

Inspection Report

24 March 2022



Wood Green Residential Home

Type of service: Residential
Address: Wood Green, Circular Road, Jordanstown, BT37 0RJ
Telephone number: 028 9036 9901

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Wood Green Management Company (NI) Ltd Responsible Individual Mrs Yvonne Diamond	Registered Manager: Mrs Tara Watters – Registration Pending
Person in charge at the time of inspection: Mrs Tara Watters	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.	Number of residents accommodated in the residential care home on the day of this inspection: 48
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 49 residents.	

2.0 Inspection summary

An unannounced inspection took place on 24 March 2022, from 9.30am to 5.00pm 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.

Two new areas requiring improvement were identified. Please see the Quality Improvement Plan (QIP) for details.

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.

RQIA were assured that the delivery of care and service provided in Wood Green 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 Wood Green 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 and 'Tell Us' cards 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.

4.0 What people told us about the service

19 residents, two relatives and four staff were spoken with during the inspection. No comments were provided by staff via the on-line staff survey, or from residents or relatives via the questionnaires provided.

Residents commented positively regarding the home and said they felt they were well looked after. One resident said, "The girls are great I get offered choice and the food is good", whilst another said "The staff come if I need them, my room is kept clean and tidy, and my family visit at the weekends".

Staff told us they were happy working in the home and felt supported by the manager and the training provided.

A relative spoke of how, "There is good care, the staff are attentive".

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 15 June 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 18(2)(n) Stated: First time	The registered person shall having regard to the size of the home and the number and needs of residents ensure that activities are planned and provided with regards to the needs of the residents and residents are consulted about the planned programme of activities.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This is discussed further in section 5.2.4. This area for improvement is stated for a second time.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 25.8 Stated: First time	The registered person shall ensure staff meetings take place on a regular basis and at least quarterly. Records are kept that include: <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 2</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure a record is kept of staff working over a 24 hour period and the capacity in which they worked.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure a full review of the residents' meal time experience to ensure residents receive a nutritious and varied diet in appropriate surroundings at times convenient to them.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure care plans are individualised and person centred with attention given to language used to ensure the resident's dignity is maintained at all times.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Standard N9</p> <p>Stated: First time</p>	<p>The registered person shall ensure call bells are positioned in an accessible way to meet the general needs of residents.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This is discussed further in section 5.2.2. This area for improvement is stated for a second time.</p>	Not Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

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 and the level of communication between staff and management.

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.

Through discussion with the staff, the manager, and observation of the delivery of care on the second floor; an area for improvement was identified in relation to staffing levels and the deployment of staff in the Elm units.

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.

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.

There was choice of meals offered, 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 boards were on display to show what meal choices were available for residents in the Elm units. 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. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

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.

Call bell leads were not available in all of the residents' bedrooms. The use of call bells should be risk assessed, and recorded as required or not, in the residents care plan. This was discussed with the manager and the area for improvement was stated for a second time.

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.

Some carpets on the ground floor were in need of cleaning or replacement. This was discussed with the manager who advised that these are in the process of being replaced.

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.

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. For example, the home participated in the regional testing arrangements and any outbreak of infection was reported to the Public Health Authority (PHA).

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 PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

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 spoke of their dissatisfaction with the activity programme within the home and felt there could be a better programme of structured activities in place. There was no planner for activities on display for residents in the Elm units. This was discussed with the manager and the area for improvement was stated for a second time.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

Mrs Tara Watters has applied to be the Registered Manager of the home.

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.

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 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.

6.0 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 (August 2011)**

	Regulations	Standards
Total number of Areas for Improvement	1*	3*

* The total number of areas for improvement includes two that have been stated for a second time

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 18(2)(n) Stated: Second time To be completed by: 1 st June 2022	<p>The registered person shall have regard to the size of the home and the number and needs of residents ensure that activities are planned and provided with regards to the needs of the residents and residents are consulted about the planned programme of activities.</p> <p>Ref 5.1 and 5.2.4</p> <p>Response by registered person detailing the actions taken: There is now a weekly schedule in place divided into AM and PM activities planned. The schedule is in place on both units in the lockable activities boards. Monitoring of activities continues to ensure residents' needs are met.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard N9 Stated: Second time	<p>The registered person shall ensure call bells are positioned in an accessible way to meet the general needs of residents</p> <p>Ref: 5.1 and 5.2.2</p>

<p>To be completed by: 01 June 2022</p>	<p>Response by registered person detailing the actions taken: All care plans for those residents who do not use a call bell have been updated to reflect same. All seniors have been advised under supervision that if a new resident does not require a call bell or if needs change the care plans are to be updated to reflect the non-use of call bells. Monitoring of same will be completed through spot checks.</p>
<p>Area for improvement 2 Ref: Standard 25 Stated: First time</p>	<p>The registered person shall review the deployment of staff in the Elm units; to ensure the number and ratio of staff on duty at all times meet the needs of the residents. Ref: 5.2.1</p>
<p>To be completed by: 01 June 2022</p>	<p>Response by registered person detailing the actions taken: We are currently recruiting for an additional staff member for activities for the top floor as discussed on day of inspection. The Elm unit has been reopened so that staff are utilised across the units.</p>
<p>Area for improvement 3 Ref: Standard 12.4 Stated: First time To be completed by: Immediate action required</p>	<p>The registered person shall ensure the daily menu is displayed in a suitable format in the Elm units. Ref: 5.2.2 Response by registered person detailing the actions taken: The new menu has now been uploaded onto our virtual notice board. This provides written and pictorial images of the days menus. Monitoring of this is included in the daily walkabout.</p>

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



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