

Announced Care Inspection Report

01 October 2020



Woodmount

Type of Service: Nursing Home

Address: 15 Melmount Road, Strabane BT82 9ED

Tel No: 028 7188 4234

Inspector: Dermot Walsh

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 32 persons.

3.0 Service details

Organisation/Registered Provider: Woodmount Responsible Individual(s): Alfred Lindsay Woods	Registered Manager and date registered: Amanda Craig 8 April 2016
Person in charge at the time of inspection: Amanda Craig	Number of registered places: 32
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 29

4.0 Inspection summary

An announced inspection took place on 1 October 2020 from 10.00 to 13.15 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home.

The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection Prevention and Control
- quality of life for patients
- quality improvement
- nutrition
- safeguarding
- consultation

Patients consulted spoke positively on living in Woodmount and some of their comments can be found in the main body of the report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Amanda Craig, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- a selection of quality assurance audits
- complaints review
- compliments records
- incident and accident review
- minutes of patients'/relatives'/ staff meetings
- activity planner
- three patients' care records
- menus

During the inspection RQIA were able to consult with patients and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from patients and patients' representatives and staff. Ten patients' questionnaires; ten patients' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to patients' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with Amanda Craig, registered manager.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

There were no areas for improvement identified as a result of the last care inspection undertaken on 23 January 2020.

6.2 Inspection findings

Staffing

At the commencement of the inspection, the manager confirmed the staffing levels and skill mix over a 24 hour period. The manager confirmed that staffing levels were determined by patient dependency levels which were monitored monthly and gave an example of when the staffing level had increased due to a rise of this level. Discussions with patients confirmed that there were no concerns in relation to the staffing levels or skill mix in the home. Patients consulted spoke positively in relation to the care delivery in the home. There were no concerns identified within returned patients' questionnaires or within relative/visitors' questionnaires. Staff consulted stated that they felt the staffing arrangements met the required needs of patients.

Staff confirmed that when a new member of staff commenced employment in the home, they were assigned with a mentor; an experienced staff member who could provide advice and guidance on their role within the home. A documented induction programme was completed for all new staff commencing employment and the inductee would be assigned supernumerary hours; hours in which they would not be included within the normal staffing levels, to allow them time to become more familiar with the policies and procedures in the home.

Due to the Coronavirus pandemic, staff confirmed that some normal face to face staff training had been postponed as an infection prevention measure by minimising the number of people entering the home. Discussion with staff evidenced that the majority of training needs were now being met electronically. Staff also discussed training on fire safety and infection prevention and control which had been conducted remotely through use of video link. All staff confirmed that they were satisfied with the training provision in the home. The manager utilised a matrix to oversee the compliance with staff's training and this was reviewed on a monthly basis to ensure that all staff received the appropriate mandatory training depending on their role.

Discussion with the manager and staff evidenced that annual appraisals and staff supervisions were being completed in the home. The manager confirmed that a matrix was maintained to ensure that all staff received their appraisal yearly and, at minimum, two recorded supervisions every year.

The manager confirmed that staff competencies, in areas such as medicines management or taking charge of the home in the absence of the manager, were completed and reviewed annually or more often if the need arose. The manager would sign off on the records when the staff member had been deemed competent. A matrix was maintained to ensure the competencies had been completed or reviewed.

Management arrangements

There was a clear organisational structure within the home and staff were aware of the management arrangements. Patients consulted were aware of who the manager was and spoke positively of their engagements with the home's management. There had been no changes to the management arrangements since the last care inspection. The manager confirmed that they would be the first point of contact for any queries which staff may have out of normal working hours. In the absence of the manager, staff were aware to contact the deputy manager. Contact details for both the manager and the deputy manager were available to staff. Additional emergency contact details were available for staff to use in the event of a power cut or a flood or if they needed to contact the out of hours general practitioner or social work services.

Governance systems

Prior to the inspection we requested copies of audits to be sent to RQIA for review. We reviewed the incidences of falls in the home. Falls safety sticks were maintained monthly. Any falls in the home were monitored monthly for any patterns and/or trends as a means to identify if any further potential falls could be prevented. A review of documentation relating to falls evidenced that falls in the home had been managed appropriately and that the appropriate persons had been notified.

Patient weights were monitored on a monthly basis. A monthly weight audit was completed in addition to the malnutrition universal screening tool (MUST) nutritional assessment. The audit identified actual weight loss or weight gain in kilograms since the previous month on all patients in the home. Auditing records evidenced managerial oversight and included comments of actions taken when weight loss was identified.

Complaints in the home were monitored monthly. The manager confirmed that there were no recent complaints made. The importance of raising concerns was discussed during a patients meeting in August 2020. Patients had been encouraged to bring any concerns to staffs' attention so that these could be quickly managed. The manager confirmed that any learning from complaints would be discussed at staff meetings.

Patients' care records had been audited monthly. Auditing records evidenced the formation of an action plan to address any deficits identified. The audit was signed by the auditor and the person who completed the action plan. The manager would evidence oversight of the audit with a final sign off signature.

Monthly monitoring visits were completed by the provider. An action plan was developed and discussed with the manager as a result of the visit where required. The action plan would be reviewed at the next visit. Monthly monitoring reports were completed and available for review.

The manager confirmed that they kept up to date with Covid – 19 guidance through a review of guidance documentation sent from authorities such as DOH, Public Health Agency (PHA) and RQIA. Any change of guidance would be discussed with staff on duty and included in a shift report to be communicated to staff during the next shift handovers. A Covid – 19 guidance file was maintained in the home and staff were aware that they could make reference to the file to confirm up to date guidance. All updates were discussed at staff meetings and all staff communicated regularly through a group teleconference App.

The manager confirmed that they endeavoured to host staff meetings every quarter. We reviewed the minutes of the last staff meeting on 27 July 2020. Topics on the agenda included complaints, activities, staff training, staff/patient testing and safe use of thickeners. The manager confirmed that minutes of the meeting were displayed at the nurses' station for staff, who were unable to attend the meeting, to read and sign as evidence that they had reviewed them.

Relatives had previously been invited to join in with three monthly patients' meetings; however, this had been postponed as a safety measure due to the Covid – 19 pandemic. A letter regarding the visiting arrangements had been sent to relatives. The manager confirmed regular contact with patients' relatives via telephone calls.

Infection prevention and control

The manager confirmed that throughout the pandemic the home had remained free from Covid – 19. Environmental infection control audits were completed monthly. Auditing records identified the actions taken in response to any deficits identified. Hand hygiene audits had been conducted regularly. The seven step hand washing process and the five moments for hand hygiene were reviewed as part of this audit. The compliance with staffs' use of personal protective equipment (PPE) was also reviewed as part of this audit. Staff were observed, during a virtual walkaround the home, wearing PPE appropriately.

The manager confirmed that when staff presented to the home, their temperatures were checked; staff sanitised their hands and PPE was donned before any contact with patients. Staff were encouraged not to attend the home if they were experiencing any Covid – 19 symptoms. As part of the regional testing programme, all staff were tested for Covid – 19 on a two weekly basis and all patients on a four weekly basis.

Visiting professionals were also required to wear PPE on entering the building. Their temperatures were checked and screening questions were asked to ensure that they were asymptomatic. These details, along with the visitors' contact details, were maintained in a file for track and trace purposes.

Residents' visitors were facilitated with outdoor visits following the completion of a risk assessment. Indoor visits had recently stopped due to the local rise in Covid – 19 levels. Social distancing was promoted during the outdoor visits and patients' visitors also had temperature checks; answered screening questions and wore a face mask.

Quality of life for patients

During the inspection we undertook a virtual walk around the home with the use of technology. Bedrooms and communal rooms reviewed were clean and tidy. Corridors were clear of any clutter or obstruction. Staff were observed to be wearing PPE appropriately. Domestic staff informed us that the relevant PPE was changed between patients' bedrooms. Posters and notices were on display guiding staff and patients on safe practices during Covid – 19 such as hand hygiene.

Patients we consulted with were very complimentary of the care they received and their engagements with staff in the home. One told us the staff, "Couldn't be better," and another commented, "I would give this home 10 out of 10."

The provision of activities was discussed during staff and patients' meetings. Patients could share their views on existing activities. A programme of activities was updated weekly in the home. Activities included arts and crafts, gardening, playing cards, movies, games, reminiscence, radio, newspaper reading, massage and chatting. Group activities and one to one activities were conducted. A daily record was maintained of the activity conducted and which patients participated. A decision tree was located in the home where patients could suggest outings and hang this idea on the tree. During the Covid – 19 pandemic outings had been postponed.

Meetings with patients were accommodated three monthly. We reviewed the minutes from the meeting held on 21 August 2020. Topics discussed included the menu, activities, Covid testing, visiting, complaints and feeling safe in the home. Eleven patients had attended this meeting. The manager confirmed that they would discuss the meeting content with patients who were unable to attend the meeting. We discussed the potential of sharing the meeting minutes with all patients. The manager confirmed that they would consider this approach.

Quality improvement

During the lockdown period, an outdoor 'Rainbow Garden' had been developed. The area was brightly coloured and weather permitting patients could sit within this area on chairs provided on a decking area. The area was decorated with pictures which the patients had made displayed all around. Patients who wished to remain indoors could see the garden from the indoor communal seating area.

The manager confirmed that, 'to lift the spirits of all in the home', a drive through barbecue was arranged. This involved patients and their representatives, professional visitors and staff. Social distancing was promoted during the barbecue and music was provided. Patients could safely sit with their families. Patients and staff spoke positively in relation to the barbecue.

Nutrition

We reviewed three patients' nutritional care records. Each patient had a nutritional assessment completed monthly or more often as required. Nutritional care plans for each patient were up to date and indicated safe consistencies of food and fluids which the patient could consume as determined by the recommendations of other healthcare professionals such as the speech and language therapists and/or dieticians. An oral health care plan was also in place to direct the patients' needs in relation to oral hygiene. A clear record of patients' daily food and fluid intake had been recorded.

We reviewed the current menus served in the home. The menus offered a varied range of foods and there were meal choices available for lunch and evening meals. The manager confirmed that kitchen staff held a record of all patients' nutritional requirements and that they would be informed of any changes in the dietary requirements. The manager described the measures in place to facilitate patients who require having their food modified for main meals and snacks. Patients were complimentary in relation to the food provision in the home. Patients told us the quality of food was, "Very good," and that they always had a choice of meal. All newly employed staff were trained how to modify meals as part of their induction training.

Safeguarding

The manager was aware of any safeguarding concerns relating to the home and up to date records had been maintained. The manager was the adult safeguarding champion and was aware of her responsibility to complete an annual position report in relation to any decisions made regarding adult safeguarding in the home. All staff had completed safeguarding training dependent on their role in the home and the manager confirmed that additional online training with reference to the Mental Capacity Act (NI) 2016 had also been completed by all staff. New staff employed in the home would be required to complete adult safeguarding training as part of their induction.

Consultation

The home was notified of the planned inspection 28 days prior to the inspection date and an inspection pack was sent to the home at this time. This included an inspection poster which was displayed in the home and informed patients and their representatives of contact telephone numbers and/or an email address that they could contact to provide feedback on the care provision in the home. We received one email from a visiting professional who was complimentary in relation to engagements with the home; the homes management and the homes' efforts to maintain family contact for the patients.

We also provided the home with questionnaires to be distributed to patients, patients' representatives and staff. Staff also had the opportunity to complete an online survey.

Consultation with five patients individually confirmed that living in Woodmount was a positive experience. Five patients' questionnaires were returned. All respondents indicated that they were either satisfied or very satisfied that the home provided safe, effective and compassionate care and that the home was well led.

Patient comments:

- "I have no complaints and I feel very safe."
- "Over the moon here. Staff are very good. I have no complaints."
- "You can have a good laugh here."
- "Couldn't do enough for you here."
- "Staff are very nice; very friendly."

No patient representatives were available for consultation during the inspection. Two patients' representatives' questionnaires were returned. Both respondents indicated that they were either satisfied or very satisfied that the care in the home provided safe, effective and compassionate care and that the home was well led. One commented, "Staff have exceeded care expectations under the current climate in terms of Covid – 19 outbreak. is very happy in this environment."

Staff had the option of completing an online survey or completing a questionnaire; we received no responses. Comments from seven staff consulted during the inspection included:

- "We try to continue on as normal as possible for the patients."
- "It is great here. I love my work."
- "There is good staff here and good managers."
- "Work is very busy but very good."
- "I love it here."

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will also be shared with the manager for their information and action, as required.

Cards and letters of compliment and thanks were retained in the home and shared with staff. Some of the comments recorded included:

- "... Well done in keeping ... and all the residents safe in these difficult and challenging times. You all have been fantastic and supportive to everyone of us."
- "Woodmount staff; Thank you all, every last one, for your dedication and genuine kindness."
- "Thank you all so much for all your hard work in these trying times."

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Overall the feedback from the inspection was positive. There were stable management arrangements in the home and patients spoke positively in relation to the care they received. There were no concerns raised regarding the staffing arrangements and governance records demonstrated how management kept an oversight on areas such as infection prevention and control and staff's training and development. Patients' nutritional care records had been maintained appropriately. No areas for improvement were identified.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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