



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow-up Care Inspection Report 27 February 2019



Wood Green Residential Home

Type of Service: Residential Care Home
Address: Wood Green, Circular Road, Jordanstown
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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 48 beds that provides care for 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

Organisation/Registered Provider: Wood Green Management Company (NI) Limited Responsible Individual: Yvonne Diamond	Registered Manager: Debby Gibson
Person in charge at the time of inspection: Debby Gibson	Date manager registered: 21 September 2018
Categories of care: Residential Care (RC) DE – Dementia MP - Mental disorder excluding learning disability or dementia	Number of registered places: 48 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.

4.0 Inspection summary

An unannounced inspection took place on 27 February 2019 from 10.15 to 17.10.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

Information was received by RQIA in relation to staffing levels, accidents and incidents and medication issues. Following discussion with senior inspectors in RQIA it was agreed that a care and medicines management inspection to Wood Green Residential Home would be undertaken.

It is not the remit of RQIA to investigate complaints/ 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 levels
- notifications of accidents and incidents
- environment
- management and governance arrangements

Residents and their representatives spoken with shared positive comments with regards to their experience in the home, their relationship with staff and the care provided.

Following the inspection a meeting was held at RQIA offices with representatives of the senior management team to discuss the care inspection findings and the management arrangements for the home. Assurances were provided regarding the operational and organisational management structure of the home and information was shared regarding how the identified areas for improvement would be addressed.

The findings of the medicines management inspection resulted in enforcement action and are available in a separate report. Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*5	*2

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

Areas for improvement and 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 care inspection. A meeting was arranged at RQIA offices on 6 March 2019, with Yvonne Diamond, responsible individual, Debby Gibson, registered manager, and other members of the senior management team. They outlined the organisational and operational structure of the home and confirmed plans to ensure improvements are attained in the areas identified as a result of the inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 November 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following: information forwarded to RQIA, staff duty rota information, notifications reported to RQIA since the previous inspection, the previous inspection report and returned QIP.

During the inspection the inspector met with 14 residents individually and others in groups, four care staff, two residents' visitors/representatives and the registered manager.

The following records were examined as part of the inspection:

- staff duty rotas for January and February 2019
- notifications of accident and incidents
- monthly monitoring reports
- monthly falls auditing records
- complaints records
- staff training matrix
- certificate of registration

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

Two of the areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 most recent inspection dated 10 December 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last care inspection dated 22 November 2018

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 30 (d) Stated: First time	The registered person shall ensure RQIA are notified of any event in the home which adversely affects the care, health, welfare or safety of any resident.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and is discussed further in section 6.3.2 of this report. This area for improvement has been stated for a second time in the QIP appended to this report.	

	As part of the medicines management inspection it was found that medication incidents had not been reported to RQIA as required. This resulted in a failure to comply notice being issued in relation to regulation 30. This issue is discussed in the main body of the report.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.6 Stated: First time	The registered person shall ensure the care records are reviewed and updated for the identified resident.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: The identified care record was not reviewed during the inspection and shall be carried forward for review during the next inspection.	
Area for improvement 2 Ref: Standard 9.3 Stated: First time	The registered person shall ensure a system is in place to regularly monitor and record resident's weights. Any significant changes in weight should be responded to appropriately.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area was not reviewed during the inspection and shall be carried forward for review during the next inspection.	
Area for improvement 3 Ref: Standard 17.10 Stated: First time	The registered person shall ensure records are kept of all complaints and these include details of any investigation undertaken, all communication with the complainant, the outcome of the complaint and the complainant's level of satisfaction.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of complaints records showed complaints records were maintained appropriately. The complainant's level of satisfaction with the outcome should be recorded when known.	

This inspection focused on issues previously outlined in section 4.0. Two areas for improvement from the last care inspection on 22 November 2019 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

6.3.1 Staffing

Information forwarded to RQIA raised concerns regarding staffing levels in the home, following receipt of this information the responsible individual was requested to provide copies of the worked duty rota. Prior to the unannounced inspection this information was reviewed for any apparent deficits. Review of the information provided for January and February 2019 showed there was potentially six nights between January and February 2019 when staffing levels fell below planned levels.

During the inspection this issue was discussed with the registered manager who advised 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 confirmed agency staff were used in the home and that efforts were made to secure repeat bookings to ensure consistency for residents.

During the inspection the registered manager was unable to provide confirmation of additional staff cover for the identified nights. During the meeting held following the inspection information was provided to evidence additional staff cover for the nights in question. The information had been obtained from electronic printouts of the duty system. At the inspection and subsequent meeting at RQIA offices, the need to ensure the duty rota maintained in the home clearly and easily reflects cover over a full 24 hour period and is easily accessible for review purposes was discussed. This was identified as an area for improvement under the regulations. In addition the need to ensure relevant records are available at all times for inspection in the home was identified as an area for improvement under the regulations.

Wood Green also has a registered nursing home on the same site. Information was shared with RQIA that suggested staff were taken from the nursing home to cover shifts in the residential home at short notice. This was a cause of concern as it could have an impact on the care provided within the nursing home. During the meeting the responsible individual gave assurances that, as part of a contingency plan, an additional member of staff is scheduled to work in the nursing home and they can if needed be made available to the residential home. The need to ensure the core nursing home staff numbers are not depleted at short notice to use in the residential home was discussed with the registered manager and responsible individual. The need to ensure staffing levels are reviewed to ensure there are at all times suitably qualified, competent and experienced persons working in the home in such numbers as are appropriate for the health and welfare of residents was identified as an area for improvement under the regulations.

In addition, as an ongoing monitoring measure of staffing levels the responsible individual and registered manager agreed to notify RQIA of any occasion when staffing levels fall below planned staffing levels. This applies to the residential care home and to the nursing home.

Staff spoken with were generally satisfied that there was sufficient staff on duty to meet the needs of residents. Staff said that on occasions staffing levels were affected by short notice leave; however, this would only happen occasionally and that shifts were generally covered. During the inspection the registered manager confirmed recruitment of staff was ongoing, with new staff planned to commence induction in the coming days.

Observations of care delivered evidenced that residents' needs were met by the staff numbers on duty. Interactions between residents and staff were observed to be warm, friendly and timely.

Comments received from residents and staff included:

- “There is always someone about, they are very good. It’s great.” (resident)
- “Nine out of ten times staffing is usually ok. There is a lot to do and remember, some days can be stressful if you have to see to the door as well especially at the weekends. I find the management are very approachable, if you say anything for example about training they will sort it out. They definitely want to help and get everything to work ok. Have no issues at all.” (staff member)
- “The staffing is good, (except) on rare occasion if someone calls in sick, but it’s usually ok. I am happy in my work which is a big thing.” (staff member)
- “Staffing is usually ok; it has got better than it was.” (staff member)

6.3.2 Accidents, incidents, notifiable events

Review of notifications forwarded to RQIA and information provided regarding monthly falls analysis showed inconsistencies with regards to reporting of notifiable events to RQIA and other relevant bodies. Monthly monitoring reports were also reviewed over a four month period.

Review of the information available showed there was at least four occasions when RQIA should have been informed of a notifiable event but were not. Of these four events two were not reported onwards to the relevant trust representatives. The registered manager was advised to report these events to RQIA retrospectively. The notifications have since been received. The reporting of notifiable events was raised as an area for improvement under the regulations during the previous inspection and has been stated for a second time in the QIP appended to this report. In addition, this was discussed with a representative of the Northern Trust for their information and action as required.

As part of the medication management inspection it was noted medication incidents had not been reported to RQIA and other relevant bodies as required. This resulted in a failure to comply notice being issued on 6 March 2019. Information is included in the medicines management report.

During the meeting held at RQIA offices following the inspection, the responsible individual and registered manager outlined changes that would be implemented with regard to the reporting and recording system of accidents and incidents in the home, including the availability of a hard copy record as all information was being logged on an electronic system. During the inspection there was some difficulty in extracting information from the electronic recording system. The registered manager advised during the meeting further training was planned for staff with regard to using the electronic records system.

6.3.3 Environment

A review of the homes environment was undertaken across the ground and second floor. A sample of bedrooms, bathrooms, lounges, and dining rooms was viewed. The home was found to be warm, clean, fresh smelling and in good decorative order. Bedrooms were individualised with personal belongings and mementoes. Bathrooms were clean and in good condition. Fire exits and corridors were observed to be clear of obstruction.

It was observed that residents appeared to settle in one main communal area of the ground floor; they were more dispersed in various locations across the second floor. The need to ensure staff do regular checks across the full length of the floors was discussed.

6.3.4 Consultation

Residents and residents' representatives shared their views about the home. Residents spoken with indicated that they were well looked after by the staff and they felt safe and happy living in Wood Green. Representatives spoken with also spoke positively about their experiences within the home and the care provided to their relatives.

Comments received included:

- "I am quite happy." (resident)
- "They (staff) are very good, they really are. The food is lovely." (resident)
- "Couldn't be better, it's top marks. I'm fussy, it's very good, the food is fantastic." (resident)
- "They are good to me, couldn't do more for me." (resident)
- "I love it here, the only thing is the configuration of the home but you can't change that. The staff are doing their best, sometimes you have to walk one end to the other to find someone but the staff are brilliant, they know how to work with dad, we are so glad he is here." (resident's representative)
- "I'm happy, staff help you, they are nice."
- "No complaints, if there was I would say. I find them (staff) very helpful. I have needed help a few times and got it. They are very good."
- "It's very good, staff are nice, I have seen an improvement in her since being here. Sometimes if you come at night or the weekend when there is no one on the desk you might have to wait at the door, it's generally good, but that's just an observation." (resident's representative)

During discussion the registered manager confirmed different options were being considered with regard to managing the front door in such a way as to ensure the safety of residents and practicality for visitors and staff especially outside of office hours.

6.3.5 Management and governance arrangements

Discussion with staff and residents' representatives evidenced that the registered manager's working patterns supported effective working with residents, residents' representatives and the multi-disciplinary team. Staff were able to identify the person in charge in the registered manager's absence.

As previously stated in this report, reporting of accidents and incidents had been identified as an area for improvement. In addition, there was difficulty in accessing information in relation to rotas worked, and review of information relating to notifiable events showed inconsistencies with regards to the information available. There had also been delays in informing RQIA of notifiable events in the registered manager's absence. The need to 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 was identified as an area for improvement under the regulations.

There were mechanisms in place for the reporting of complaints; complaints records reviewed included relevant information. Ongoing review and learning from complaints should be incorporated into practice to ensure continuous improvement within the home.

During the inspection and the meeting that followed at RQIA offices the registered manager outlined the management and governance arrangements in place within the home and arrangements in place in her absence. This included deputy manager and team leader arrangements. The registered manager also confirmed there were plans in place to support staff in their development of management and leadership skills.

Discussion with the registered manager confirmed that information in 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 dementia specific training.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Areas of good practice

There were areas of good practice found in relation to feedback from residents and residents' representatives, the general observations of care practices and maintaining good working relationships.

Areas for improvement

Four new areas for improvement were identified during the inspection. These related to ensuring accuracy of the duty rota maintained, availability of records during inspection, review of the staffing arrangements, and to ensure clear and robust systems in place to review at appropriate intervals the quality of care and other service provision in the home.

	Regulations	Standards
Total number of areas for improvement	4	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 and Yvonne Diamond, responsible individual as part of the inspection process and reiterated during the meeting held following the inspection. 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 30 (d)</p> <p>Stated: Second time</p> <p>To be completed by: immediately from date of inspection</p>	<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>Ref: 6.3.2</p> <p>Response by registered person detailing the actions taken: An audit of all events since October 2018 has been carried out and any missed notifications have been submitted retrospectively.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19(2) Schedule 4.7</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2019</p>	<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>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: A copy of the duty rota is accessible on each unit within the Senior in Charge folder. A copy of all weekly rotas is now available in the Managers office.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 19(3) (b)</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2019</p>	<p>The registered person shall ensure that records are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the home.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: All relevant records are available for inspection in the home by any member of the Regulation and Improvement Authority who may enter the home.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 20(1) (a)</p> <p>Stated: First time</p> <p>To be completed by: immediately from date of inspection</p>	<p>The registered person shall ensure staffing levels are reviewed to ensure there are at all times suitably qualified, competent and experienced persons working in the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: A review of staffing levels on both Residential Units has been carried out and amended accordingly.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 17(1)</p> <p>Stated: First time</p> <p>To be completed by: 27 March 2019</p>	<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>Ref: 6.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: A complete audit of all care files has taken place and any actions highlighted are being addressed. These actions are being monitored and followed up on during the recently introduced spot checks.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 29 November 2018</p>	<p>The registered person shall ensure the care records are reviewed and updated for the identified resident.</p> <p>Ref: 6.2</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: 22 December 2018</p>	<p>The registered person shall ensure a system is in place to regularly monitor and record residents' weights. Any significant changes in weight should be responded to appropriately.</p> <p>Ref: 6.2</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

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



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