

# Inspection Report

8 June 2023



## Wood Lodge

Type of service: Nursing Home  
Address: 50 Mill Hill, Castlewellan, BT31 9NB  
Telephone number: 028 4377 8511

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> G &amp; M Lodge Care Ltd</p> <p><b>Responsible Individual:</b> Mrs Maria Therese McGrady</p>	<p><b>Registered Manager:</b> Ms Maria O'Hare</p> <p><b>Date registered:</b> Not registered</p>
<p><b>Person in charge at the time of inspection:</b> Ms Ann-Marie Frost, Acting Clinical Lead, 09.50 am to 11.05 am Ms Maria O'Hare, Manager, 11.05 am to 5.40 pm</p>	<p><b>Number of registered places:</b> 49</p> <p>There shall be a maximum of 3 residents within NH-LD, a maximum of 7 named residents receiving residential care in category RC-I and 1 named resident receiving residential care in category RC-PH</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 37</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 49 patients. Patients' bedrooms are located over two floors and patients have access to a communal lounge, dining room and garden areas.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 8 June 2023 from 09.50 am to 5.40 pm by a care inspector.

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

Evidence of good practice was found in relation to care delivery, the patient dining experience, governance arrangements and maintaining good working relationships.

This inspection resulted in no areas for improvement being identified.

The home was found to be clean, tidy, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the patients.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, patients' relatives and staff are included in the main body of this report.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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 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.

The findings of the inspection were discussed with Ms Maria O'Hare, Manager, Ms Donna Boyd, Business Support Manager and Mr Daniel Oliveira, Director of Quality, Assurance & Governance at the conclusion of the inspection.

#### 4.0 What people told us about the service

Patients and patients' relatives provided positive feedback about Wood Lodge. Patients told us that they felt well cared for; enjoyed the food and that staff were attentive.

Patients spoken with commented, "Staff are friendly. I don't have any issues or concerns but I could speak with staff or the manager if I had, and would be confident they would be sorted out promptly" and "I like it here. The staff are nice."

Patients' relatives told us they were very satisfied with the care provided by staff and management. They confirmed that they had no issues or concerns with the staff or the manager, found them approachable and were confident any issues raised would be addressed.

Staff said that the manager was approachable; that there were enough staff on duty to care for the patients and that they felt supported in their role.

Questionnaires were received from patients and relatives providing feedback on the service and management team. The returned questionnaires indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"Thank you for helping us as a family through a difficult time. We are very grateful for all your understanding and caring."

#### 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 12 May 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time	The registered person shall ensure that any area accessible to patients is maintained hazard free.  This is in specific relation to patients' access to thickening agents in any area of the home.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Regulation 27 (4) (d) (i) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the practice of propping open doors in unsupervised rooms ceases with immediate effect.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time</p>	<p>The registered person shall review the staffing arrangements in the home, to include the deployment of staff and morning routines, to ensure the needs of patients are met.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time</p>	<p>The registered person shall review the timing of meals in the home to ensure adequate gaps between patients' mealtimes.</p> <p>A system must be in place to ensure that those patients who receive their meals later than planned mealtimes, are offered their next meal at a later time to ensure that no meals are missed during the day.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment. The manager confirmed that staff recruitment is currently underway.

Staff said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. This was evidenced by records viewed regarding the home's assessment of patient dependency levels to determine staffing requirements. Examination of the staff duty rota confirmed this. The manager's hours, and the capacity in which these were worked, were clearly recorded.

The provision of mandatory training was discussed with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of the staff training and development plan for 2023 evidenced that staff had attended training regarding adult safeguarding, deprivation of liberty safeguards (DoLS), moving and handling, dysphagia awareness, control of substances hazardous to health (COSHH), IPC and fire safety. The manager confirmed that staff training is kept under review.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Mrs Maria Therese McGrady, Responsible Individual, was identified as the appointed safeguarding champion for the home.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

### 5.2.2 Care Delivery and Record Keeping

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Care records for patients with special nutritional requirement and weight were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor for weight loss and weight gain.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, bed rails and alarm mats. Care plans were in place for the management of bedrails.

Personal care records regarding the provision of showers/baths evidenced contemporaneous records were in place to reflect if patients had been offered a shower/bath or if they had declined care.

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

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patients' needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly. It was also observed that staff discussed patients' care in a confidential manner.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The manager confirmed that the deployment of staff and morning routines to ensure the needs of patients are met had been reviewed. It was observed that breakfast had been served in a timely manner to ensure there were adequate gaps between patients' mealtimes.

We observed the serving of the lunchtime meal in the dining room. Staff had made an effort to ensure patients were comfortable throughout their meal. The daily menu was displayed in both written and pictorial form, showing patients what is available at each mealtime. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime.

Patients able to communicate indicated that they enjoyed their meal.

### 5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout. Equipment used by patients such as wheelchairs, walking aids and hoists were noted to be effectively cleaned.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Identified areas of the home were in need of redecoration. This was discussed with the manager and Mr Daniel Oliveira, Director of Quality, Assurance & Governance who advised an action plan had been completed for the work to commence. A copy of the action plan was requested and received by RQIA. Progress will be reviewed at the next inspection.

The treatment room and sluice rooms were observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction. Review of the environment evidenced that the unsafe practice of propping doors open in the home had ceased.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of personal protective equipment (PPE).

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with DOH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

### 5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The colourful, programme of activities was displayed on the noticeboard advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as armchair exercises, reminiscence sessions, bingo, quizzes, arts and crafts.



Care records showed that staff discuss and observe patients' preferences for involvement in activity. Patients were given the opportunity to contribute their individual choices of preferred activities. Review of patients' daily care records evidenced that a record is kept of activities attended. Comments recorded showed that patients enjoyed the activities they attended.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

### 5.2.5 Management and Governance Arrangements

Since the last inspection there had been a change in the management arrangements. Ms Maria O'Hare has managed the home since 1 January 2023. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of records and discussion with the manager confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

The manager advised that staff supervisions had commenced and arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding the use of bedrails, wound care, accidents/incidents, the patient dining experience and IPC practices including hand hygiene.

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. These reports were made available for review by patients, their representatives, the Trust and RQIA. The reports of these visits showed that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

The manager confirmed that systems were in place to ensure that complaints were managed appropriately. Patients and their relatives said that they knew who to approach if they had a complaint.

Review of records evidenced that patient, patient representative and staff meetings were held on a regular basis. Minutes of these meetings were available.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive and approachable.

## **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Maria O'Hare, Manager, Ms Donna Boyd, Business Support Manager and Mr Daniel Oliveira, Director of Quality, Assurance & Governance as part of the inspection process and can be found in the main body of the report.



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