook an inspection of the home environment across both floors. A sample of communal areas and resident bedrooms was viewed. In addition a number of water outlets were checked; all were found to be working appropriately. Residents' bedrooms were individualised with personal mementoes including photographs and ornaments. The registered manager advised there had been some recent repainting done; painting was observed being completed during the inspection. It was noted from a sample of bedrooms viewed that in some cases nurse call bells were not in place, or if they were in place some could not have been accessed by residents if needed. This issue was discussed with the registered manager who advised the call bells were likely removed during the repainting work. The need to ensure call bells were within reach for residents was discussed with the registered manager. In addition the benefit of ensuring clear signage was in place to help residents navigate the home including identifying their own bedrooms and ensuite areas was discussed. An area for improvement was identified in relation to improving the environment.

6.2.4 Records

We reviewed three care records. We found these included up to date needs assessment, care plans and risk assessments. The care records were updated on a regular basis. We noted there was limited information included in one of the care plans reviewed with regards to how the identified resident's diabetes was managed. Further development of the care plan was identified as an area for improvement. The registered manager was advised to follow up on care management arrangements for the identified resident.

We also reviewed notifications of accidents and incidents reported to RQIA since the previous inspection. Records showed that these had been managed and reported onwards to relevant bodies as necessary. We could see that audits were completed on a regular basis; the need to ensure any findings or outcomes from audits are actioned on an ongoing basis was discussed. Complaints records were maintained in the home, these included information relating to complaints investigations and outcomes. Compliment records were also maintained in the home.

6.2.5 Consultation with residents and representatives

Residents spoken with reported that they were satisfied with the standard of care provided in the home and that they found staff helpful. Representatives were generally positive about their experience with the home however one shared with the inspector their views with regards to the cleanliness of their relative's bedroom on occasions. This information was shared with the registered manager.

Comments received from residents included:

- "It's very good, I am very happy. No complaints from me."
- "I'm getting on great here, everyone is very nice."
- "It's great, they (staff) couldn't be nicer. Everything is very good."
- "Have whatever I need, the food is good. I am very happy."
- "Everything is ok, no issues."

Comments received from representatives included:

- "As far as I'm concerned (relative) is well looked after."

- “We are quite happy with everything, care, cleanliness, staff. Only thing is the food, I think it could be a bit better. We have mentioned it in the survey, I think they are working on it.”
- “Ninety-five per cent of things are ok...sometimes I think (relative’s) bedroom could be better cleaned.”

Areas of good practice

Areas of good practice were identified in relation to offering choices at meal and snack times, interactions between staff and residents, regular review of care records and the completion of regular audits.

Areas for improvement

Areas for improvement were identified in relation to infection prevention and control procedures, ensuring appropriate supervision at mealtimes, updating an identified care plan regarding management of diabetes and ensuring the environment is maintained to help meet residents’ needs.

	Regulations	Standards
Total number of areas for improvement	2	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, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 13.(7)</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2019</p>	<p>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.</p> <p>Ref: 6.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>New linen trolleys have been purchased for each floor. PPE is readily available on both units. However, this is stored in the residents bathrooms on the top floor as some residents will remove them from the Dani Centres and put them into toilets and out of windows. The Housekeeper is now carrying out daily spot checks as well as those carried out by the management team.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13.(1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 11 October 2019</p>	<p>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 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>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff have received supervision in relation to mealtime. The focus of the supervision was adherence to SLT Recommendations, supervision during mealtimes and provision of correct aids and equipment. This is being monitored during daily spot checks.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be completed by: 11 October 2019</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>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken: Call bells are accessible to all residents. There are a number of residents who remove their call bells and give them to the Senior Care Staff in the office. This is reflected in the care plan of those residents in question. The relevant signage is now in place. This will be monitored during daily spot checks.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 11 October 2019</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>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: The care plan for the identified resident has been amended to reflect how their diabetes is managed.</p>

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



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