

Unannounced Secondary Care Inspection

Name of Establishment:	Woodmount Private Nursing Home
Establishment ID No:	1195
Date of Inspection:	08 August 2014
Inspectors Name:	Heather Moore
Inspection ID	16517

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 General information

Name of Home:	Woodmount Private Nursing Home
Address:	15 Melmount Road Strabane BT82 9ED
Telephone Number:	028 7188 4234
E mail Address:	woodmountnhome@hotmail.com
Registered Organisation/ Registered Provider:	Mr Alfred Lindsay Woods Mrs Roberta Jillian Woods
Registered Manager:	Mr Thomas Monteith
Person in Charge of the Home at the Time of Inspection:	Mr Thomas Monteith
Categories of Care:	NH-I, NH-PH, NH-PH(E)
Number of Registered Places:	32
Number of Patients Accommodated on Day of Inspection:	31
Scale of Charges (per week):	£581.00 - £624.00
Date and Type of Previous Inspection:	24 February 2014 Primary Announced
Date and Time of Inspection:	08 August 2014 08.30 hours -13.45 hours
Name of Lead Inspector:	Heather Moore

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Method/process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Discussion with the registered providers
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Review of a sample of Regulation 29 reports
- Review of a sample of accidents ,and incidents records
- Observation during a tour of the premises
- Evaluation and feedback.

5.0 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Woodmount Private Nursing Home is owned by Mr and Mrs Woods and provides care for up to 32 patients in the general nursing category of care and physical disability under and over 65 years of age.

The home is situated on the Melmount Road, a short distance from the centre of Strabane. Mr Lindsay and Mrs Woods own and operate the home.

Mr Thomas Monteith is the Registered Manager.

The home comprises of 26 single and three double bedrooms (five with en-suite), three sitting rooms, a dining room, a main kitchen, washing/toilet facilities, launderette and staff accommodation/offices.

There are adequate car parking facilities at the rear of the home.

7.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Woodmount Private Nursing Home. The inspection was undertaken by Heather Moore on 08 August 2014 from 08.20 hours to 12.30 hours.

The inspector was welcomed into the home by Ms Michelle Fulton, Registered Nurse. Verbal feedback of the issues identified during the inspection were given to Mr Thomas Monteith Registered Manager and to Mrs Jill Woods Registered Provider at the conclusion of the inspection.

The inspection focus was to establish the level of compliance being achieved with respect to Standard 19 of the DHSSPS Nursing Homes Minimum. Standards Continence Management – patients receive individual continence management and support.

The inspector examined the four criteria of the standard to check the compliance with the standard.

The requirements and recommendations made as a result of the previous inspection were also examined. Five requirements were addressed; one requirement was substantially addressed, and was therefore restated. Three recommendations were fully addressed. Details can be viewed in the section following this summary.

During the course of the inspection, the inspector met with a number of patients individually and with others in groups. The inspector also met with staff on duty.

The inspector observed care practices, examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

Discussion with the registered manager, two registered nurses, patients and examination of four patients care records revealed that continence management was well managed in the home.

Staff were trained in continence care. However areas of improvement are identified.

Two requirements, one restated requirement and two recommendations are made in regard to the maintenance of care records. This is discussed further in Section 9.1 (Additional Areas Examined) a restated requirement is also made in regard to staff annual appraisal.

8.0 Follow-up on previous issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20 (2)	The registered person shall, having regard to the size of the nursing home, and the statement of purpose, the number and the needs of patients, shall ensure that persons working at the nursing home are appropriately supervised.	Discussion with the registered manager and examination of records of the dates of staff supervision confirmed that staff had received supervision since the previous inspection.	Compliant
2	17 (1)	<p>The registered person shall ensure systems are maintained for reviewing at appropriate intervals the quality of nursing and other service provision in or for the purposes of the nursing home and that any such review is undertaken not less than annually.</p> <p>This requirement is made in regard to the home's annual quality report.</p>	Inspection of records confirmed that the home's annual quality report was available on the day of inspection.	Compliant
3	20 (3)	The registered person shall ensure that registered nurses competency and capability are reviewed and updated.	Inspection of a sample of five registered nurses competency and capability assessments confirmed that these assessments were reviewed on an annual basis.	Compliant

4	20 (1) (c) (i)	The registered person shall ensure that registered nurses as appropriate receive training in wound management. Care staff should also receive training in pressure area care.	Inspection of staff training records confirmed that three registered nurses had received training on wound management on 04 March 2014.	Compliant
5	20 (1) (c) (i)	The registered person shall ensure that staff receive annual appraisal.	Discussion with the registered manager confirmed that staff had received supervision and had incorporated appraisal, however a number of staff have yet to receive appraisal. Restated	Substantially Compliant
6	30 (1) (d)	The registered person shall inform RQIA of any pressure ulcers grade 2 and above.	Examination of a sample of Regulation 30 reports confirmed that incidents were being forwarded to RQIA in a timely manner.	Compliant

No.	Minimum Standard Ref.	Recommendation	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	25.12	It is recommended that the registered provider examines a sample of patients care records during the Regulation 29 visits.	Inspection of a sample of Regulation 29 reports confirmed that the registered provider examined a sample of patients care records during the unannounced visits to the home.	Compliant
2	5.3	It is recommended that patients repositioning charts are recorded appropriately.	Inspection of a sample of patients repositioning charts confirmed that these charts were recorded appropriately.	Compliant
3	10.7	It is recommended that written evidence is maintained in patients care records to evidence that consultation had taken place between the nurse, patient/and or their representative in regard to the use of bedrails.	Inspection of a sample of patients care records confirmed that consultation had taken place between the nurse, patient/and or their representative in regard to the use of bed rails.	Compliant

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support.	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	COMPLIANCE LEVEL
Inspection Findings: Inspection of four patients care records confirmed that bladder and bowel continence assessments were undertaken for these patients. These assessments were reviewed and updated on a monthly or more often basis as deemed appropriate. Care plans were also in place on continence. However there was no written evidence in one of the care records examined that the care plans were developed and agreed with patients and representatives and where relevant, the continence professional. A recommendation is made in this regard.	Substantially Compliant
Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	COMPLIANCE LEVEL
Inspection Findings: Inspection of policies and procedures confirmed that the NICE Guidelines on urinary incontinence and bowel incontinence were available on the day of inspection.	Compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support.

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings:	
On the day of inspection there was information available on bladder and bowel health for patients and their representatives.	Compliant
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings:	
<p>Inspection of staff training records revealed that three registered nurses received training in female and male catheterisation on 15 October 2012.</p> <p>The registered manager informed the inspector that systems were in place to ensure additional registered nurses obtained training in this area of expertise.</p> <p>Currently there was one patient on the day of inspection that required nursing intervention on the management of stoma appliances the Specialist Nurse had liaised with the registered nurses and had offered support and advice in regard to the patient's care.</p>	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

9.0 Additional Areas Examined

9.1 Care records

The inspector examined a sample of four patients care records. Two patients care records revealed the following shortfalls:

Patient A

The patient's care record revealed that the patient's assessment of needs was not recorded. A requirement is made in this regard.

Inspection of the identified patient's care plan confirmed that the care plan had not been reviewed since the 18 May 2014. A requirement is made that care plans are reviewed monthly or more often if deemed appropriate.

There was no written evidence that the care plan had been discussed with the patient and /or their representative. A recommendation is made in this regard

Patient B

A number of alterations in the patient's care record were not dated, timed and signed appropriately. A recommendation is made in this regard.

9.1 Staffing

On the day of inspection and examination of a sample of staff duty rosters confirmed that the registered nursing and care staff, staffing levels for day and night duty were in accordance with the RQIA's recommended minimum staffing guidelines for the number of patients currently in the home.

The inspector spoke to a number of staff on the day of inspection.

Examples of their comments were:

- "I am very happy working in the home."
- "There is good teamwork here."
- "I think the staffing levels are okay."

9.2 Care Practices

During the inspection the staff were noted to treat the patients with dignity and respect.

Patients were well presented with their clothing suitable for the season.

The demeanour of patients' indicated that they were relaxed in their surroundings.

9.3 Patients / Comments

The inspector spoke to 10 patients individually and with others in groups.

Examples of their comments:

- “I am very happy here it is grand.”
- “The food is good.”
- “The staff are all very good.”
- “I am well looked after.”

9.4 Environment

The inspector undertook a tour of the environment and viewed a number of patients and residents bedrooms sitting rooms dining rooms shower and toilet facilities.

The home presented as clean warm and comfortable with a friendly and relaxed ambience.

10. Quality improvement plan

The details of the quality improvement plan appended to this report were discussed with Mrs Jill Woods, Registered Provider and Mr Thomas Monteith, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the quality improvement plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Heather Moore
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



The Regulation and
Quality Improvement
Authority



Quality Improvement Plan

Unannounced Secondary Inspection

Woodmount Private Nursing Home

08 August 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Mr Thomas Monteith, Registered Manager and Mrs Jill Woods, Registered Provider** either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20 (1) (c) (i)	The registered person shall ensure that staff receive annual appraisal. Follow up to previous issues	Two	Although appraisal has been an integral component of supervision sessions already held with staff, staff within the Home will receive a separate appraisal over the forthcoming three months	Three Months
2	15 (2) (b)	The registered person shall ensure that the assessment of need is revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually. Ref Section 9 point 9.1 (Additional Areas Examined)	One	All resident's assessment of need will be completed as advised annually or more frequent depending on changing circumstances. Care notes will be monitored to ensure compliance	From the date of this inspection
3	16 (2)	The registered person shall ensure that patients care plans are reviewed monthly or more often if deemed appropriate. Ref Section 9 point 9.1 Additional Areas Examined)	One	Staff have been instructed that all resident's care plans are to be reviewed at least on a monthly basis. Care notes will monitored to ensure compliance	From the date of this inspection

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	6.2	It is recommended that alterations in patients care records are dated, timed and signed. Ref Section 9 point 9.1. 1 (Additional Areas Examined)	One	Staff have been reminded/advised regarding the importance of correctly dating, timing and signing care records. Care notes will be randomly checked to ensure compliance	From the date of this inspection
2	5.3	It is recommended that written evidence is available in patients care records that indicate that consultation had taken place between the nurse/patient/and/or their representative in regard to nursing interventions. Ref 9.1 Section 9 point 9.1 (Additional Areas Examined)	One	All staff have been advised that consultations between staff and patient's or their representatives have to evidenced within the patient's care notes. Notes will be monitored to ensure compliance	From the date of this inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Thomas Monteith
Name of Responsible Person / Identified Responsible Person Approving Qip	Jill Woods

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Heath Moore	3-9-14
Further information requested from provider			