

Inspection Report

6 September 2023



Woodmount

Type of service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Woodmount Registered Person: Mr Alfred Lindsay Woods	Registered Manager: Mrs Amanda Craig Date registered: 8 April 2016
Person in charge at the time of inspection: Mrs 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: 30
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 32 patients. The home is a single storey building. Patients have access to communal lounges, a dining room and an outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 6 September 2023, from 9:25am to 3pm by a care inspector.

The inspection assessed progress with the 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.

Patients said they felt well cared for and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Areas for improvement identified during the inspection are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' 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 patients, relatives, staff or the commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. 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.

Questionnaires were provided to give patients 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 findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are all very good here", "This is a good home", "It couldn't be better", "Very happy here" and "I feel safe here". There were no questionnaires received from patients or relatives following the inspection.

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "The manager is very good", "I love working here", "Great induction" and "Everyone works well together". There was no response from the staff on-line survey.

One relative spoken with during the inspection commented very positively about the overall care delivery within the home. Comments included: "Very happy with my (relatives) care", "Good communication from the manager and staff" and "First class care here".

Comments received during the inspection were shared with the management team.

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 08 November 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: Second time	The registered person shall ensure that a robust auditing system is implemented on bed rail protectors to ensure they are fitted correctly, are clean and do not have any surface damage.	Met
	Action taken as confirmed during the inspection: Observation of the environment and review of relevant documents evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that fluid recording charts are reflective of the details within the care plan for any patient at risk of dehydration.	Partially met
	Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement had not been fully met and has been stated for a second time. This is discussed further in section 5.2.2.	
Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall ensure that the MUST is accurately completed and that the action taken to any weight loss is fully recorded within the patients care records.	Partially met
	Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement had not been fully met and has been stated for a second time. This is discussed further in section 5.2.2.	

Area for improvement 4 Ref: Standard 46 Stated: First time	The registered person shall ensure that the IPC issues identified during the inspection are addressed.	Met
	Action taken as confirmed during the inspection: Observation of the environment and staff practices evidenced that this area for improvement had been 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. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training both online and practical to enable them to carry out their roles and responsibilities effectively.

Review of a sample of staff recruitment and induction records evidenced that relevant pre-employment information had been obtained prior to staff commencing work in the home. A discussion was held with the manager regarding the system for receiving references to ensure that relevant evidence is available within files to confirm the source of the reference. Following the inspection, written assurances were received from the manager confirming the immediate action taken to address this.

Monthly checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Staff said they felt supported in their roles and that there was good teamwork with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Review of a sample of staff competency and capability assessments for the nurse in charge in the absence of the manager found these to be completed.

A record of staff supervision and appraisals was maintained by the manager with staff names and the date that the supervision/appraisal had taken place.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of patients' care records identified some discrepancies. Details were discussed with the manager and following the inspection written confirmation was received that relevant action had been taken to address these issues.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available. Patients told us they very much enjoyed the food provided in the home.

Staff members were seen to be supportive and attentive to patients whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the speech and language therapist (SALT). Whilst staff were providing the correct diet, review of two patients' care records evidenced inconsistencies in the recording of the recommended diet as per SALT. Details were discussed with the manager and following the inspection written confirmation was received that all relevant care records had been updated to reflect the SALT recommendations.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Review of a sample of care plans for patients at risk of dehydration evidenced inconsistencies in the recommended daily fluid target and an area for improvement has been stated for a second time.

Review of a sample of care records specific to the Malnutrition Universal Screening Tool (MUST) evidenced inconsistencies in the accurate completion of the assessment and a number of assessments had not been completed on a monthly basis. Details were discussed with the manager and an area for improvement has been stated for a second time.

Care records were mostly well maintained, regularly reviewed and updated. A number of discrepancies were identified and discussed with the manager to review. Following the inspection written confirmation was received from the manager that relevant care records had been updated. This is discussed further in section 5.2.5.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, neat and tidy and patients' bedrooms were found to be personalised with items of memorabilia and special interests. A painter was in the home during the inspection painting one of the lounges. The manager advised that refurbishment work was ongoing within the home to ensure that it is well maintained.

Review of the most recent fire risk assessment completed on 15 June 2023 evidenced that any actions required had been signed off by the manager as having been completed. There was evidence that fire evacuation drills had been completed with the names of the staff members who took part in the drill. A system was in place to ensure that all staff attend at least one fire evacuation drill yearly.

A small number of environmental related issues were identified during the inspection requiring either repair/replacement. Details were discussed with the manager and following the inspection written confirmation was received that relevant action had been taken to address this.

Review of a sample of wardrobes evidenced that not all wardrobes had been secured to the wall for safety. This was discussed with the manager who agreed to have this reviewed along with any free standing furniture as required. Following the inspection written confirmation was received that relevant action had been taken to address this.

Review of a number of windows identified that they were not fitted with tamper proof restrictors and some windows were opening wider than recommended. This was discussed with the manager who agreed to have all windows reviewed. Following the inspection, the manager provided written confirmation that relevant action had been taken to address this issue.

Personal protective equipment (PPE) and hand sanitising gel was available within the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

Outdoor spaces were well maintained with areas for patients to sit. During the inspection a number of patients were observed outside accompanied by staff enjoying the warm weather. Other patients were engaged in their own activities such as; watching TV, resting or chatting to

staff. Patients were seen to be content and settled in their surroundings and in their interactions with staff. One patient said: “Quite content here. I have everything I need”.

Patients commented positively about the food provided within the home with comments such as: “The food is very good here”, “Good choice of food” and “The food is nice.”

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff said that the manager was very approachable and accessible.

Review of accidents/incidents records confirmed that relevant persons were notified and a record maintained.

There was a system in place to manage complaints and to record any compliments received about the home.

There was evidence that a number of audits were being completed on a regular basis to review the quality of care and other services within the home. However, audits specific to care records had not been completed in several months and, as mentioned above in section 5.2.2, a number of discrepancies were identified regarding care records. Details were discussed with the manager and an area for improvement was identified.

The home was visited each month by a representative of the registered person to consult with patients, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and were available within the home.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **the Care Standards for Nursing Homes (December 2022)**.

	Regulations	Standards
Total number of Areas for Improvement	0	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Amanda Craig, Registered Manager and Christine Parkhill, Deputy Manager, 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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: From the date of inspection	<p>The registered person shall ensure that fluid recording charts are reflective of the details within the care plan for any patient at risk of dehydration.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: After the inspection staff rectified fluid recording charts to ensure that all information is reflective as to what is within the care plan, for those patients at risk of dehydration.</p>
Area for improvement 2 Ref: Standard 12 Stated: Second time To be completed by: From the date of inspection	<p>The registered person shall ensure that the MUST is accurately completed and that the action taken to any weight loss is fully recorded within the patients care records.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Manager has discussed with staff nurses importance of accuracy and full completion of must tools, and updating/reviewing on care plans to reflect same.</p>
Area for improvement 3 Ref: Standard 35 Stated: First time To be completed by: 6 October 2023	<p>The registered person shall ensure that quality governance audits in relation to care records are recommenced and where deficits are identified an action plan, time frame, person responsible and follow up is completed.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Random care record audits were available on the day of inspection, however all staff nurses, and management have implemented a new system ongoing for the recommencement of robust audits stating actions, person responsible and timeframes for completion.</p>

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