



The Regulation and
Quality Improvement
Authority

Woodgrove
RQIA ID: 1310
67 Hillsborough Road
Lisburn
BT28 1JN

Inspector: Sharon McKnight
Inspection ID: IN021936

Tel: 0289260 7302
Email: woodgrove@fshc.co.uk

**Unannounced Care Inspection
of
Woodgrove**

9 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

Summary of Inspection

An unannounced care inspection took place on 9 September 2015 from 09 00 to 16 00 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern with regard to care delivery; however, areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 19 February 2015.

Actions/Enforcement Resulting from this Inspection

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

1.2 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Leah Waddell, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Healthcare	Registered Manager: Leah Waddell
Person in Charge of the Home at the Time of Inspection: Leah Waddell	Date Manager Registered: 29 January 2015
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 32
Number of Patients Accommodated on Day of Inspection: 26	Weekly Tariff at Time of Inspection: £593.00 - £613.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

On the 9 July 2015 RQIA received an anonymous letter which raised concerns regarding care delivery and staffing. Following discussion with senior management it was agreed that the concerns would be shared with Four Seasons Healthcare for investigation. Following investigation assurances were provided to RQIA in the form of an action plan which detailed the action required to be taken and by when. The action plan was reviewed during this inspection and all of the planned actions had been fully completed.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with registered manager
- discussion with staff
- discussion with patients
- discussion with relatives
- review of records
- observation during a tour of the premises
- evaluation and feedback

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and QIP

During the inspection, the inspector met with 12 patients, one registered nurse, four care staff, the personal activity leader (PAL) and three patient's visitors/representatives.

The following records were examined during the inspection:

- four patient care records including care charts
- policies and procedures regarding communication, death and dying, palliative and end of life care
- staff training records
- staff duty rotas
- record of complaints and compliments

The Inspection

4.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 19 February 2015. The completed QIP was returned and approved by the care inspector.

4.2 Review of Requirements and Recommendations from the last care (same specialism) Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 (1) (a) & (b)</p> <p>Stated: First time</p>	<p>The registered person must review the delivery of care in the home to ensure that:</p> <ul style="list-style-type: none"> patients receive their breakfast in a timely manner there is meaningful supervision of patients throughout the serving of breakfast medicines are administered as close to the prescribed time as possible and that appropriate dosage intervals are observed <p>This review must include the deployment of staff between 08 00 and 11 00 hours.</p> <p>Action taken as confirmed during the inspection: Observations made during this inspection evidenced that breakfast was served in a timely manner, staff were deployed to provide meaningful supervision and the morning medication round was completed by 10:15 hours. This requirement has been met.</p>	Met
<p>Requirement 2</p> <p>Ref: Standard 20 (1) (c) (i)</p> <p>Stated: First time</p>	<p>The registered manager must ensure that staff receive training in the management of healthcare associated infections and that this training is embedded into practice.</p> <p>Action taken as confirmed during the inspection: Review of training records evidenced that staff had received training in the management of healthcare associated infections. Review of audit records evidenced that regular audits were undertaken which included the use of personal protective equipment and hand hygiene. Audit records included areas identified for improvement, the action taken and re-audit to check for compliance. This requirement has been met.</p>	

4.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

Policy guidance for staff was available on communicating effectively. A copy of the DHSSPS regional guidance on breaking bad news was available in the home.

A sample of training records evidenced that staff had not completed formal training in relation to communicating effectively with patients and their families/representatives. However, discussion with the registered manager, nursing and care staff confirmed that staff were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication. Staff spoken with, were knowledgeable and experienced in communicating with patients and their representatives.

Is Care Effective? (Quality of Management)

Four care records evidenced that patients' individual needs and wishes in respect of aspects of daily living were appropriately recorded. However, there was limited evidence that end of life issues were discussed with the exception of 'Do Not Attempt Resuscitation' (DNAR) directives. This is discussed further in section 5.4.

Care records made reference to the patients' specific communication needs including sensory and cognitive impairment. There was evidence within the care records that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

The registered manager and registered nurse demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past. Care staff considered the breaking of bad news to be the responsibility of the registered nursing staff but felt confident that, should a patient choose to talk to them about the diagnosis or prognosis of illness, they would have the necessary skills to do so.

Is Care Compassionate? (Quality of Care)

Patients were observed to be treated with dignity and respect by all grades of staff. There were a number of occasions observed when patients were assisted by nursing and care staff in a professional and compassionate manner which ensured the patients' dignity was maintained. There was evidence of good relationships between patients and staff.

Patients spoken with all stated that they were 'very happy' with the quality of care delivered and with life in the home.

Patients and their representatives consulted were complimentary of staff and the care provided. Good relationships were evident between staff and the patients and visitors.

Compliment cards and letters are retained by the home. Review of these indicated that relatives were appreciative of the care provided by the home.

Areas for Improvement

There were no areas for improvement identified with this standard.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	---	-----------------------------------	---

4.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative end of life care and death and dying were held in the Palliative and End of Life Care Manual which was available in the home in draft form. These documents were currently under review by Four Seasons Health Care to ensure that they were reflective of best practice guidance such as Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013. A recommendation has been made.

A copy of the GAIN Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013 and DHSSPS Living Matters Dying Matters, A Palliative and of Life Care Strategy for Adults in Northern Ireland, March 2010 were available in the home.

A policy and procedure on the management of death and dying was available and reflected best practice guidance. The management of the deceased person's belongings and personal effects was included in the policy and procedure. Staff spoken with, were knowledgeable of the procedure and who has responsibility for ensuring the deceased person's belongings are treated with respect.

Three registered nurses were identified as link workers in palliative care and attended regular palliative care link nurse meetings arranged by the local health and social care trust.

Training records evidenced that staff had received training in palliative and end of life care. The registered manager confirmed that registered nurses had received training in the management of syringe drivers and that support to manage these was provide by district nursing and the palliative care nurses within the local health and social care trust. Training in bereavement and support was planned for 28 September 2015 with staff allocated to attend.

Discussion with staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the registered manager, a registered nurse and care staff evidenced that staff were knowledgeable in identifying when a patient's condition was deteriorating or nearing end of life and the appropriate actions to take. Arrangements were in place for timely access to specialist equipment. Discussion with the registered manager and registered nurses confirmed their knowledge of the procedure.

Is Care Effective? (Quality of Management)

Review of care records and discussion with the registered manager and registered nurse evidenced that death and dying arrangements were identified as part of the needs assessment completed for each patient. The care records did not contain specific details of the patients' assessed needs or wishes with regard to end of life care. Examples of comments recorded in the section entitled "Palliative and end of life needs" included:

"no specific requirements at present"

"DNAR signed".

The registered manager and registered nurse acknowledged that, whilst some discussion had taken place regarding the wishes of patients and relatives with the DNAR directives, there was a need to create further opportunities to discuss end of life care in greater detail; in particular in the event of patients becoming suddenly unwell.

Whilst the inspector acknowledges there will be occasions when patients and/or their relatives do not wish to discuss end of life care, opportunities, to discuss end of life care, should be created by the registered nurses and any expressed wishes of patients and/or their representatives formulated into a care plan for end of life care. A recommendation was made.

Discussion with a registered nurse and four care staff evidenced that environmental factors, which had the potential to impact on patient privacy, for example shared rooms, had been considered. Staff confirmed that facilities were made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support were been provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that these were reported appropriately.

Is Care Compassionate? (Quality of Care)

The religious, spiritual or cultural need of the patients had been identified but there was no evidence of consideration of these areas in respect of end of life care. Discussion with patients and staff evidenced that arrangements were in place on a day to day basis to meet patients' religious and spiritual needs within the home.

Arrangements were in place in the home to facilitate family and friends to spend as much time as they wish with the patient who was ill or dying. Staff discussed openly a number of recent deaths in the home and how the home had been able to support the family members in providing refreshments and facilitating staying overnight with their loved ones.

From discussion with the registered manager, six staff and a review of the compliments record, there was evidence that there were sound arrangements in the home to support relatives during this time. Numerous compliments had been received by the home from relatives and friends of former patients. The following are some comments recorded in thank you cards received:

“Thank you all so much for the love and kindness shown to mum during her four years with you. Thanks also for the support you provided to us as a family during the final days of mum’s life.”

“Thank you for the time my father spent in Woodgrove Nursing Home. To all who helped in anyway and to those girls who attended the service on behalf of Woodgrove.”

“Thank you all so very much for taking such good care ofover the last year but particularly over the last couple of very difficult weeks.”

Areas for Improvement

To ensure that staff knowledge and care delivery is reflective of best practice in palliative and end of life care it was recommended that when the updated palliative and end of life care manual is issued by Four Seasons Health Care that staff receive an induction/training on the content.

It was recommended that further opportunities, to discuss end of life care, are created by the registered nurses. Any expressed wishes of patients and/or their representatives should be formulated into a care plan for end of life care. This should include any wishes with regard to the religious, spiritual or cultural need of patients’.

Number of Requirements:	0	Number of Recommendations:	2
--------------------------------	----------	-----------------------------------	----------

4.5 Additional Areas Examined

4.5.1. Staffing

Review of the duty roster for a three week period evidenced that there were a significant number of days when there was one registered nurse on duty from 08 00 – 20 00 hours. This was discussed with the registered manager who explained that there was a total of 89 registered nurse hours vacant per week; 44 hours for a permanent registered nurse and 39 hours temporarily due to planned to leave.

The registered manager was due to go on planned leave in the next few weeks and, on the day of inspection, there were no confirmed arrangements to replace her. It was required in accordance with Regulation 20(1)(a) of The Nursing Homes Regulations (Northern Ireland) 2005 that there are sufficient staff to meet the health and welfare of patients. RQIA required assurances that there were robust systems in place to ensure that staffing vacancies were filled in a timely manner; therefore the identified staff vacancies were discussed with the regional manager at the conclusion of the inspection and it was agreed that an action plan, including timescales to ensure the adequate provision of registered nurses and details of the management arrangements in the absence of the registered manager, would be submitted to RQIA by 23 September 2015.

Discussion took place with 12 patients individually and with the majority of others in smaller groups. Comments from patients regarding the quality of care, food and in general the life in the home were very positive. Patients did not raise any issues or concerns about care delivery in the home.

Three patients' representatives confirmed that they were happy with the standard of care and communication with staff in the home.

Staff commented positively with regard to staffing and the delivery of care. Staff were knowledgeable regarding their patient's needs, wishes and preferences.

Ten questionnaires were issued to nursing, care and ancillary staff. None were returned prior to the issue of this report.

4.5.2. Environment

The room currently used by the hairdresser was previously designated as a bathroom. Following an inspection in December 2013 a variation was submitted to RQIA for change of room from a bathroom to a dedicated hairdressing room. This planned work had not been completed. During this inspection the hairdresser was working in the home and the following issues were observed:

- due to the absence of wall sockets in the bathroom there was an extension lead with a number of items of equipment plugged into it. This resulted in numerous flexes and cables creating a potential trip hazard.
- there was nowhere for the hairdresser to set equipment such as the hairdryer or curling tongs.

These issues were discussed with the registered manager who confirmed that the refurbishment had previously been approved, however the work had not commenced. The planned refurbishment had been raised by the registered manager with her line manager during the monthly visits in keeping with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Following discussion with the regional manager RQIA received confirmation by email on 11 September 2015 that funding had been authorised. In keeping with health and safety it was recommended that the planned refurbishment of the bathroom to a dedicated hairdressing room is completed without further delay to ensure that the home environment is safe. A timescale for completion of the planned work should be submitted to RQIA by 7 October 2015.

5. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Leah Waddell, registered manager and Ruth Burrows, regional manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 23 September 2015</p>	<p>The registered person must ensure that there are sufficient staff to meet the health and welfare of patients.</p> <p>An action plan, including timescales to ensure the adequate provision of registered nurses and details of the management arrangements in the absence of the registered manager must be submitted to RQIA by 23 September 2015.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Staffing is in line with guidelines and occupancy and is reviewed continually to ensure adequate staffing is on duty to meet the needs of the residents. Recruitment for Staff Nurses continues. The Regional Manager has discussed the Management arrangements for the Home with the Inspector.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 36.2</p> <p>Stated: First time</p> <p>To be Completed by: 21 October 2015</p>	<p>It is recommended that when the updated Palliative and end of life care manual is issued by Four Seasons Healthcare staff receive an induction/training on the content to ensure their knowledge and care delivery is reflective of best practice in palliative and end of life care.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The date for receipt is not yet confirmed however once it is received at home level then it will be introduced to all staff through staff supervision and Clinical Governance meetings.</p>
<p>Recommendation 2</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be Completed by: 21 October 2015</p>	<p>It is recommended that further opportunities, to discuss end of life care, are created by the registered nurses. Any expressed wishes of patients and/or their representatives should be formulated into a care plan for end of life care. This should include any wishes with regard to the religious, spiritual or cultural need of patients'.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Staff discuss end of life care with all residents and/or their representatives when it is deemed appropriate. All wishes expressed will be incorporated into a separate care plan.</p>
<p>Recommendation 3</p> <p>Ref: Standard 47.1</p> <p>Stated: First time</p> <p>To be Completed by: 4 November 2015</p>	<p>It is recommended that the planned refurbishment of the identified bathroom to a dedicated hairdressing room is completed.</p> <p>A timescale for completion of the planned work should be submitted to RQIA by 7 October 2015.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Work commenced on the room on 23rd October. It is hoped all work will be completed by 2nd November 15.</p>

Registered Manager Completing QIP	Linda Graham	Date Completed	19.10.15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	28.10.15
RQIA Inspector Assessing Response	Sharon McKnight	Date Approved	2-11-15

Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address