



Unannounced Follow Up Care Inspection Report 8 May 2018



Wood Lodge

Type of Service: Nursing Home
Address: 50 Mill Hill, Castlewellan, BT31 9NB
Tel no: 028 4377 8511
Inspector: Sharon McKnight

www.rqia.org.uk

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 registered to provide nursing and residential care for up to 49 persons.

3.0 Service details

Organisation/Registered Provider: G & M Lodge Care Ltd Responsible Individual: Mr Liam Lavery	Registered Manager: Elizabeth O'Rourke
Person in charge at the time of inspection: Elizabeth O'Rourke	Date manager registered: 31 March 2014
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 registered places: 49 A maximum of 26 residents in residential categories RC-I and RC-PH. RQIA should be notified of all admissions within the residential categories

4.0 Inspection summary

An unannounced inspection took place on 8 May 2018 from 09.55 to 16.00 hours. The inspection was undertaken in response to a whistleblowing letter received by RQIA on 1 May 2018. The concerns raised by the whistleblower related to staffing and care practices.

Following discussion with senior management in RQIA it was agreed that an inspection would be undertaken to examine the following areas:

- staffing
- provision and maintenance of wheelchairs and hoists
- manual handling practices
- operation of the passenger lift
- completion of supplementary care charts
- care records for evidence of patient preference/choice in relation to bathing/showering
- provision of activities
- staff understanding of the use of social media and patient confidentiality.

As a result of this inspection, we identified that there had been issues with the provision of staffing with the potential for impact on care delivery. Following observation of care delivery, discussion with management and staff and review of staffing rosters RQIA concluded that the home had taken reasonable steps to manage the situation at that time. The home was compliant with staffing provision on the day of inspection with sufficient staff in post to ensure continued compliance. Whilst other concerns raised were unsubstantiated some areas for improvement were identified.

RQIA were concerned that the quality of the service within Wood Lodge was below the standard expected with regard to availability of the reports of the monthly quality monitoring visits by the responsible individual, recruitment processes, provision of manual handling training and the operation of the home in accordance with the Statement of Purpose, specifically in relation to residential care provision. The findings were discussed with senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. The inspection findings were communicated in correspondence to Liam Lavery, Responsible Individual, G & M Lodge Care Ltd and a meeting took place at RQIA on 21 May 2018.

Areas of good practice were identified in relation to team working; the support of the management team to staff and activities provision.

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.

The term 'patients' is used to describe those living in Wood Lodge which provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4*	4*

* The total number of areas for improvement includes two under the regulations which have been stated for a second time, and one area for improvement under the standards which has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Elizabeth O'Rourke, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

As previously discussed RQIA were concerned with the quality of the service within Wood Lodge and a meeting took place with Liam Lavery, Responsible Individual, at RQIA on 21 May 2018. During the meeting some assurances were provided to RQIA as to how the concerns would be addressed. Further assurances were required with regard to manual handling training and it was agreed that the responsible individual would inform RQIA by 25 May 2018 when the manual handling training would be delivered; confirmation was received on 24 May 2018.

In addition, in response to a previous meeting held on 18 May 2018 with the Director of Assurance and the Chief Executive, the responsible individual agreed to submit a plan for the future delivery of residential care to RQIA by 23 August 2018. An area for improvement has been made in this regard following the findings of the inspection. A follow up inspection will be planned to validate compliance with the areas for improvement identified.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

4.2 Action/enforcement taken following the most recent inspection 22 February 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 February 2018. No further actions were required to be taken following this 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 four patients individually and with others in small groups and with nine staff. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. No questionnaires were returned within the timeframe for inclusion in the report.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- staffing arrangements in the home
- staffing rosters for the 26 March – 8 May 2018
- two staff recruitment files
- manual handling training records
- maintenance reports for the passenger lift
- patient register
- three patient care records
- one patient care charts including food and fluid intake charts and reposition charts
- complaints record
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Three of the four areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met. The fourth area for improvement has been carried forward for review at the next care inspection.

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 22 February 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 20 September 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
Area for improvement 1 Ref: Regulation 21(1)(b) Schedule 2 Stated: First time	The registered person shall ensure that before making an offer of employment they have obtained: <ul style="list-style-type: none"> • A reference from the candidates' present or most recent employer (if any) • where candidates had previously worked with children or vulnerable adults the reason the employment ended • written explanations for any gaps in employment history. 	Partially met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of two staff recruitment files evidenced that no references had been obtained prior to the staff commencing employment.</p> <p>There was evidence that references had been requested. However in one file the references requested did not include one from the staff member's current employer.</p> <p>Records did include the reasons the employment ended and written explanations for any gaps in employment history.</p> <p>This area for improvement was assessed as partially met and has been stated for a second time.</p>	

	A further area for improvement has been identified with regard to ensuring references are obtained prior to staff commencing employment.	
Area for improvement 2 Ref: Regulation 29(3) & 29(5) Stated: First time	The registered person shall ensure that an unannounced visit is undertaken monthly to monitor the quality of services provided. A copy of the report must be available in the home.	Partially met
	Action taken as confirmed during the inspection: During the inspection only one report was available to evidence visits completed from October 2017. We received reports of the visits completed for the period January to April 2018 following the inspection. A copy of the reports must be maintained in the home and be available on request. This area for improvement was assessed as partially met and has been stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: First time	The registered person shall ensure that the systems in place to monitor the registration status of nurses with the NMC are effective in confirming registration at the time of renewal.	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of records evidenced that systems in place to monitor the registration status of nurses with the NMC were effective in confirming registration at the time of renewal. This area for improvement has been assessed as met.	
Area for improvement 2 Ref: Standard 35.16 Stated: First time	The registered person shall ensure that there are processes in place to share the results of the annual satisfaction survey with relatives.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Due to the focus of this inspection this recommendation was not reviewed and has been carried forward for review at the next care inspection.	

6.3 Inspection findings

6.3.1 Staffing

The whistleblower raised concerns that there were not enough staff to meet the needs of the patients. Concerns were also raised regarding the skill mix and experience of staff rostered to work over the weekends.

We discussed staffing with the registered manager who confirmed that, over the previous three months they were unable to consistently achieve their planned staffing levels for care assistants. This was due to staff sickness, a number of staff resigning, staff failing to work their notice and leaving at short notice and the time lapse between recruiting staff and staff commencing employment. They explained that a number of new staff had been recruited and commenced employment and that planned staffing was now being achieved.

A sample of the duty rosters for weeks ending 11 March and 1 April 2018 evidenced that planned staffing of care assistants was not consistently met. The rosters evidenced that on occasion care assistants were supplied from an employment agency to cover. In addition, when there were staff shortages in the morning, additional staff were rostered for the afternoon shifts, whenever available, in order to deliver care effectively. Rosters also evidenced that one member of care staff had commenced employment but left after their third shift. A review of the duty roster for the period 15 April to 7 May 2018 evidenced that, with the exception of one morning, the planned number of care staff was achieved for day and night duty.

With regard to the skill mix and experience of staff rostered to work over the weekends, the registered manager explained that two members of bank staff were only available to work at the weekends but they were experienced staff and this did not impact on the skill mix.

The whistleblower raised concerns that staff were being taken from cleaning duties to work in the kitchen which resulted in them being unable to complete all of the domestic duties. A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and dining rooms. The home was found to be warm, well decorated, fresh smelling and clean throughout. We spoke with one domestic assistant who explained that on occasion, and in response to prioritisation of patient need, they had been required to work in the kitchen but that in the past two weeks staffing had returned to normal. We spoke to a recently appointed catering assistant who confirmed that they had completed an induction and that they felt well supported by the catering staff and management of the home.

We spoke with three registered nurses, two senior care assistants, two care assistants, a catering assistant and domestic assistant. They all confirmed that there had been problems with staffing but that these were now resolved. They reported that during that time they prioritised the care and adapted the routine as required; for example, assisting patients with a shower in the evening rather than the morning. Staff spoken with were of the opinion that there was good team work during this time and that they felt supported by management and the registered nurses. All staff spoken with confirmed that if they had a concern they would be able to raise this with a member of the management team.

The registered manager and management team acknowledged that they had experienced challenges with the provision of staffing in recent months. Following observation of care delivery, discussion with management and staff and review of staffing rosters RQIA concluded that the

home had taken reasonable steps to manage the situation at that time. Staff have now been recruited, have commenced employment and the provision of planned staffing was being achieved.

6.3.2 Provision and Maintenance of Equipment

The whistleblower alleged that there was only one hoist available for use in the home and wheelchairs were not properly maintained. It was evidenced that three hoists and a range of manual handling equipment including a rotunda and handling belts were available and in working order. Wheelchairs were noted to be well maintained and had brakes and footrests in place.

6.3.3 Manual Handling Practices

Manual handling practices were observed and no poor practice was noted during the inspection. A review of training records evidenced that practical manual handling had not been completed by staff since 2016 and that not all staff had completed e-learning training in this regard. This was discussed at the serious concerns meeting, following which the responsible individual emailed the planned dates for practical manual handling training for staff. An area for improvement was made and compliance will be monitored at the next care inspection.

6.3.4 Operation of the passenger lift

The whistleblower alleged that the passenger lift broke down regularly resulting in staff having to transport patients “up and down ramps.” The registered manager confirmed that there are two passenger lifts in the home. One lift broke down on 28 March 2018 and then again on 30 March 2018. A review of the maintenance reports evidenced that the engineer had completed the repairs in timely manner. The registered manager confirmed that at no time had the home been left without a functioning lift.

6.3.5 Maintenance of Supplementary Care Charts

The whistleblower alleged that care charts were not being completed contemporaneously or by the staff member who delivered the care and were therefore, unreliable. One patient’s record in relation to fluid balance and repositioning were reviewed. These were maintained as a paper record and it was not possible to tell if these had been completed genuinely. There were gaps noted in the supplementary records reviewed and the delivery of care could not be evidenced. An area for improvement under the standards has been made.

6.3.6 Patients’ Bathing/Showering Preferences

The whistleblower alleged that patients were not offered a choice of a shower or a bath and their preferences were not taken into account. A review of two patients’ care records evidenced that one patient had their preference for a shower identified; the second stated the patient should be offered a shower or a bath as the patient preferred. There was no evidence that patients were showered outside of their preferences.

6.3.7 Activities Provision

A review of the duty rota and discussion with the activity leader evidenced that activities were provided four days per week. The activities leader stated that the staff shortages discussed previously had had a temporary impact on activities as staff were needed to address care needs, but that this had now resolved. Patients spoken confirmed that activities were provided and raised no concerns in relation to activities provision.

6.3.8 Staff use of Social Media

Staff were consulted in relation to their knowledge of the use of social media. Those spoken with were aware of their responsibilities in this regard and the need to protect patient confidentiality. The registered manager confirmed that confidentiality was included in the staff induction programme, however no specific reference was made to the use of social media. There was no policy in place to guide staff in the use of social media; an area for improvement was identified.

6.3.9 Statement of Purpose

There is a condition on the registration of Wood Lodge which states that:

‘RQIA should be notified of all admissions within the residential categories.’

At the previous inspection on 20 September 2017 there were 15 residents accommodated in the home. At this inspection it was noted that there were 20 residents, 18 permanent and two for respite care. RQIA have not been notified of a residential admission to the home since June 2016, in breach of this condition as outlined in the statement of purpose.

In discussion with the registered manager it was explained that a series of letters sent from RQIA since June 2017 advised that persons in the residential category of care could only be admitted to the home in exceptional circumstances and only with the agreement of RQIA. There was evidence that this had not been adhered to. The patient register evidenced that a significant number of patients had been admitted for short term care (respite) since the previous inspection. The registered manager was advised that no further admissions to the residential category should be accepted and to contact the trust to rearrange further such planned admissions. The registered manager agreed to contact the trust as a matter of urgency to rearrange.

The future provision of residential care was discussed at the serious concerns meeting with the responsible individual on 21 May 2018. He agreed to abide by the current condition on his registration. It was further agreed at a previous meeting on 18 May 2018 with the Director of Assurance and the Chief Executive, that he would submit a plan for the future delivery of residential care in the home to RQIA by 23 August 2018. An area for improvement under the regulations has been made in relation to this submission. Given the assurance provided by the Responsible Individual, RQIA decided not to impose any further condition on the registration of Wood Lodge at this time.

Areas of good practice

Areas of good practice were identified in relation to team working; the support of the management team to staff and activities provision.

Areas for improvement

Areas for improvement under the regulations were identified in relation to recruitment, the availability of the monthly monitoring report and the provision of residential care. Areas for improvement under the standards were identified in relation to manual handling training, social media guidance for staff and the maintenance of supplementary care records.

	Regulations	Standards
Total number of areas for improvement	4	4

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elizabeth O'Rourke, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

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 21(1)(b) Schedule 2</p> <p>Stated: Second time</p> <p>To be completed by: 5 June 2018</p>	<p>The registered person shall ensure that before making an offer of employment they have obtained:</p> <ul style="list-style-type: none"> • A reference from the candidates' present or most recent employer (if any). <p>Ref: Section 6.2</p>
	<p>Response by registered person detailing the actions taken: Before an offer of employment is made references will be obtained from candidates most recent employer. if this is not possible a risk assesment will be completed.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 29(3) & 29(5)</p> <p>Stated: Second time</p> <p>To be completed by: 5 June 2018</p>	<p>The registered person shall ensure that an unannounced visit is undertaken monthly to monitor the quality of services provided. A copy of the report must be available in the home.</p> <p>Ref: Section 6.2</p>
	<p>Response by registered person detailing the actions taken: The Visits where completed, and forwarded to the RQIA folowing the inspection. However as they were used more as a management tool they were emailed to the Management team but not printed out. This was the general practice as they were never requested for by any service user or their NOK. Report are now printed out and available on request. I made my feelings clear, during our meeting, that in my considerable experience unannounced inspections by the Registered Person were not the best management tool in gaining trust and getting the best out of a workforce and that announced inspection worked best.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 21(1)(b)</p> <p>Stated: First time</p> <p>To be completed by: 5 June 2018</p>	<p>The registered person shall ensure that two written references, including a reference from the person's present or most recent employer are obtained prior to staff commencing employment.</p> <p>Ref: Section 6.2</p>
	<p>Response by registered person detailing the actions taken: Two written references including one from candidates most recent employer are obtained prior to staff commencing employment.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 3 (1) a, b and c</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2018</p>	<p>The registered person shall submit a plan to RQIA detailing the plans for the future delivery of residential care in Wood Lodge in accordance with the options available.</p> <p>Ref: Section 6.3.8</p> <hr/> <p>Response by registered person detailing the actions taken: A plan will be submitted by 23-08-18 as previously agreed.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 35.16</p> <p>Stated: First time</p> <p>To be completed by: 18 October 2017</p>	<p>The registered person shall ensure that there are processes in place to share the results of the annual satisfaction survey with relatives.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 8 June 2018</p>	<p>The registered person shall ensure that supplementary care charts are maintained contemporaneously and are reflective of the care delivered.</p> <p>Ref: Section 6.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Supplementary care charts are maintained contemporaneously and are reflective of the care delivered.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 18 June 2018</p>	<p>The registered person shall ensure that staff receive practical manual handling training.</p> <p>Ref: Section 6.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: Practical Manual Handling training sessions have taken place at various dates and times and have been well attended by all staff.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 5.8</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>The registered person shall develop guidance for staff in relation to the use of social media and the need to protect the patients' rights to confidentiality.</p> <p>Ref: Section 6.3.7</p> <hr/> <p>Response by registered person detailing the actions taken: A policy has been developed regarding guidance in relation to the use of social media and the need to protect the patient's rights to confidentiality. All staff have been made aware.</p>

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



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