

Inspection Report

9 September 2022



Woodgrove

Type of service: Nursing Home
Address: 67 Hillsborough Road, Lisburn, BT28 1JN
Telephone number: 028 9260 7302

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Beaumont Care Homes Limited Registered Person: Mrs Carol Cousins	Registered Manager: Mrs Dawn Grady – not registered
Person in charge at the time of inspection: Mrs Dawn Grady	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
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 32 patients. Patients' bedrooms are located over two floors. Patients have access to communal lounges and the dining room.	

2.0 Inspection summary

An unannounced inspection took place on 9 September 2022 from 09.50 am to 5.45 pm by a care inspector.

The focus of this inspection was to assess the day to day operation of the home since Beaumont Care Homes Ltd became the owner and registered provider in July 2022. The inspection also assessed progress since the last inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to maintaining good working relationships.

Seven areas for improvement have been identified in relation to staffing arrangements, moving and handling, infection prevention and control, refurbishment plans and staff supervision and appraisal. The total number of areas for improvement includes one Regulation and one Standard which are carried forward for review at the next inspection.

The home was found to be clean, tidy, well-lit and comfortably warm.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, relatives and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

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 registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

The findings of the inspection were discussed with Mrs Dawn Grady, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with five patients individually, small groups of patients in the dining room, two patients' relatives and seven staff. Patients told us that they felt well cared for, enjoyed the food and that staff were attentive. Patients' relatives said they were happy with the standard of care their loved one received. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection we received no patient, patient representative or staff questionnaires within the timescale specified.

A patients' relative spoken with commented:

"The staff are attentive and brilliant and I couldn't fault the care. It was her choice to live here and she never regrets it."

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"Thank you for looking after our Mother. Not once were we worried for her as your kindness, compassion and devotion is obvious for all to see."

5.0 The inspection

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

Areas for improvement from the last inspection on 16 May 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that nursing staff consistently comment on the patient's neurological status in their daily evaluations following a head injury/unwitnessed fall. Patient's care plans should be updated to reflect their assessed needs following a fall.	Met
	Action taken as confirmed during the inspection: Review of records evidenced that nursing staff consistently comment on the patient's neurological status in their daily evaluations following a head injury/unwitnessed fall. Patient's care plans were updated to reflect their assessed needs following a fall.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: Second time</p>	<p>The registered person shall provide adequate means of escape by ensuring combustible items are not inappropriately stored under stairwells.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of the environment evidenced that combustible items are not inappropriately stored under stairwells.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene • appropriate use of hypochlorite solution • staff knowledge and training regarding the use of cleaning chemicals. <hr/> <p>Action taken as confirmed during the inspection: Review of the infection prevention and control issues identified on inspection and discussion with staff evidenced they are managed to minimise the risk and spread of infection.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the controlled drug record book is fully completed, reconciliation checks are robust and controlled drugs are administered in accordance with best practice guidelines.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 4.8 Stated: Second time	The registered person shall ensure that patients care records and care plans reflect: <ul style="list-style-type: none"> patients preferred time of rising and retiring any specific behavioural traits displayed by patients 	Met
	Action taken as confirmed during the inspection: Review of a selection of records evidenced that patients care records and care plans reflect: <ul style="list-style-type: none"> patients preferred time of rising and retiring any specific behavioural traits displayed by patients 	
Area for improvement 2 Ref: Standard 39.9 Stated: First time	The registered person shall ensure that mandatory training requirements are met.	Met
	Action taken as confirmed during the inspection: Review of mandatory training records evidenced that requirements are met.	
Area for improvement 3 Ref: Standard 21.1 Stated: First time	The registered person shall ensure wound assessments and evaluations should be completed in keeping with best practice guidance. Daily progress notes should consistently comment on the patient's skin condition if they have a wound.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 4 Ref: Standard 30 Stated: First time	The registered person shall ensure that the medicine refrigerator temperature is maintained within the required range of 2-8°C.	Met
	Action taken as confirmed during the inspection: Observation of the new medicine refrigerator and records kept evidenced the temperature is maintained within the required range of 2-8°C.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

Staff said there was good team work and that they felt supported in their role. Staff also told us that they had concerns that staffing levels were inadequate during the afternoon shift in order to efficiently meet the assessed needs of more dependent patients over both floors. Review of records regarding patient dependency levels and examination of the staff duty rota confirmed that on occasion the afternoon shift required more care staff support. This was discussed with the manager and an area of improvement was identified.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2022 evidenced that staff had attended training regarding first aid, moving and handling, adult safeguarding, falls and fracture prevention, infection prevention and control (IPC) and fire safety. Review of records evidenced that employed staff had received training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) level 2. The manager advised that arrangements had been made for all trained staff to complete (DoLS) level 3 training.

Staff told us they were aware of individual patients' wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

5.2.2 Care Delivery and Record Keeping

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'

individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Review of care records regarding sleeping/rising/retiring, mobility and patients at risk of falls showed that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted that they were well recorded for a period of twenty-four hours in line with post fall protocol and current best practice.

Staff told us they had concerns regarding the moving and handling of an identified patient. This was discussed with the manager who agreed to undertake a risk assessment to review the floor covering in the patient's bedroom in order to ensure any adjustments required are actioned. An area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable about individual patients' needs including, for example, their daily routine preferences. Staff respected patients' privacy and spoke to them with respect. It was also observed that staff discussed patients' care in a confidential manner and offered personal care to patients discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the serving of the lunchtime meal in the main dining room. The daily menu was displayed on a chalk board showing patients what is available at each mealtime. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Patients able to communicate indicated that they enjoyed their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting them to make these choices. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place. Equipment used by patients such as walking aids and hoists were seen to be clean and well maintained.

Observation of the environment evidenced that door frames throughout the home were scratched. Carpet on the first floor corridor was seen to be stained and repaired with adhesive tape. The carpet in three patients' bedrooms was also stained. A malodour was noted in two of the bedrooms; this was identified as an area for improvement. A refurbishment action plan regarding replacement carpets/flooring and décor was requested by RQIA and an area for improvement was identified.

The treatment room and sluice rooms were observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home.

Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DOH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the notice board advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities. After lunch patients were observed in the lounge enjoying a quiz with staff.

A patient spoken with commented:

"There's always something going on. I really enjoy painting and attending the quizzes".

Staff recognised the importance of maintaining good communication between patients and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been a change of registered provider. Mrs Dawn Grady has been manager of the home since 20 April 2022. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff members were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Competency/capability assessments had been completed for trained staff in relation to the administration of medication. We reviewed a selection of completed assessments and found them to be satisfactory.

Records regarding staff supervision and appraisal were unavailable to view. This was discussed with the manager who confirmed that staff supervision and appraisal had not commenced for 2022 and that she was currently working on staff supervision and appraisal schedules and development plans. An area for improvement was identified.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents and infection prevention and control (IPC) practices, including hand hygiene.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin and their care manager and appropriate action had been taken.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Mrs Dawn Grady, Manager, was identified as the appointed safeguarding champion for the home. Staff members spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

The home was visited each month by a representative of the registered provider 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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

The manager advised that no complaints had been raised since she commenced post and systems were in place to ensure that complaints were managed appropriately. Patients, patients' representatives and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

The manager advised that patient and staff meetings were held on a regular basis.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive and approachable.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	3*	4*

* the total number of areas for improvement includes two which are carried forward for review at the next inspection.

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of inspection onwards	The registered person shall ensure that the controlled drug record book is fully completed, reconciliation checks are robust and controlled drugs are administered in accordance with best practice guidelines.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 20 Stated: First time To be completed by: From the date of inspection onwards	The registered person shall ensure that having regard to the size of the nursing home, the statement of purpose and the number and needs of patients, that at all times suitably qualified, competent and experienced persons are working in such numbers as are appropriate for the health and welfare of patients. Ref: 5.2.1
	Response by registered person detailing the actions taken: The review of current staffing model in line with resident dependency is undertaken monthly as a minimum. Where the dependency tool indicates an alternative staffing model is required this will be escalated to the Operations Manager and Director of Operations for discussion who will review the specific influencing factors. As a result of the most recent review an additional 4 hours from 2pm – 6pm has been implemented and will kept under review.
Area for improvement 3 Ref: Regulation 14 (3) Stated: First time To be completed by: From the date of inspection onwards	The registered person shall ensure that a risk assessment, to include the appropriateness of the floor covering, is completed for the identified patient to ensure that their moving and handling needs are safely met. Ref: 5.2.2
	Response by registered person detailing the actions taken: In conjunction with the Estates team, the corridor and bedroom flooring identified at inspection has been reviewed and has been quoted for replacement. These works are recorded on the Home's refurbishment plan submitted with the QIP.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 21.1 Stated: First time To be completed by: From the date of inspection onwards	The registered person shall ensure wound assessments and evaluations should be completed in keeping with best practice guidance. Daily progress notes should consistently comment on the patient's skin condition if they have a wound.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 44.1 Stated: First time To be completed by: From the date of inspection onwards	The registered person shall ensure that action is taken without delay to address and eliminate the malodours in the identified bedrooms. Ref 5.2.3
	Response by registered person detailing the actions taken: The flooring in a number of bedrooms where malodours were identified have already been replaced with further replacement flooring outlined in a separate action plan.
Area for improvement 3 Ref: Standard 44.1 Stated: First time To be completed by: 24 February 2023	The registered person shall ensure that a refurbish plan is put in place to ensure that the décor in the home is maintained to an acceptable standard. A copy of the refurbishment plan will be provided to RQIA. Ref: 5.2.3
	Response by registered person detailing the actions taken: A refurbishment plan will be outlined in a separate action plan. This will be agreed with the Estates team and a copy submitted to RQIA with the QIP.
Area for improvement 4 Ref: Standard 40 Stated: First time To be completed by: From the date of inspection onwards	The registered person shall ensure that staff are supervised and their performance appraised to promote the delivery of quality care and services and a record is kept. Ref: 5.2.5
	Response by registered person detailing the actions taken: Staff appraisals will be updated and led by head of department with the aim of completing by the end of 2022. This will be monitored through the monthly Regulation 29 Report.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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