

# Inspection Report

## 21 September 2021



## Woodmount

Type of service: Nursing Home  
Address: 15 Melmount Road, Strabane, BT82 9ED  
Telephone number: 028 7188 4234

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Woodmount</p> <p><b>Registered Person:</b> Mr Alfred Lindsay Woods</p>	<p><b>Registered Manager:</b> Mrs Amanda Craig</p> <p><b>Date registered:</b> 8 April 2016</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Amanda Craig</p>	<p><b>Number of registered places:</b> 32</p>
<p><b>Categories of care:</b> 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.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 28</p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>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.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 21 September 2021, from 11.00 am to 5.00 pm 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.

Four areas for improvement were identified during this inspection in relation to pressure area care, recommended daily fluid targets within patient care records, SALT/GP recommendations and audits specific to bedrail protectors.

Patients told us that they felt well looked after. Patients who were less able to communicate their views 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.

Based on the inspection findings and discussions held RQIA were assured that compassionate care was being delivered in Woodmount and that the manager had taken relevant action to ensure the delivery of safe, effective and well led care.

The findings of this report will provide the manager 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, visiting 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 manager at the conclusion of the inspection.

## 4.0 What people told us about the service

The inspector spoke with 14 patients and 10 staff during the inspection. Patients told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. There were no questionnaires returned and no feedback from the staff online survey.

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: “the manager is fantastic.”

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Woodmount was undertaken on 1 October 2020 by a Care inspector; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of employee recruitment records evidenced that robust systems were in place to ensure that patients are protected.

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). The manager agreed to add any new employees to the list of staff names along with the date they commenced employment as a reminder of when their NISCC registration is due.

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.

Staff said teamwork was good and that the manager was approachable. Staff also said that, whilst they were kept busy, the number of staff on duty was 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.

Patients said that they felt well looked after and that staff were attentive. One patient commented “they (staff) are all great” and a further patient referred to the staff as “very friendly”.

## 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. 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. This is good practice.

Patients who were less able to mobilise require special attention to their skin care. Whilst most care records relating to repositioning were maintained, a number of recorded entries exceeded the recommended frequency of repositioning. This was discussed in detail with the manager and an area for improvement was identified.

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.

Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. 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.

Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport. A menu was displayed within the dining room offering a choice of two main meals.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Review of four patient care records evidenced that they were mostly well maintained. However, care plans for patients at risk of dehydration evidenced that a recommended daily fluid target was not recorded or the action to take if the daily fluid intake was below the target. This was discussed in detail with the manager and an area for improvement was identified.

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.

Staff told us how 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 and were knowledgeable regarding the international Dysphagia Diet Standardisation

Initiative (IDDSI) terminology. However, care plans had not been updated to reflect the most recent SALT and General Practitioner (GP) advice for two patients. This was discussed with the manager and an area for improvement was identified.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. There was evidence that a number of areas had recently been painted or had doors and flooring replaced.

The manager confirmed that an audit had been completed on the environment and that refurbishment works were either scheduled or in the process of being scheduled, including the replacement of all doors, vanity units, wash hand basins, identified bedroom furniture and floor coverings to ensure the home is well maintained.

A system was also in place to ensure any maintenance issues were reported and addressed in a timely way. The manager further agreed to keep RQIA updated with the progress of the refurbishment works.

A number of light pull cords were observed to be too high to reach and the connecting links on a number of window blinds were damaged. This was discussed with the manager who agreed to review and action accordingly. Following the inspection the manager provided written confirmation that the maintenance man had repaired all window blinds and installed new light pull cords to required bathrooms.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. An identified store room fire door was observed open on two occasions during the inspection. The door did not have a self-closure device and therefore required staff to close it following use. This was discussed with the manager who advised that this door is normally kept closed and agreed to communicate this with staff and to monitor during daily walk arounds. Following the inspection the manager provided written confirmation that appropriate action had been taken and assessed as satisfactory by the fire risk assessor.

An inspection of the home's most recent fire risk assessment was undertaken. There were five recommendations made as a result of this assessment. The actions had not been signed to state whether or not they had been addressed. Following the inspection written confirmation was received from the manager that these actions had been addressed.

It was identified that staff were using a lounge for their morning break resulting in patients not being able to use this room at that time. The importance of implementing zones within the home for staff to ensure that the regional COVID-19 guidance is adhered to and that patients have access to communal areas was discussed in detail with the manager. During the inspection the manager advised that the lounge would no longer be used by staff and that staff breaks had been rearranged to ensure social distancing is maintained within the staff room.

Staff personal belongings were identified within an unlocked cupboard accessible to patients. This was discussed with the manager who acknowledged the potential risks and agreed to discuss with relevant staff and to provide a secure area for staff belongings. Following the

inspection the manager provided written confirmation that lockers have been provided within the staff room for staff belongings.

A number of bedrail protectors were identified on several beds as either damaged, not correctly positioned and/or stained. This was discussed with the manager and during the inspection a number of bedrail protectors were disposed and suitably replaced. The importance of regular checks on bedrail protectors was discussed in detail with the manager and an area for improvement was identified. Following the inspection the manager provided written confirmation that new bedrail protectors had been ordered and would continue to be ordered until all relevant bedrail protectors have been replaced.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the DOH and infection prevention and control (IPC) guidance.

The manager said that cleaning schedules included frequent touch point cleaning and this was carried out by both domestic and care staff on a regular basis. There was a good supply of PPE and hand sanitising gel in the home. The manager also said that any issues observed regarding IPC measures or the use of PPE were immediately addressed.

A small amount of patient equipment and tiles within a communal shower room were unclean. It was further identified that whilst most light pull cords were covered some were not. This was discussed with the manager who agreed to have these deficits addressed and to continue to monitor during daily walk arounds. Following the inspection written confirmation was received from the manager that these issues had been addressed.

#### **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.

We observed residents engaged in their own activities such as; watching TV, sitting in the lounge or chatting to staff. The activity coordinator was very enthusiastic in her role and encouraged patients to participate in baking in the afternoon followed by a sing along. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

It was evident that patients could choose how they spent their day and that staff supported them to make these choices.

### 5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff said that the manager was approachable and accessible.

There has been no change to management arrangements for the home since the last inspection. The manager said they felt well supported by the registered person in their role.

There were systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy.

All staff were required to complete adult safeguarding training on an annual basis; records confirmed good compliance with this training. There was evidence that incidents were reported to the local Trust appropriately.

There was evidence that a system of auditing was 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, a time frame for completion and a 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 Conclusion

Patients were seen to be content and settled in the home and in their interactions with staff. Care was provided in a caring and compassionate manner. Staff treated patients with respect and kindness.

Four areas for improvement were identified during this inspection in relation to pressure area care, recommended daily fluid targets within patient care records, SALT/GP recommendations and audits specific to bedrail protectors.

Based on the inspection findings and discussions held RQIA were assured that compassionate care was being delivered in Woodmount and that the manager had taken relevant action to ensure the delivery of safe, effective and well led care.



## 7.0 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
<b>Total number of Areas for Improvement</b>	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Amanda Craig, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been communicated to re: importance of recording charts accurately reflecting the frequency of repositioning, as documented within the care plan.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that where a patient is at risk of dehydration:</p> <ul style="list-style-type: none"> <li>• a recommended daily fluid target is recorded within the patients care plan</li> <li>• 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.</li> </ul> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been informed, to ensure daily fluid target is recorded within the care plan for the patient, and the action to be taken and stage to act, if and when, daily target is not met. This is recorded within the care plan and the shift report.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that nutritional care plans are reflective of the current SALT assessment and/or advice provided by the GP.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been briefed to ensure all nutritional care plans are reflective of the current SALT assessment and/or advice provided by the GP, not only within the evaluation section of the care plan, but also reflective in the actual care plan.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 October 2021</p>	<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: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All bedrail protectors have now been replaced since inspection date. Audit implemented to monitor for fitting, cleanliness, or surface damage.</p>

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