



Unannounced Follow-up Care Inspection Report 23 January 2020



Woodmount

Type of Service: Nursing Home
Address: 15 Melmount Road, Strabane BT82 9ED
Tel No: 028 7188 4234
Inspector: Jane Laird

www.rqia.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.

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.

1.0 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(s): Alfred Lindsay Woods	Registered Manager and date registered: Amanda Craig 8 April 2016
Person in charge at the time of inspection: Amanda Craig	Number of registered places: 32
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 30

4.0 Inspection summary

An unannounced inspection took place on 23 January 2020 from 09.50 hours to 15.00 hours.

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

During this inspection we identified evidence of good practice in relation to adult safeguarding, care delivery and team work. Further areas of good practice were identified in relation to the culture and ethos of the home, listening to and valuing patients and their representatives, taking account of the views of patients and governance arrangements.

There were no areas for improvement identified during this inspection.

Patients described living in the home in positive terms. Comments received from patients, people who visit them, professionals and staff during the inspection, are included in the main body of this report.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Amanda Craig, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 17 June 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 17 June 2019. No further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 13 January 2020 and 20 January 2020
- a sample of incident and accident records
- staff competency and capability assessments
- two staff recruitment and induction files
- three patient care records
- a selection of patient care charts including repositioning charts
- a sample of governance audits/records
- a sample of reports of visits by the registered provider from November 2019.

Areas for improvement identified at the last medicines management 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 previous inspection(s)

There were no areas for improvement identified as a result of the last care inspection.

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: 8 February 2019	The registered person shall review the management of medicines prescribed for administration on a “when required” basis for the management of distressed reactions. The time of administration and reason for and outcome of administration should be recorded.	Met
	Action taken as confirmed during the inspection: Review of a sample of care records/audits confirmed that this area for improvement had been met.	

6.2 Inspection findings

Staffing provision

On arrival to the home at 09.50 hours we were greeted by staff who were helpful and attentive and appeared confident in their delivery of care. The majority of patients were seated within one of the lounges whilst others remained in bed and staff were attending to their needs. The staff were observed to use every interaction as an opportunity for engagement with patients and they demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff.

We reviewed staffing rotas from 13 January 2020 to 26 January 2020 which evidenced that the planned staffing levels were adhered to. Staff spoken with confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff also stated that they felt supported by the manager. Comments included:

- “I love it here.”
- “Manager very approachable.”
- “Very happy working here.”

- “Plenty of staff.”
- “Lots of training.”
- “Great teamwork.”

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff understood the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

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 management or the nurse in charge.

Patient Health and Welfare

Observation of the delivery of care evidenced that patients’ needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Woodmount.

Patients’ bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. The home was found to be warm, fresh smelling and comfortable throughout. The manager confirmed that a review of the environment is carried out on a monthly basis by management and any areas identified as requiring redecorated are actioned with timeframes established. The manager also confirmed that any furniture/equipment identified during the inspection as damaged would be repaired and/or replaced where necessary. Patients and staff spoken with were complimentary in respect of the home’s environment.

Consultation with 15 patients individually, and with others in small groups, confirmed that living in Woodmount was a positive experience. Patient’s said:

- “Very happy here.”
- “Staff are very good.”
- “Getting good care here.”
- “Food is good.”
- “Staff are lovely.”
- “Couldn’t fault anyone. Great care.”

Patient representatives/visitors spoke positively in relation to the care provision in the home. They said:

- “This is a good home.”
- “Very happy with the care. Great place.”
- “Very relaxed feeling when you visit.”
- “Staff are great.”
- “Staff are friendly.”

Discussion with patients and staff and review of the activity records evidenced that activities were in place to meet patients’ social, religious and spiritual needs within the home. The patients appeared to enjoy the interaction between the staff and each other.

A schedule of activities was displayed at different locations within the home with colourful art work observed throughout communal areas which had been completed by the patients at various intervals. Wall art labelled "Our decision tree" was situated centrally within the home to encourage patients to share their suggestions regarding meaningful activities and trips away. This was commended by the inspector.

Management of patient care records

Review of three patient care records evidenced that care plans were mostly in place to direct the care required and generally reflected the assessed needs of the patients. The manager confirmed that care records were reviewed monthly by the named nurses and care record audits are carried out monthly by management with an action plan and timeframe established where deficits are identified.

On review of repositioning records for identified patients there were gaps evident in recording charts for patients who prefer to sit up during the day with no reference in the care plans to direct care staff. This was discussed with the manager who agreed to review the repositioning charts and to update patients care plans where necessary. Following the inspection the manager provided written confirmation that all relevant patients' care plans had been reviewed and a new recording chart had been initiated and communicated with staff. The manager further confirmed that increased monitoring of supplementary charts had commenced to ensure that the record of repositioning reflects the patients' current care plan.

Medicines Management

We reviewed the use of "when required" medicines for the management of distressed reactions. It was acknowledged that registered nurses on duty were knowledgeable regarding each patient's current prescription and that the medicines were required infrequently. However, discrepancies were noted between the dosage directions recorded in the care plans, personal medication records and medication labels. The current dosage directions should be confirmed with the prescribers; care plans and personal medication records should be updated. The registered manager gave assurances that this would be completed and closely monitored.

Management and governance arrangements

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

A number of audits were completed on a monthly basis by the manager to ensure the safe and effective delivery of care. For example, falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records, hand hygiene and environment audits were also carried out monthly and an action plan with timeframes was implemented where deficits were identified.

Areas for improvement

There were no areas for improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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