The Regulation and Quality Improvement Authority

Unannounced Care Inspection Report
13 September 2016

Woodmount

Address: 15 Melmount Road, Strabane, BT82 9ED
Tel No: 0287188 4234
Inspector: Bridget Dougan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Woodmount Nursing Home took place on 13 September 2016 from 12.30 to 17.00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The environment of the home was warm, fresh smelling and clean throughout.

There was evidence of competent and safe delivery of care on the day of inspection. Staff confirmed that there were good communication and support systems in the home, including; staff appraisal and supervision systems, staff meetings and staff were required to attend a 'handover meeting' when commencing duty.

Weaknesses were identified in the management of potential safeguarding concerns.

One requirement and one recommendation has been made.

Is care effective?

Care records reflected the assessed needs of patients, were kept under review and where appropriate adhered to recommendations prescribed by other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate.

Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

Patients and the majority of representatives expressed their confidence in raising concerns with the home's staff/management.

There were no requirements or recommendations made.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The feedback received from patients was very complimentary regarding the care they received and life in the home. One patient raised some concerns regarding staff response times to requests for assistance and this continues to be monitored by the registered manager. The majority of relatives were also praiseworthy of the quality of care and services provided.

There were no requirements or recommendations made.

Is the service well led?

Discussion with the staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

Discussion with the nurse in charge and a review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided.

Complaints records were unavailable for inspection and a requirement has been made. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

One requirement has been made.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	3*

*Includes one recommendation not reviewed during this inspection and one recommendation stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr. Thomas Monteith, nurse in charge and with Amanda Craig, registered manager following the inspection, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 03 May 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Mr Alfred Lindsay Woods and Mrs Roberta Jillian Woods	**Registered manager:** Mrs Amanda Craig
Person in charge of the home at the time of inspection: Mr Thomas Monteith	**Date manager registered:** 22 January 2016
Categories of care: NH-I, NH-PH, NH-PH (E)	**Number of registered places:** 32

3.0 Methods/processes

Prior to inspection we analysed the following records:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection we met with 25 patients, three relatives, three registered nurses, five care staff and one cook.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable events records
- sample of audits
- monthly monitoring report.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 03 May 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 03 May 2016

<table>
<tr><th colspan="2">Last care inspection statutory requirements</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Requirement 1

Ref: Regulation 20 (1) (a)

Stated: First time</td><td>The registered person must review staffing levels and the deployment of staff to ensure that, at all times, suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of patients.

Call bells must be responded to in a timely manner.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The registered manager stated in the returned Quality Improvement Plan that a review of staffing levels and patient dependency levels had been carried out to ensure sufficient staffing levels within the home and that this would be kept under review. Review of three weeks duty rotas and discussion with staff evidenced that planned staffing levels had been adhered to. Call bells were responded to in a timely manner on the day of the inspection.</td></tr>
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Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 35.16 **Stated:** Second time	The registered manager should audit the call bell response times on a regular basis. This audit should include response times at or nearing change of shifts. **Action taken as confirmed during the inspection**: Weekly audits of calls bells were in place. On average, 15 – 20 call bells were audited each week and showed a response time of 10 – 30 seconds. Call bells were responded to promptly on the day of the inspection. While the majority of patients stated that staff responded to their requests for assistance in a timely manner, one patient expressed some dissatisfaction in this regard especially at night and in the early mornings. The registered manager has agreed to keep this area of practice under review.	**Met**
Recommendation 2 **Ref**: Standard 17.1 **Stated:** Second time	The registered manager must ensure that care records are audited, using a robust system that provides traceability of audit. **Action taken as confirmed during the inspection**: This recommendation was not reviewed at this time and will therefore be carried forward for review at the next care inspection.	**Not inspected carried forward to the next care inspection**
Recommendation 3 **Ref**: Standard 22.9 **Stated:** First time	The registered person should ensure a post-falls review has been carried out within 24 hours of a patient sustaining a fall to determine the reason for falling and any preventative action to be taken. The care plan should be reviewed and amended accordingly. **Action taken as confirmed during the inspection**: There was evidence of a post-fall review conducted following patients falls and care plans were reviewed and amended accordingly.	**Met**

Recommendation 4 **Ref**: Standard 39.4 **Stated:** First time	The registered person should ensure that staff receives further training in developing and reviewing care plans. **Action taken as confirmed during the inspection**: The registered nurses on duty could not recall having received this training and there were no records available to evidence that the training had been provided. This recommendation will therefore be stated for the second time.	**Not Met**
Recommendation5 **Ref**: Standard 22.10 **Stated:** First time	The responsible person should ensure falls have been audited on a monthly basis or more often if required, to identify any patterns or trends with appropriate action taken to address any deficits identified. **Action taken as confirmed during the inspection**: Monthly falls audits had been carried out and action plans were in place to address any deficits.	**Met**
Recommendation 6 **Ref**: Standard 35.7 **Stated:** First time	The responsible person should include audits of the nurse call system in the monthly monitoring visits completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 **Action taken as confirmed during the inspection**: A sample of monthly monitoring reports was reviewed and evidenced that call bell audits had been included.	**Met**

4.3 Is care safe?

The nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rotas for weeks commencing, 22 and 29 August and 05 September 2016 evidenced that the planned staffing levels were adhered to.

Discussion with patients, relatives and staff evidenced that there were generally no concerns regarding staffing levels. One patient expressed some concerns regarding staff response times to call bells at night and in the early morning time. This was discussed with the nurse in charge and with the registered manager following the inspection. It was agreed that this area of practice would continue be kept under review.

Recruitment records were unable to be fully reviewed due to the absence of the registered manager. However these records were reviewed at the previous inspection on 03 May 2016 and found to be maintained appropriately.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff were mentored by an experienced member of staff during their induction. Records for three staff members were reviewed and found to be completed in full and dated and signed appropriately.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Training records indicated that the majority of staff had completed mandatory training to date.

Staff clearly demonstrated the knowledge, skills and experience necessary to fulfil their role, function and responsibility.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. However, a review of documentation failed to confirm that all potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home’s policies and procedures. One requirement and one recommendation have been made.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual’s monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

One requirement and one recommendation have been made in respect of the management of potential safeguarding concerns.

Number of requirements	1	Number of recommendations	1

4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff also confirmed that regular staff meetings were held, that they could contribute to the agenda and the meeting and minutes were available.

All patients and the majority of their representatives expressed their confidence in raising concerns with the home's staff/management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were observed to have good standards of personal hygiene and all appeared content and relaxed in their environment.

Observation of the lunch time meal confirmed that patients were given a choice in regards to, food and fluid choices and the level of help and support requested.

Staff were observed to offer patients reassurance and assistance appropriately. The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. A choice was also available for those on therapeutic diets. Patients all appeared to enjoy their lunch.

Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients spoken with were generally complimentary regarding the care they received and life in the home. One patient raised some concerns regarding staff response times to requests for assistance during the night and early morning. Call bell response times were being monitored (see sections 4.2 and 4.3). Those patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the nurse in charge confirmed that there were systems in place to obtain the views of patients and their representatives on the quality of the service provided. For example, a sample of patient/representative views were sought by the registered provider as part of the monthly monitoring visit and care management review meetings were held at least annually with patients and/or their representatives. The registered manager also had an open door policy and encouraged patients and their representatives to contact her regarding any concerns in respect of patient care.

Patients and the majority of their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. One patient representative expressed dissatisfaction regarding patient care and the management of their complaint. This was discussed with the registered manager and the Trust following the inspection and is being followed up accordingly.

Some comments received from patients, relatives and staff are detailed below.

Patients

- "Lovely friendly staff."
- "It couldn't be better."
- "I have no complaints."
- "I was wheeled outside today and I really enjoyed it."
- "We had a great time last week at the 25 anniversary party for the home."
- "I would like a new walking aid, this one I have is very noisy."
- "Staff can be slow to respond to call bells at night and sometimes in the early morning. It is not their fault, there is not enough staff."

Patients' representatives

- "We are very pleased with the level of care provided, it is excellent."

Staff

- "We all work well as a team."
- "I enjoy working here and have no concerns."

- "The management is very approachable."

Areas for improvement

No areas for improvement were identified.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Discussion with the nurse in charge and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and that the registered manager was responsive to any concerns raised.

The certificate of registration issued by RQIA was displayed in the home.

A certificate of public liability insurance was current and displayed.

Discussion with the nurse in charge, a review of care records and observations confirmed that the home was operating within its registered categories of care.

The complaints record was unavailable for inspection. The registered manager was on leave and we were informed that the complaints record was locked in the registered manager's office. One requirement has been made in this regard.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was evidence that a range of audits had been completed on a monthly basis, for example audits of infection prevention and control, complaints, accidents/incidents and pressure ulcers. The results of these audits had been analysed and appropriate actions taken to address any shortfalls identified.

Discussion with the nurse in charge and review of records for June, July and August 2016 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Areas for improvement

One requirement has been made in respect of complaints records.

Number of requirements	1	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Thomas Monteith, nurse in charge and Amanda Craig, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 19 (2) **Stated:** First time **To be completed by:** 30 September 2016	The registered provider must ensure that a record of all complaints has been maintained and is available for inspection in the home at all times. **Ref: Section 4.6** **Response by registered provider detailing the actions taken:** A copy of the complaints book is completed following all complaints and unfortunately was unavailable on the day of inspection but is/will however, be available at all times in future.
Requirement 2 **Ref**: Regulation 14 (4) **Stated:** First time **To be completed by:** 30 September 2016	The registered provider must make arrangements, by training staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse. **Ref: Section 4.3** **Response by registered provider detailing the actions taken:** Majority of staff have all completed refresher training on 17/10/2016 with a focus on recognising and reporting any unexplined events. The manager is also in the process of implementing group staff supervisions/scenarios aimed at improving staff awareness of reporting and recording any unexplained events in order to prevent patients being harmed or being at risk of harm.
Recommendations	
Recommendation 1 **Ref**: Standard 17.1 **Stated:** Second time **To be completed by:** 30 September 2016	**This recommendation was not reviewed during this inspection and has been carried forward for review at a future inspection.** The registered provider should ensure that care records are audited, using a robust system that provides traceability of audit. **Ref: Section 4.2** **Response by registered provider detailing the actions taken:** The manager carries out ongoing care file audits x 2 every week and improvement has been noted.
Recommendation 2 **Ref**: Standard 39.4 **Stated:** Second time **To be completed by:** 30 November 2016	The registered person should ensure that staff receives further training in developing and reviewing care plans. **Ref: Section 4.2** **Response by registered provider detailing the actions taken:** The manager has arranged for all staff nurses to have further training on developing and reviewing care plans awaiting date from trainor.

Recommendation 3 **Ref**: Standard 13.6 **Stated:** First time	The registered provider should ensure that all incidents of actual, alleged or suspected abuse are promptly reported in line with Departmental policy on adult safeguarding. **Ref: Section 4.3**
To be completed by: 30 September 2016	**Response by registered provider detailing the actions taken:** Majority of staff have had a refresher course on SOVA on 17/10/2016 with a focus on reporting any unexplained events and the procedure for reporting.

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews