



The **Regulation** and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Woodgrove**

18 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 18 January 2016 from 10.10 to 14.30.

The focus of this inspection was to determine what progress had been made in addressing the recommendations made during the previous care inspection on 9 September 2016.

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; however, one area for improvement was identified and is set out in the Quality Improvement Plan (QIP) within 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 9 September 2016.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2*

*The total number of recommendations includes one stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with Daniel Oliveira, acting manager, 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 Health Care	Registered Manager: Leah Waddell
Person in Charge of the Home at the Time of Inspection: Daniel Oliveira, acting manager as Mrs Waddell is on extended leave.	Date Manager Registered: 28 October 2014
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: 24	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:

4. Methods/Process

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

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

The inspector met with seven patients individually, and with the majority of others in groups, two patients' relative, two registered nurses, three care staff, the personal activity leader (PAL), one domestic and the cook.

Prior to inspection the following records were analysed:

- 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

The following records were examined during the inspection:

- four patient care records
- staff training records
- staff duty rosters
- complaints and compliments records
- incident and accident records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 9 September 2016. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20 (1) (a) Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: Confirmation of the management arrangements was received by letter on 6 October 2015.</p> <p>The acting manager confirmed that a recruitment campaign had been undertaken and a number of registered nurses employed. There were no issue with staffing raised during this inspection.</p> <p>This requirement has been met.</p>	
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 36.2 Stated: First time	<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>	Not Met
	<p>Action taken as confirmed during the inspection: There were no records available to evidence that staff had received an induction/training on the content of the Palliative and end of life care manual. This recommendation is stated for a second time.</p>	

<p>Recommendation 2</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of care records evidenced that opportunities had been created to discuss end of life care. This recommendation has been met.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 47.1</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The planned refurbishment work had been completed and the home now has a dedicated hairdressing room. This recommendation has been met.</p>		

5.3 Additional Areas Examined

5.3.1 Comments of Patients, Patients’ Representatives and Staff

Discussion took place with seven patients individually and with the majority of others in smaller groups. Comments from patients regarding the quality of care, staff response to nurse call bells, meals and life in the home were positive. Patients did not raise any issues or concerns about care delivery in the home.

Two patients’ representatives spoken with confirmed that they were happy with the standard of care and communication with staff in the home.

Staff commented positively with regard to the delivery of care. Staff were observed to be responding promptly to the needs of patients. The relationships between staff and patients were friendly and relaxed. Discussion with the Personal activity leader (PAL) confirmed that a programme of activities was in place. The PAL explained that a lot of their time was now spent on one to one activities due to the changing needs of the patients. Group activities took place generally with the patients in the ground floor lounge. The PAL expressed an interest in undertaking training in activities for patients with dementia. This expression was shared with the acting manager.

There were processes within the home to obtain the opinion of patients and visitors on a daily basis through the "Quality of Life" programme established in the home. The acting manager had systems in place to review responses regularly and to address any suggestions or areas for improvement. One comment received by a visiting healthcare professional on December 2015 was "I have been attending patients in here for many years and am always pleased with their care and compliance of staff with the recommendations made by our department."

5.3.2 Staffing

The acting manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing roster for week commencing 11 and 18 January 2016 evidenced that the planned staffing levels were adhered to.

Discussion with patients, relatives and staff evidenced that there were no concerns regarding staffing levels.

5.3.3 Care Practices

A tour of the home was undertaken mid-morning. There was a calm atmosphere in the home and staff were quietly attending to the patients' needs. Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. Patients spoken with commented positively in regard to the care they received. Those patients who were unable to verbally express their views were observed to be well groomed, appropriately dressed in clean matching attire and were relaxed and comfortable in their surroundings.

Staff and patient interaction and communication demonstrated that patients were treated courteously, with dignity and respect. Good relationships were evident between staff and patients.

A review of four patients care records evidenced that assessments and initial plans of care were in place within 24 hours of patients being admitted to the home; care plans and assessments were subject to regular review.

5.3.4 Mealtime

Meals were served in the dining room of the ground floor. The tables in the dining room were set with cutlery, condiments and napkins. Meals were transported to the first floor in a heated trolley for those patients who chose not to come to the dining room. Those patients who had their lunch in their room were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to serving.

The serving of the lunch was observed to be well organised with patients being attended to in a timely manner. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch

5.3.4 Complaints and Compliments

A review of the record of complaints and compliments evidenced that the acting manager had a system in place for the management of complaints. The complaints record included the nature of the complaint, the action taken and if the complainant was satisfied with the outcome. An analysis to identify trends and patterns was completed monthly by the acting manager. Compliments were generally received in the form of cards. These were displayed throughout the home.

5.3.5 Accidents and Incidents

Accidents and incidents were maintained electronically with a paper copy retained in the home for inspection. A review of accidents recorded for the period October 2015 to the day of inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The acting manager completed a monthly analysis to identify any trends or patterns.

5.3.6 General Environment

A general inspection of the home was undertaken to examine a number of patients' bedrooms, lounges, bathrooms and toilets at random. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. One room was malodourous and a recommendation was made that the odours in this room were addressed.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Daniel Oliveira 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.

6.1 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.

6.2 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.

6.3 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 in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 36.2 Stated: Second time To be Completed by: 15 February 2016	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.		
	Response by Registered Person(s) Detailing the Actions Taken: The Registered Manager has commenced a training programme with staff on the updated Palliative and end of life care manual		
Recommendation 2 Ref: Standard 44.1 Stated: First time To be Completed by: 15 February 2016	The malodour in the identified room should be addressed.		
	Response by Registered Person(s) Detailing the Actions Taken: Floor covering has been deep cleaned however a replacement floor covering is to be fitted.		
Registered Manager Completing QIP	Leah Waddell	Date Completed	8.3.16
Registered Person Approving QIP	Dr Claire Royston	Date Approved	09.03.16
RQIA Inspector Assessing Response	Sharon McKnight	Date Approved	14-03-16

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