

Unannounced Care Inspection Report 7 January 2021



Wood Green

Type of Service: Residential Care Home (RCH)

Address: Circular Road, Jordanstown

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 residential care home registered to provide residential care for up to 49 residents with dementia. The home consists of two floors across the same building which also includes Wood Green Nursing Home.

3.0 Service details

Organisation/Registered Provider: Wood Green Management Company (NI) Ltd Responsible Individual: Yvonne Diamond	Registered Manager and date registered: Debby Gibson registered 21/9/18
Person in charge at the time of inspection: Debby Gibson	Number of registered places: 49
Categories of care: Residential Care (RC) DE – Dementia	Number of residents accommodated in the residential home on the day of this inspection: 46

4.0 Inspection summary

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 follow up information RQIA had received in relation to the quality of care provided in the home.

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.

Upon arrival at the home inspectors were informed of a developing outbreak situation, this information was considered and following consultation with senior management it was agreed to proceed with the inspection albeit in a more restricted capacity. Throughout the course of the inspection additional information was coming through regarding the outbreak which meant an evolving situation within the home environment on the day.

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 in keeping with their level of understanding were complimentary 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	1	*2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Debby Gibson, manager, as part of the inspection process. Yvonne Diamond responsible individual and other members of the senior management team were present at the conclusion of the inspection. The timescales for completion commence from the date of inspection. *One area for improvement has been carried forward for review at the next care inspection.

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 13 residents, six staff, the manager and the responsible individual. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. The inspector provided the manager with "Tell us" cards to allow residents and their 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
- Two care records
- Staff training information
- Staff professional registration information
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Certificate of registration

One area for improvement identified at the last care inspection was not reviewed as part of this inspection and has been 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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 3 September 2020.

One area for improvement from the previous inspection was not reviewed at this inspection. This will be reviewed at a future inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that the care plan for the identified resident is reviewed and updated to fully reflect their needs.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action taken to ensure compliance with this standard was not reviewed and has been carried over to the next inspection.	
Area for improvement 1 Ref: Standard 9.2 Stated: First time	The registered person shall ensure that the health and social care needs of residents are understood. Reference to this is made with regards to staff completing training in diabetes awareness.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and care staff confirmed that staff had completed training in relation to diabetes awareness.	

6.2 Inspection findings

6.2.1 Staffing

We arrived at the home at 09.40 hours; the manager was in charge of the home. We discussed with the manager staffing levels for the home. Staff duty rotas for the period of 28 December 2020 until 9 January 2021 were reviewed. Review of the duty rota showed it reflected the staff on duty on the day of the inspection. The manager advised there had been some last minute changes on the morning of inspection due to the changing outbreak situation which resulted in staff being released for shielding purposes and last minute agency changes.

During discussion staff confirmed there was stable staffing arrangements in place. The manager outlined the staffing arrangements in the home including identified one to one staffing. The manager advised agency staff were used on occasions, when this was the case every effort was made to ensure repeat bookings. Observations made during the inspection showed residents needs were being met, it was observed staff were busy consistent with the changing situation.

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 and they were aware of the individual needs of residents.

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

Information was displayed at the entrance to the home regarding the current guidance on Covid 19, signage was also displayed throughout the home regarding handwashing technique.

PPE supplies were well maintained, with stations available throughout the home, additional stations were put in place outside identified rooms as the day progressed. Hand sanitization was available throughout the home. We observed staff were using vinyl gloves, these are not recommended in keeping with best practice, this was discussed with the manager. An area for improvement was identified.

During discussion the manager confirmed all relevant information was being shared with the Health and Social Care Trust and Public Health Agency (PHA) regarding the emerging outbreak situation.

6.2.3 Environment

A general inspection of the home environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining areas and communal spaces. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

6.2.4 Care delivery

We observed staff practice in the home, interactions with residents and staff were warm and friendly, though staff were busy throughout the course of the day. Residents looked well presented with obvious time and attention given to their personal appearance. Staff spoken with were aware of the individual needs of residents.

Residents were encouraged to stay in their bedrooms where possible however, due to their condition some residents continued to move around the home. We observed chairs were placed in communal areas with appropriate distance between them.

It was noted on occasions it was difficult to find staff and residents were observed moving through the home unsupervised. The need to ensure adequate levels of supervision are maintained at all times was discussed with the manager. An area for improvement was identified.

We observed the lunch time experience on the second floor; social distancing measures were in place with residents observed using dining rooms, communal areas and bedrooms. Staff were observed supporting residents as required. Residents had a choice of meal, liquid refreshments were also available. We discussed with the manager observations made during the meal time, it was acknowledged that the emerging outbreak situation impacted the daily routine. The full meal time experience shall be followed up at a future inspection.

The manager outlined the visiting arrangements in place prior to the outbreak and confirmed that visiting was arranged using a pre-booking system. In addition the manager confirmed the home was also engaged in the "Care Partners" initiative and a number of relatives were involved with this. The manager advised the visiting arrangements would be paused at the time of the outbreak in keeping with PHA guidance.

During the inspection residents appeared comfortable and relaxed in their surroundings. Comments from residents included:

- "Im getting on the best."
- "I think it is just super here, the girls are lovely they do all they can. I am very happy."
- "The food is very good."

6.2.5 Care records

A sample of two care records was reviewed, during the inspection we were advised that the home was in the process of changing between two different electronic recording systems. This was evidenced from reviewing the two care records which required accessing information from both systems.

We could see from the information reviewed that residents assessment of needs, care plans and risk assessments as required had been completed. There was evidence of regular review and updating of the care records. In addition we could see daily evaluation records were maintained on an up to date basis. Staff spoken with explained how with the new system daily evaluation records were updated using an electronic hand held device. The need to ensure these were updated as closely as possible to the actual time of the event was discussed to ensure greatest accuracy.

Staff spoken with confirmed that they expected all records to be transferred to one system in the following days. One area for improvement relating to the review and updating of an identified care record from the previous inspection has been carried forward for review at the next inspection.

6.2.6 Governance and management arrangements

Staff spoken with confirmed they found the management of the home supportive and approachable. One staff spoken with shared that they thought communication could be better at times, but confirmed they knew how to raise any issues if needed.

We could see there were systems in place to regularly review and monitor the quality of care and services provided within the home. A sample of audits including environmental, staff registration, resident dependencies', complaints, equipment and monthly falls analysis were reviewed, these were maintained on an up to date basis.

There was a system in place regarding the reporting of notifiable events. Notifiable events including accidents and incidents were monitored on a monthly basis. There was evidence within monthly falls analysis information to show action and onward referrals were made as necessary. We discussed with the manager the reporting arrangements for all notifiable events and signposted to RQIA Statutory Notification of Incidents and Deaths Guidance for Registered Providers and Managers of Regulated Services (2017).

A review of staff professional registration information with Northern Ireland Social Care Council (NISCC) showed there was a system in place to monitor staff registration and this was reviewed and updated on a regular basis.

We could see staff training was ongoing, with arrangements in place for staff to complete training in relation to recognising the deteriorating patient and safeguarding.

There was a system in place regarding the management of complaints. Records showed these had been recorded, investigated and reflected the complainants level of satisfaction with the outcome. Discussion with the manager confirmed some remained open due to ongoing investigation. The home had received a number of compliments and thank you cards in recent months which included words of thanks and appreciation from relatives and representatives.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Homes Regulations (Northern Ireland) 2005. We reviewed the reports for October to December 2020 they included an overview of the working practices in the home. An action plan had been developed within these reports to address any issues identified. The need to ensure all actions are addressed in a timely manner was discussed as it was noted one area in relation to staff training had been stated a number of times. Confirmation was provided at the conclusion of the inspection that plans were in place for the identified training.

The homes certificate of registration was up to date and displayed appropriately.

Areas of good practice

Areas of good practice included interactions between residents and staff, the home environment, the completion of regular audits including regular review of staff professional registration information.

Areas for improvement

Two new areas for improvement were identified during the inspection, these related to ensuring correct PPE was available and maintaining adequate supervision levels of residents at all times.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

Residents looked well presented, interactions between residents and staff were warm and friendly. A Covid 19 outbreak situation was developing during the inspection, management and staff were observed reacting to it accordingly.

Two new areas for improvement were identified as a result of this inspection; one area for improvement has been carried forward from the previous inspection.

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, 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 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	
Area for improvement 1 Ref: Regulation 13.1.(b) Stated: First time To be completed by: with immediate effect	<p>The registered person shall ensure that the residential care home is conducted so as to make proper provision for the supervision of residents.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: During the Inspection we had received confirmation that two of the staff on shift had received a positive swab result, therefore they had to be sent home. Members of the Management Team assisted staff on the floor throughout the day and an extra member of staff was allocated to the floor to provide extra cover for the duration of the outbreak and the following two weeks</p>
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 that the care plan for the identified resident is reviewed and updated to fully reflect their needs.</p> <p>Ref: 6.1</p> <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>
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: with immediate effect	<p>The registered person shall ensure gloves available for staff use are in keeping with best practice.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: We were experiencing difficulties in sourcing the gloves required in keeping with best practice. This issue has now been resolved and staff have been provided with gloves in keeping with best practice.</p>

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



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