



# Unannounced Follow-up Care Inspection Report 10 January 2019



## Woodgrove

**Type of Service: Nursing Home (NH)**  
**Address: 67 Hillsborough Road, Lisburn BT28 1JN**  
**Tel No: 02892 607302**  
**Inspector: Lyn Buckley**

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home which is registered to provide nursing care for up to 32 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Karen Blair
<b>Person in charge at the time of inspection:</b> Karen Blair – registered manager	<b>Date manager registered:</b> 18 December 2018
<b>Categories of care:</b> 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.	<b>Number of registered places:</b> 32

### 4.0 Inspection summary

An unannounced care inspection took place on 10 January 2019 from 11.00 to 13.50 hours.

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.

The inspection focused on assessing the level of the progress and/or compliance with the areas for improvement identified during the last unannounced care inspection on 1 August 2018.

We can confirm that all areas of improvement identified during the August 2018 inspection have been met.

There were no areas for improvement identified during this inspection.

Patients, one relative and staff all commented positively regarding the care provided, the staffing arrangements, the registered manager's support and the activities provided for Christmas.

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
<b>Total number of areas for improvement</b>	0	0

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

## 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 1 August 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent 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 we met with six patients individually and with others in groups, one patient's relative and six staff.

The following records were examined during the inspection:

- nursing and care staff duty rota from 31 December 2018 to 13 January 2019
- the home's complaints record
- compliments received by the home
- three patients' care records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 1 August 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated during this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 1 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 20 (1) (a) Stated: First time	The registered person shall review the planned staffing levels for the night duty shift in accordance with the assessed needs of the patients accommodated and the home's fire risk assessment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of the staff duty rotas evidenced that the number of staff on duty overnight had been increased following a review of the staffing levels and the delivery of care.  This area for improvement has been met.	
<b>Area for improvement 2</b> Ref: Regulation 24 Stated: First time	The registered person shall ensure that any expression of dissatisfaction raised is recorded and investigated as a complaint.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of the home's complaint record evidenced that complaints were managed in accordance with legislation and care standards.  This area for improvement has been met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (2) (l)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patient areas are not used to store patient equipment inappropriately; or that bedroom furniture is not used as storage in patient lounges.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and observation of the home's environment evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the identified bathroom floor is cleaned, resealed and maintained clean; and that single use syringes are not washed and reused to deliver liquid medicines.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and observation of the home's environment evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (4) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that any medicine which is kept in the home is stored in a secure place.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and observation of the home's treatment room and storage cupboards on the first floor corridor evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the ability of the home to safely and effectively meet the assessed needs of two identified patients in accordance with the home's registered categories of care and statement of purpose.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and observations evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>

<b>Area for improvement 7</b> <b>Ref:</b> Regulation 13 (1) <b>Stated:</b> First time	The registered person shall review the use of keypad locks on exit doors within the nursing home in conjunction with guidance from the Department of Health the deprivation of liberty safeguards (DoLs), human rights legislation and the home's registration categories.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and observations evidenced that this area for improvement has been met.  Patients had access to the code for the staircase keypad on the first floor and the home's lift did not require a key code to operate it.	

### 6.3 Inspection findings

#### 6.3.2 Consultation with stakeholders

We spoke with six patients individually and with others in groups, one patient's relative and six staff. All commented positively regarding the quality of the care delivered, the meals/menu provided, the home's activity programme and how effective communication was with the registered manager.

Patients' comments included:

- "I'm very content."
- "I enjoy the company, activities and I really enjoyed the Christmas dinner and party."
- "Staff are kind and attentive."
- "I have no issues with the food – there is a choice and it is tasty – mostly."
- "The staff and the manager are very supportive toward me."

Patients unable to communicate their opinion were observed to be relaxed and comfortable in one of the home's lounges or in their bedroom, in keeping with their preference and in their interactions with staff.

Discussion with one relative confirmed that they were very content with the care their loved one received and that staff provided the right care at the right time and kept him informed of any changes.

Staff spoken with commented positively regarding staffing levels and the support from the registered manager and stated "most definitely" that they provided safe, effective and compassionate care.

We also reviewed the compliments received by the home which included the following:

a thank you card dated 21 December 2018 stated “To all staff for your care and devotion and friendliness to our mum and the entire family circle...”

21 December 2018 – one family wrote to say that “the staff were more positive, care remains excellent, home looks more like a home, changes are brilliant! Entertainment has been great!”

28 December 2018 a relative wrote, expressing how much the home had changed...great atmosphere and that the staff “were always great.”

We also observed notice boards in the foyer providing patients and relatives with details of events and activities planned in the home for January 2019. There were also many photographs of patients, relatives and staff enjoying the various Christmas activities that had been planned.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.3 Environment

Observation of the home’s environment evidenced that it was clean, tidy, heated conformably throughout and that the décor had been improved in some of the communal areas. For example, a number of low levels lights, soft cushions and throws had been added to the lounge on the ground floor. Patients stated that they appreciated these changes.

Discussion with the registered manager confirmed that further changes to the home’s décor were planned.

Fire exits and escape routes were observed to be clear and free from obstruction. Infection prevention and control measures were adhered to.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

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





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