

Unannounced Care Inspection Report 8 October 2020



Woodgrove

Type of Service: Nursing Home
Address: 67 Hillsborough Road, Lisburn BT28 1JN
Tel No: 028 9260 7302
Inspector: Heather Sleator

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 nursing home registered to provide nursing care for up to 32 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Karen Blair 18 December 2018
Person in charge at the time of inspection: Karen Blair	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. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 25

4.0 Inspection summary

An unannounced inspection took place on 8 October 2020 from 09.25 to 17.15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment
- care delivery
- care records
- governance and management arrangements

Evidence of good practice was found in relation to maintaining patients' health and wellbeing. We observed friendly, supportive and caring interactions by staff towards the patients. Governance and management systems were well organised and infection prevention and control procedures were signposted throughout the home.

Two areas for improvement were identified regarding the environment and the care planning process.

Patients said that they felt they were well cared for by staff and commented, “It’s a really good place, couldn’t have picked better.”

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	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Karen Blair, 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.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with ten patients individually and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients’ representatives. The inspector provided the manager with ‘Tell us’ cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- staff duty rotas from 19 September to 8 October 2020
- three staff competency and capability assessments
- three patients’ care records
- complaint records
- compliment records
- staff training information including induction training
- staffs’ annual appraisal and supervision planner
- a sample of governance audits/records

- infection prevention and control procedures
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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)

The most recent inspection of the home was an unannounced care inspection undertaken on 15 November 2019.

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 4.1 Stated: First time	The registered person shall ensure that: <ul style="list-style-type: none"> • the assessment of patient need is commenced on the day of admission and completed within five days of admission to the home • initial plans of care based on the pre admission assessment and referral information are in place within 24 hours of admission 	Met
	Action taken as confirmed during the inspection: The review of the care records of a patient recently admitted to the home evidenced that the assessment of patient need and initial plans of care were completed and prescribed in accordance with the time frame stated in the Care Standards for Nursing Homes 2015.	

6.2 Inspection findings

6.2.1 Staffing

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support.

The staff reported that they all work together for the benefit of the patients. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "I've seen a change here, much more homely."
- "Communication is very good; staff meetings are nearly weekly now due to COVID."
- "It's a homely home and staff really support each other."
- "I could go to the manager or deputy about anything, they listen to you."

We reviewed three staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. We discussed the annual staff appraisal and supervision of staff with the manager. The manager maintains a 'planner' which was viewed and confirmed the processes were on-going. This was also confirmed by staff.

We reviewed the minutes of staff meetings which confirmed that staff meetings were frequent with the last meeting being held in August 2020. Records of those in attendance were being maintained.

We reviewed the monitoring system in place to ensure staff were registered with their professional body, either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). Evidence was present of a monthly review of staffs' compliance with the registration requirements. The manager stated that some difficulty was being experienced in relation to care staff registration with NISCC however senior management were aware of the on-going issue.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The review of the fire safety training records evidenced that this was up to date. The manager advised that additional training was also provided for staff as and when required, for example; infection prevention and control procedures were discussed at staff meetings and handover reports alongside the scheduled training date. Induction training records, including those of agency staff, were reviewed and were signed and dated by the supervisor and the staff member.

There were no questionnaires completed and returned to RQIA by staff prior to the issue of the report.

6.2.2 Infection prevention and control procedures and the environment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of having their temperature and symptom checks taken when on duty and if that information was recorded. Records were available at the time of the inspection.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff. A staff member commented, "Get our temperature taken twice a day, gives you peace of mind."

We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE (personal protective equipment). PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

Visiting arrangements were pre-arranged with staff and an area in the home had been designated for visiting. The location of the area meant that visitors were not walking through the main home and this minimised the potential health risk for other patients and staff.

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, a lounge, dining areas and storage areas.

The majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction

Due to the current pandemic environmental work in the home was either suspended or prioritised to essential maintenance. However, we observed a bath in one of the bathrooms which was 'scored' and should be resurfaced and the carpeting in some areas of the home was taped together. This has been identified as an area for improvement.

The fire risk assessment was dated July 2020. There were no recommendations made as a result of this assessment. We reviewed the record of staffs' attendance at fire drills. The records indicated that the last fire drill took place in September 2020 and that fire drills take place every two weeks.

6.2.3 Care delivery

We observed that patients looked well cared for; they were generally well groomed and nicely dressed. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Patients who were in bed appeared comfortable, personal care needs had been met and call bells were placed within easy reach for those patients. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by patients included:

- “They’re very good to me here, I like it.”
- “Couldn’t be any better.”
- “I think the staff are wonderful, I keep them going and they keep me going too.”
- “It’s excellent here, I would give it 12 out of 10, there’s always someone coming in and out so the day goes quickly.”
- “Very good here, staff are pleasant and come quite quickly when I call for them.”
- “Staff are friendly; they’re lovely, just like family.”

There were no questionnaires completed and returned to RQIA by patients or their representatives.

We met with a relative of a patient. The relative was very appreciative of staff and commented:

- “I’m more than happy with the home, I really know them all (staff), and each and everyone is just great.....my relatives health has improved since coming here, now comes out of the bedroom for the activities in the afternoon, wouldn’t have done that before, my relative has gotten their confidence back.”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting had been suspended due to the current pandemic. The care staff assisted patients to make phone calls with their families in order to reassure relatives, (where possible). As previously discussed, arrangements had been in place on a phased appointment basis to facilitate relatives visiting their loved ones at the home. It was the 100th birthday of a patient and we observed staffs efforts to celebrate this milestone and maintain COVID -19 restriction guidance regarding personal protective equipment and social distancing.

The manager informed us that staff had reached out on social media explaining that visits from families and friends had ceased for patients during ‘lockdown’. Patients subsequently received a substantial amount of letters, pictures and drawings from people throughout Northern Ireland and these were gladly received and discussed by patients during the activities sessions in the home.

Discussion with staff and a review of the activity programme showed that arrangements were in place to meet patients’ social, spiritual and recreational needs. The planned activities programme was displayed on both floors of the home. The personal activities leader (PAL) had worked in the home for a number of years and we observed that she was well known and welcomed by patients.

We observed the serving of the lunchtime meal and found this to be a pleasant and unhurried experience for patients. Social distancing was maintained in the dining room and lounge areas during the mealtime. Staff were helpful, attentive and demonstrated their knowledge of patients’ dietary preferences, for example a patient preferred to have their soup in a ‘mug’ instead of a soup bowl and this was accommodated by staff.

6.2.4 Care records

We reviewed three care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. The records were written in a professional manner and used language which was respectful of patients.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

However, the rising and retiring preferences of patients were not stated in the care records viewed. As a small number of patients are assisted by night staff in the morning, at the patients' request, this information should be clearly stated in care plans. We also discussed the need for care planning regarding any specific behavioural traits displayed by patients. This has been identified as an area for improvement.

Review of the progress notes and evaluations of care confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting patients' needs, as prescribed and or required.

6.2.5 Governance and management arrangements

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retains oversight of the home. All staff and patients spoken with commented positively about the manager and described her as supportive and approachable. A staff member commented: "The manager is very good, very approachable and gets things done."

There were numerous 'thank you' cards displayed and comments included:

- "Thank you so much for trying your hardest to keep our relative and all the residents safe, you are doing a great job.
Relative- March 2020
- "As a family we cannot thank you all enough for your diligence, commitment and kindness as you care for all your patients....from the first day our relative has felt at home, cared for and respected in her person and dignity."
Relative- April 2020

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We reviewed the reports of accidents and incidents. We noted where an unwitnessed fall had occurred and medical attention was sought. We discussed the management of unwitnessed falls and the manager clearly defined staffs response in relation to any fall which may happen.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. The manager stated that there were no adult safeguarding investigations on-going at the time of the inspection.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the home's own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately and that complainants were satisfied with the outcome of the action taken to address the issues raised. The complaints record and governance documents viewed evidenced that these records were routinely reviewed by senior management when completing the monthly quality monitoring visits.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of the visits for July, August and September 2020 were reviewed. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

Areas of good practice

Evidence of good practice was found in relation to promoting the health and wellbeing of patients. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

Areas for improvement

Areas for improvement were identified in relation to the environment and the care planning process.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Throughout the inspection, patients within the home were attended to by staff in a respectful manner. The environment was clean, homely and tidy. Feedback from patients and a patient's representative evidenced that they were very satisfied with the standard of care being provided. Two areas for improvement were identified regarding the environment and the care planning process.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Karen Blair, 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2020</p>	<p>The registered person shall ensure that the environment of the home is maintained in accordance with infection prevention and control guidance regarding:</p> <ul style="list-style-type: none"> • resurfacing the bath in the identified bathroom • carpeting in the home should not evidence the remedial use of tape <p>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken: This has been passed to Estates Manager and Regional Manager and Capex submitted.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2020</p>	<p>The registered person shall ensure that patients care records and care plans reflect:</p> <ul style="list-style-type: none"> • patients preferred time of rising and retiring • any specific behavioural traits displayed by patients <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: Care plans and record reflect residents preferred rising and retiring times, where appropriate. Discussed documentation of behaviour traits and are now more accurately reflected.</p>

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



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