

Inspection Report

24 August 2021



Woodgrove

Type of service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Mrs Natasha Southall	Registered Manager: Ms Karen Blair Date registered: 18 December 2020
Person in charge at the time of inspection: Ms Karen Blair – Registered manager	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 29 patients. The home is located over three floors with patient’s bedrooms located on the first and second floor.	

2.0 Inspection summary

An unannounced inspection took place on 11 August 2021 from 9.50 am to 4.30 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Six new areas requiring improvement were identified during this inspection and one area for improvement was stated for a second time. This is discussed within the main body of the report and Section 7.0.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Woodgrove was provided in a compassionate and well led manner.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, staff and relatives were asked for their opinion on the quality of the care and their experience of living, visiting or working in Woodgrove. 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 regional manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with eight patients, five staff and one visiting professional. No questionnaires were returned and we received no feedback from the staff online survey.

Patients spoke highly of the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff.

Staff acknowledged the challenges of working through the COVID – 19 pandemic but all staff agreed that Woodgrove was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

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 8 October 2020		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for Improvement 1 Ref: Standard 44.1 Stated: First time	The registered person shall ensure that the environment of the home is maintained in accordance with infection prevention and control guidance regarding: <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 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Standard 4.8 Stated: First 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 	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post. All staff were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. Review of records confirmed all but two of the staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so. The manager confirmed the outstanding assessments would be completed prior to the staff member taking charge of the home.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. The majority of training during the COVID-19 pandemic had been completed electronically. Review of training compliance records identified improvements in mandatory training uptake was required, particularly in relation to fire training. An area for improvement was identified.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff were able to correctly describe their roles and responsibilities regarding adult safeguarding although some staff confirmed they had not completed training with regards to Deprivation of Liberty Safeguards (DoLS). This was discussed with the manager who agreed to review this. This will be reviewed at a future care inspection.

Staff said they felt well supported in their role and the level of communication between staff and management. Staff reported good team work and said when planned staffing levels were adhered to they had no concerns regarding the staffing levels. However, staff consulted were not satisfied that there were sufficient staff numbers on occasions when staff sickness was not covered at short notice. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Patients spoke highly about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner. The visiting professional spoken with expressed no concerns regarding staffing arrangements in the home.

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 patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

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. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning records evidenced minor deficits in record keeping. Review of personal care and topical medicine administration records identified further minor deficits in record keeping. This was discussed with the manager who agreed to meet with staff and monitor completion of these records through an audit.

Deficits were identified regarding the management of wound care. Review of care records for two identified patients evidenced that wound assessments and evaluations were not consistently completed after the wounds were redressed. In addition, daily progress notes did always comment on the patient's skin condition. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce that risk were put in place, for example, through use of an alarm mat. Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Review of the management of one fall evidenced appropriate actions were not consistently taken following the fall in keeping with best practice guidance. Examination of care records confirmed that registered nursing staff did not update the patient's care plan after the fall to reflect their assessed need. In addition, daily evaluation records did not consistently comment on the patient's neurological status. An area for improvement was identified.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used. It was good to note that, where possible, patients were actively involved in the consultation process associated with the use of restrictive interventions and their informed consent was obtained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to residents' dining needs in a caring and compassionate manner while maintaining written records of what residents had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided; one patient told us the cook was very good at accommodating a choice in meals.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. It was pleasing to note that many of the care plans reviewed were patient centred and evidenced involvement of the patient and/or their family. The rising and retiring preferences of patients were identified as an area for improvement at the last care inspection. Although improvements were noted in some of the care records viewed, it was noted that some records did not contain this information. This area for improvement was stated for a second time.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them. From review of records it was not clear that registered nursing staff had oversight of activity care plans prepared by the Personal Activity Lead (PAL). This was discussed with the manager who agreed to meet with registered nursing staff and monitor completion of activity care plans.

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

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. There were no malodours detected in the home

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. The lounges were arranged in such a way that patients could safely socially distance; although the dining areas were not. This was discussed with the manager who agreed to reconfigure the dining area to facilitate social distancing.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 17 June 2021. Inappropriate storage of combustible items was observed under one stairwell. This was discussed with the manager who agreed to have the items stored appropriately. An area for improvement was identified.

A number of risks to the health, welfare and safety of patients were identified. These included:

- food and fluid thickening agent was stored in areas accessible to patients
- the treatment room was observed to be unlocked with access to medicines
- a domestic cleaning trolley was unsupervised allowing potential patient access to substances hazardous to health.

These incidents were discussed with staff who took necessary action to mitigate any risk. An area for improvement was identified.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE). There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE although hand sanitiser.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Hypochlorite cleaning solution was observed to be used inappropriately and was not diluted in keeping with manufacturer's guidance. Staff spoken with required additional training regarding management of cleaning chemicals. An area for improvement was identified.

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, some patients told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals and socialise in the lounge.

Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV. Patients spoke fondly about the PAL. One patient told us they do exercises with the PAL while another said they really enjoyed the quizzes. The PAL said they did a variety of one to one and group activities to ensure all patients had some level of activity.

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.

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.

There has been no change in the management of the home since the last inspection. Ms Karen Blair has been the registered manager in this home since 18 December 2020.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good. Given the deficits identified in the care records regarding wound management and IPC, the manager agreed to increase audit activity around care records and the IPC opportunities observed.

Review of records confirmed that systems were in place for staff supervision; although it was not clear if all staff had received an annual appraisal. This was discussed with the manager who agreed to prioritise staff appraisals and arrange for outstanding staff to receive clinical supervision. This will be reviewed at a future care inspection.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were generally well managed correctly and reported appropriately. Review of records identified one notifiable event which had not been reported. This was submitted retrospectively.

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. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Patients were observed to be comfortable in their surroundings and were attended to by staff in a timely and effective manner. Patients' dignity was maintained throughout the inspection and staff were observed to be polite and respectful to patients and each other.

New areas requiring improvement were identified in relation to falls management, ensuring adequate means of escape, management of risk, infection prevention and control practices, mandatory training and wound management. One area for improvement regarding patients preferred time of rising and retiring was stated for a second time.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing care in a compassionate and well led manner. Compliance with the areas for improvement identified will further enhance the service provided.

7.0 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	4	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Karen Blair, Registered 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Supervisions undertaken with all RN's by Deputy Manager. Checklist altered to include progress notes and oversight by Home Manager until embedded in practice.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall provide adequate means of escape by ensuring combustible items are not inappropriately stored under stairwells.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Stairwells cleared. Maintenance Person to check on daily walkabout. Home Manager to carry out spot checks until embedded in practice.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure unnecessary risks to the health, welfare and safety of patients are identified and so far as possible eliminated. This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • domestic trolleys are not left unsupervised with access to cleaning chemicals • the treatment room should be locked at all times • food and fluid thickening agent and cleaning chemicals should be securely stored. <p>Ref: 5.2.3</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>Response by registered person detailing the actions taken: Raised at staff meeting, Health and Safety and Clinical Governance meetings. On Flash meetings for week to cover all staff.</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. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Supervisions have been carried out for the appropriate grades of staff in respect of all areas highlighted above.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4.8 Stated: Second time To be completed by From the date of the inspection onwards	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 Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: All care records checked and rising and retiring times are now reflected. Behavioural charts and care plans have been put in place where a need is identified.
Area for improvement 2 Ref: Standard 39.9 Stated: First time To be completed by From the date of the inspection onwards	The registered person shall ensure that mandatory training requirements are met. Ref: 5.2.1
	Response by registered person detailing the actions taken: 3 staff have been identified as requiring to update their mandatory training, have been issued letters and a timescale for the end of November has been given to ensure this is completed.
Area for improvement 3 Ref: Standard 21.1 Stated: First time To be completed by: From the date of the 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. Ref: 5.2.2
	Response by registered person detailing the actions taken: Following discussion with RN's, simple wound dressings moved to night staff to facilitate full documentation. Oversight by Deputy Manager. Home Manager maintains oversight of grade 3 or above.

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