

Unannounced Care Inspection Report 21 August 2017



Woodmount

Type of Service: Nursing Home
Address: 15 Melmount Road, Strabane, BT82 9ED
Tel no: 028 7188 4234
Inspector: Gerry Colgan

www.rgia.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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Woodmount Responsible Individual: Mr Alfred Woods	Registered Manager: Mrs Amanda Craig
Person in charge at the time of inspection: Mrs Amanda Craig	Date manager registered: 8 April 2016
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 registered places: 32

4.0 Inspection summary

An unannounced inspection took place on 21 August 2017 from 09:15 to 15:30 hours.

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.

The inspection assessed progress with any areas for improvement identified during and 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.

There were examples of good practice found throughout the inspection in relation to the provision and management of staffing, adult safeguarding, and risk management. Care records were well maintained and there was an established system of audits. There was evidenced of good communication between patients, , staff and other key stakeholders. The culture and ethos of the home supported dignity and privacy; we evidenced that patient and their representatives' views were listening to and taken into account. There were also examples of good practice in relation to governance arrangements and working relationships within the home.

Areas requiring improvement were identified in relation to infection control issues and the environment

Patients said

“Quite good here. I can’t complain about anything really.”

“Everything is good here. They are all very attentive.”

“There’s a great bunch of staff here at the present time.”

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

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Amanda Craig, Registered Manager, 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.

4.2 Action/enforcement taken following the most recent inspection dated 28 February 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 28 February 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI’s), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 10 patients and 8 staff. Questionnaires were also left in the home to obtain feedback from patients, patients’ representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff from 24 July to 27 August 2017.
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 February 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 28 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12.9 Stated: First time	The registered provider should ensure that all relevant staff receives updated training in the management of feeding techniques for patients who have swallowing difficulties. Ref: Section 4.3	Met
	Action taken as confirmed during the inspection: A review of training records and conversation with the registered manager confirmed that all staff received training in feeding techniques and dysphasia in June 2017.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager 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 rota for the period 24 July to 27 August 2017 evidenced that the planned staffing levels were adhered to.

Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records for two recently recruited staff members evidenced that enhanced Access NI checks were sought, received, and reviewed prior to staff commencing work and records were maintained. Discussion with staff and review of two records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Nursing and care staff receive regular supervision and annual appraisals.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) was appropriately.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. Three safeguarding champions had been identified.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

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.

Review of the 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.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of the majority of the bedrooms, all bathrooms, lounges, dining rooms 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. Patients spoken with were complimentary in respect of the home's environment. However the following infection prevention and control issues and environmental issues were identified:

- the areas around toilet sinks require resealing
- a crack in the treatment room sink; this needs replaced
- the shower chair in the identified bedroom was rusted and should to be replaced
- the bottoms of wheelchairs and weighing chair require a thorough cleaning and systems implemented to ensure they are maintained clean

The following issues were identified with the maintenance of the environment:

- the radiator in the disabled toilet 1 requires a cover
- replace floor covering in the storage area
- replace cracked cistern top and mirror in disabled toilet 3
- replace toilet seat in toilet 1

These were identified an area for improvement under the standards.

A number of bedrooms did not have covers on the radiators to prevent patients having direct contact with the hot surface. A risk assessment should be completed. This is identified as an area for improvement.

Areas of good practice

There were examples of good practice found in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management

Areas for improvement

Areas were identified for improvement in relation to infection prevention and control and the maintenance of the environment. Risk assessments are required to be completed for those bedrooms whose radiators are exposed.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

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 accurately 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 legislation.

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. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

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.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a twenty minute handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the registered manager confirmed that staff meetings were held on a monthly basis and records were maintained.

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 their registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that patient and/or relatives meetings were held on a three monthly basis. Minutes were available. Patients spoken with expressed their confidence in raising concerns with the home's staff/management. Patients were aware of who their named nurse was and knew the registered manager. There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between patients, staff and other key stakeholders

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered. Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with 10 patients individually, and with others in smaller groups, confirmed that Woodmount was a good place to live.

As part of the inspection process, we issued questionnaires to staff (ten), patients (eight) and their representatives (ten). Four patients and nine staff completed and returned questionnaires.

The questionnaires from patients, and staff highlighted that all were either very satisfied or satisfied that the home was well led and provided safe, effective and compassionate care. No comments were included.

Any comments from patients, patient representatives and staff in returned questionnaires received after the report was sent to the home will be shared with the registered manager for their information and action as required.

Some comments were made by patients during the inspection are detailed below.

Patient comments included:

- “Good food, good craic, what more do you want.”
- “There’s plenty to do. I am kept occupied during the day.”
- “I like all the staff. I have great fun with them.”
- “Everybody is very helpful. All very good.”
- “Every time you look round there’s a cup of tea coming.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager, review of records and observation evidenced that the home was operating within its registered categories of care.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager/person was.

A copy of the complaints procedure was available in the home and staff were knowledgeable of the complaints process.

A review of notifications of incidents to RQIA during the previous inspection year/or since the last care inspection confirmed that these were managed appropriately.

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.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

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.

There were systems in place to ensure that risk assessments regarding the management of the environment were completed and kept under review.

Discussion with the registered manager and review of records evidenced that monthly monitoring visits were completed in accordance with the regulations and care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person shall address all the infection prevention and control issues identified in section 6.4 of this report</p> <ul style="list-style-type: none"> • the areas around toilet sinks require resealing • a crack in the treatment room sink; this needs replaced • the shower chair in the identified bedroom was rusted and should be replaced • the bottoms of wheelchairs and weighing chair require a thorough cleaning and systems implemented to ensure they are maintained clean <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> -Work has commenced of the resealing of toilet sinks -Treatment room sink is now replaced -Shower chair in the identified bedroom is now replaced -Cleaning of wheelchairs and weighing chair has been implemented in the cleaning schedules this is also reflected in the shift report for staff nurses to sign off.
<p>Area for improvement 2</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person shall address all the environmental issues identified in section 6.4 of this report:</p> <ul style="list-style-type: none"> • the radiator in the disabled toilet 1 requires a cover • replace floor covering in the storage area • replace cracked cistern top and mirror in disabled toilet 3 • replace toilet seat in toilet 1 <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> -Work is due to commence on attaching radiator guard in disabled toilet 1 -Floor covering has been replaced in storage area identified -Cracked cistern and cracked mirror has been replaced in disabled toilet 3 -Toilet seat has been replaced in toilet 1

<p>Area for improvement 3</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p>	<p>The registered person shall complete a risk assessment in all bedrooms with exposed radiators.to prevent patients having direct contact with the hot surface.</p> <p>Ref: Section 6.4</p>
<p>To be completed by: 30 September 2017.</p>	<p>Response by registered person detailing the actions taken:</p> <p>Manager has implemented a risk assessment with regards exposure of radiators and individual bedrooms and toilets/bathrooms have been identified as posing risk, work has commenced on attaching guards to these identified radiators.</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and
Quality Improvement
Authority

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