

Inspection Report

8 November 2022



Woodmount

Type of service: Nursing

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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 Rose McCullagh, Registered Nurse	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: 31
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 8 November 2022, from 9.40am to 3.05pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement identified during the inspection are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0. One area for improvement has been stated for a second time in relation to bedrail protectors.

Patients unable to voice their opinions 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.

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 and 'Tell Us' cards 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 person in charge at the conclusion of the inspection and with the Manager following 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: "They (staff) are all very good", "I am very happy here", "This is a lovely place", "I feel very safe here", and "I really enjoy the company here". There were no questionnaires returned from patients or relatives.

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "Good staff morale" and a further staff member said: "I love it here". There was no response from the staff online survey.

One relative commented positively about the home and the care provided. Comments included: "This is a very good home", "A lovely place", "My (relative) is getting great care here" and "The staff are very friendly".

Comments received during the inspection were shared with the person in charge and later with the Manager following the inspection.

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 21 September 2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 23 Stated: First time	The registered person shall ensure that where a patient has been assessed as requiring repositioning, recording charts accurately reflect the frequency of repositioning as directed within the care plan.	Met
	Action taken as confirmed during the inspection: Review of relevant care records and discussion with staff 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 where a patient is at risk of dehydration: <ul style="list-style-type: none"> a recommended daily fluid target is recorded within the patients care plan the action to be taken, and at what stage, if the recommended target is not met must be clearly documented within the patients care plan. 	Met
	Action taken as confirmed during the inspection: Review of relevant care records and discussion with staff evidenced that this area for improvement had been met.	
Area for Improvement 3 Ref: Standard 12 Stated: First time	The registered person shall ensure that nutritional care plans are reflective of the current SALT assessment and/or advice provided by the GP.	Met
	Action taken as confirmed during the inspection: Review of relevant care records and discussion with staff evidenced that this area for improvement had been met.	

Area for improvement 4 Ref: Standard 35 Stated: First 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.	Partially Met
	Action taken as confirmed during the inspection: Review of relevant records and observation of the environment 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 5.2.3.	

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 to enable them to carry out their roles and responsibilities effectively. The Manager confirmed that there was ongoing monitoring of training to ensure full compliance.

Appropriate 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).

Review of two employee recruitment records evidenced that relevant pre-employment checks had been completed.

Staff said they felt supported in their roles and that there was good team work 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. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Review of a sample of registered nurses' competency and capability assessments for taking charge of the home in the absence of the Manager found these to have been completed.

There was evidence that staff received regular supervisions and appraisals and a matrix system was in place to record staff names and when the supervision/appraisal had taken place.

5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated the patient's favourite music or television programme for those patients who were on bed rest. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients who were less able to mobilise require special attention to their skin care. Review of two patient's care records relating to pressure area care evidenced that these were well maintained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the lunchtime dining experience was seen to be calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and whilst the meals were covered on transport desserts were uncovered. This was discussed with the Manager who agreed to address this and to monitor going forward.

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

Staff said they were made aware of patients' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT.

Review of three patient care records evidenced that care plans and risk assessments were reviewed on a regular basis. Care plans for patients at risk of dehydration evidenced that a recommended daily fluid target was recorded and the action to take if the daily fluid intake was below the target. However, review of fluid intake monitoring charts evidenced that the recommended daily fluid target and when to contact the General Practitioner (GP) were not consistent with the care plans and an area for improvement was identified.

The Malnutrition Universal Screening Tool (MUST) had been incorrectly completed for two patients. It was further identified that one patient with weight loss did not have any evidence within their care records of communication with the dietician and/or GP. Details were discussed with the person in charge and an area for improvement was identified. Following the inspection the Manager provided written confirmation of the action taken to address the above issues.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Review of the most recent fire risk assessment completed on 1 June 2022 evidenced that there were no actions required.

The home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. There was evidence that a number of walls had been painted since the previous inspection and painting was being completed to wood work during the inspection.

Surface damage was evident to a number of bedframes. This was discussed with the Manager following the inspection who confirmed the action taken to address this and that refurbishment was ongoing to ensure the home is well maintained.

A number of bedrail protectors were identified on several beds as not correctly positioned and one protector was unclean despite regular checks on bedrails having been recorded. This was discussed with the management team and whilst appropriate action had been taken during the inspection to address this an area for improvement has been stated for a second time to ensure sustained compliance.

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept. The Manager also said that any issues observed regarding infection prevention and control (IPC) measures or the use of PPE was immediately addressed.

Observation of staff practices evidenced that they were not consistently adhering to IPC measures, including inappropriate storage of patient equipment within a communal toilet, a topical cream within a communal toilet; a small number of staff not wearing face masks correctly and one staff member wearing a wrist watch. Details were discussed with the Manager who acknowledged that these findings were not in keeping with IPC best practice and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged with patients individually or in groups; patients were afforded the choice and opportunity to engage in social activities, if they wished.

The activity planner was on display and the activities on offer included, for example, bingo, arts and crafts, music and baking. During the inspection a number of patients were having their hair styled by the hair dresser and others were observing the activity coordinator baking scones. There was also a game of bingo in the afternoon and patients appeared to enjoy each other's company.

Other patients were observed engaged in their own activities such as; watching TV, resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Patients commented positively about the food provided within the home with comments such as; "(The) food is nice here", "The food is very good" and "Plenty of choices."

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The Manager said they felt well supported by senior management and the organisation.

There was evidence that the Manager had a system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action and a time frame for completion with follow up to ensure the necessary improvements had been made.

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. The reports of these visits were completed and available for review by patients, 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 Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	4*

* The total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Rose McCullagh, Registered Nurse during the inspection and Mrs Amanda Craig, Registered Manager following the inspection. 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 (April 2015)	
Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: With immediate effect	<p>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.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff have covered supervisions on fitting of bedrail protectors, two new audits (Short term) have been implemented x 2 daily to monitor bedrail protectors for accuracy of fitting and visible marks, ongoing monthly audit will continue..</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 15 November 2022	<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: 5.2.2</p> <p>Response by registered person detailing the actions taken: The above improvement was rectified following inspection.</p>
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: 15 November 2022	<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: 5.2.2</p> <p>Response by registered person detailing the actions taken: All staff nurses have completed supervisions on accurate completion of Must Tool and ensuring any changes are recorded in the patients care records..</p>
Area for improvement 4 Ref: Standard 46 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the IPC issues identified during the inspection are addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff were communicated to regards the IPC issues noted on the day of inspection and the importance of good infection prevention control measures..</p>

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