The Regulation and Quality Improvement Authority

Inspection Report

12 May 2022

Wood Lodge

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

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: G & M Lodge Care Ltd **Responsible Individual:** Mrs Maria Therese McGrady - Acting	**Registered Manager:** Mrs Ann-Marie Frost **Date registered:** 8 November 2019
Person in charge at the time of inspection: Mrs Ann-Marie Frost	**Number of registered places:** 49 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
Categories of care: 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.	**Number of patients accommodated in the nursing home on the day of this inspection:** 35
Brief description of the accommodation/how the service operates: 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 communal lounge, dining and garden areas.	

2.0 Inspection summary

An unannounced inspection took place on 12 May 2022 from 9.15am to 5.15pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were well presented in their appearance and spoke positively when describing their experiences on living in the home.

Patients told us that they were happy living in the home and complimented the staff and the food provision. Those 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 and staff are included in the main body of this report.

Staff promoted the dignity and well-being of patients and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management. Staff told us that their managers were approachable and that they felt any concerns shared with managers were listened to.

Areas for improvement were identified in relation to staffing arrangements, timing of meals, storage of thickening agents when not in use and the propping open of doors. RQIA was assured that the delivery of care and service provided in Wood Lodge was safe, effective and compassionate and that the home was well led.

The findings of this report will provide the management team 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 previous areas for improvement issued, 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 and 'Tell Us' cards 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 the registered manager and the director of governance and quality assurance at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with seven patients and seven staff. Patients spoke positively on the care that they received and with their interactions with staff describing staff as 'lovely' and 'nice'. One told us, "I am very happy here; the staff are nice and the food is good." All staff confirmed that they enjoyed interacting and engaging with the patients, though, staff also identified factors which could inhibit effective teamwork. The staffs' concerns were shared with the manager for their review and action as appropriate.

There were no questionnaire responses and we received no feedback from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Wood Lodge was undertaken on 18 November 2021 by a pharmacist inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. All staff were provided with a comprehensive induction programme to prepare them for working with the patients; this also included agency or temporary staff. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), patient moving and handling and fire safety. A system was in place to ensure that staff completed their training.

Staff confirmed that they were further supported through staff supervisions and appraisals. A supervision and an appraisal matrix was maintained to ensure that all staff received an annual appraisal and at minimum two supervisions per year. Supervisions were conducted on an individual and/or group basis.

Staff confirmed attending a recent staff meeting where topics such as Covid – 19 guidance changes, visiting, record keeping and staff training were discussed.

Staff identified concerns in relation to the staffing arrangements in the home. The staffs' concerns were discussed with the manager and an area for improvement was made to ensure that the staffing arrangements, including deployment of staff, were reviewed. Staff confirmed that the teamwork in the home was generally good, however, also identified potential barriers to effective teamwork. These were shared with the manager for their review and action as appropriate.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. This included the use of agency staff. The duty rota identified the nurse in charge when the manager was not on duty. The nurse in charge confirmed that they had completed a competency assessment for the nurse in charge role prior to taking charge of the home.

Patients spoke highly on the care that they received and confirmed that staff attended to them when they needed them and that they would have no issues on raising any concerns that they may have to staff. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well and were comfortable in each other's company.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering; discussing patients' care in a confidential manner and by offering personal care to patients discreetly. This was good practice. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

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. Patients' care records were held confidentially.

Where a patient was at risk of falling, a falls care plan was in place to direct staff in how to manage this area of care. Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. A review of accident records confirmed that the appropriate actions had been taken following an accident in the home. Audits were completed following each fall to ensure that the appropriate persons had been notified of the fall and the appropriate actions taken. This is good practice.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Records of position changes had been recorded well and included checks on the patients' skin condition at the time of repositioning.

Risk assessments had been completed to determine if patients were at risk of skin breakdown. Where a risk was identified, a care plan was in place to guide staff on how to manage the risk. Pressure management in the home had been audited regularly.

Patients who had a wound had an initial wound assessment completed and a comprehensive wound care plan in place to identify how to manage the wound care. Wound care plans were reflective of tissue viability nurses' recommendations. Wound evaluations were completed at the time of wound dressings to monitor the progress of the treatment.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails. Discussion with the manager and a review of records evidenced that the proper procedures had been followed when a restrictive practice had been implemented. Where the bedrail risk assessment identified a high risk to the patient of their use; care plans justified the rationale for the usage. The use of bedrails in the home was audited on a monthly basis to ensure continual safe and relevant use.

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 could include simple encouragement through to full assistance from staff. Staff assisted patients throughout the day with food and fluids in an unhurried manner. Although, we observed that breakfast continued on to 11.30am. Staff confirmed that this occurs on a regular basis. Lunch commences at approximately 1.00pm. This was discussed with the manager and an area for improvement was identified to ensure that a system was put in place to make sure that patients receive adequate gaps between mealtimes to make certain that patients do not miss a meal. Records of patients' intake and outputs were recorded where this was required. Nutritional risk assessments were carried out to monitor for weight loss and weight gain using the Malnutrition Universal Screening Tool (MUST).

The new summer menu was shared with RQIA following the inspection. Patients could avail from a choice of meal at lunch and evening mealtimes. This included choice for patients who required to have their meals modified. A system was in place to ensure that each patient's nutritional requirements had been communicated to all relevant staff. The dining room was well supervised by staff who were wearing the appropriate PPE and took the opportunity for hand hygiene at the appropriate times. A range of drinks were served with the meal. Patients spoke positively and were complimentary in relation to the food provision in the home.

Supplementary care records had been completed by care assistants to evidence care delivery such as personal care. The records evidenced the actual care delivered such as eye care, nail care, oral care, body wash or shower. Bowel management had been evidenced well within record keeping.

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable and there were no malodours detected. Appropriate doors had been locked to ensure patients were safe from hazards such as chemicals.

Although, during the inspection we observed thickening agents accessible to patients in two unsupervised areas in the home. This was discussed with the manager and identified as an area for improvement.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. However, four doors were observed to have been propped open which was not in keeping with fire safety measures as they could not close in the event of a fire alarm sounding. This was discussed with the manager and identified as an area for improvement.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. There was ongoing redecoration in the home. Identified flooring had been replaced. There were plans to refurbish the kitchen. Wi-Fi coverage in the home had been improved. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

The areas surrounding the home had been maintained very well and the gardens offered pleasurable seating areas for patients to relax and enjoy fresh air.

A system was in place in the laundry to ensure that clean laundered clothing was not in contact with any dirty linen or clothing.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Environmental infection prevention and control audits had been conducted monthly. All visitors, including health care professionals, to the home had a temperature check and symptom checks when they arrived at the home. They were also required to wear personal protective equipment (PPE). Visits were by appointment only.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested. Patients, who could, could choose what they wore and what they preferred to eat.

Two activities staff oversaw the activity provision in the home with activities planned from Monday to Sunday each week. A programme of activities was available and took into account group activities and one to one activities for those patients who could not engage in, or did not wish to engage in, group activity. Activities included arts and crafts, games, exercises, reminiscence, going for walks and bingo. Patients had the opportunity to share their opinions on the activity provision at patients' meetings. Daily records of completed activities were maintained.

Visiting arrangements were in place in line with the Department of Health guidelines. As well as indoor visiting, patients were permitted outings with family members away from the home. There were 12 care partner arrangements in place in the home. Both the visiting and care partner arrangements were in place with positive physical and mental wellbeing benefits to the patients.

5.2.5 Management and Governance Arrangements

Since the last inspection the management arrangements in the home had not changed. Mrs Ann-Marie Frost has been the registered manager in the home since 8 November 2019. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

Staff were aware of who the person in charge of the home was in the manager's absence. Staff told us that they were aware of their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Areas audited included care plans, wound care, restrictive practice, patients' weights and IPC. Where action plans were developed, there was evidence that these had been reviewed to ensure completion. 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.

A complaints file was maintained. There were no recent complaints received in the home. We discussed that any areas of dissatisfaction received in the home should be recorded as a complaint. Cards and any compliments received were kept on file and shared with staff.

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

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about reporting any concerns about patients' safety. Staff were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ann-Marie Frost, Registered Manager and Daniel Oliveira, Director of Governance and Quality Assurance, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** With immediate effect	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. Ref: 5.2.3
	Response by registered person detailing the actions taken: A practice review relating to access to thickenings agents was completed - thickening agents are locked until required, and used under supervision of a competent member of staff. This is reviewed daily by the Nurse In Charge and monitored by the Home Manager during walkarounds.
Area for improvement 2 **Ref:** Regulation 27 (4) (d) (i) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that the practice of propping open doors in unsupervised rooms ceases with immediate effect. Ref: 5.2.3
	Response by registered person detailing the actions taken: All staff was reminded through supervisions and meetings that doors should not be propped open in unsupervised rooms - this is monitored daily by Nurse in Charge and Home Manager during walkarounds. Further practical Fire Safety training was conducted with the staff in the Home.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 12 June 2022	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. Ref: 5.2.1
	Response by registered person detailing the actions taken: A practice review related to the morning routines in the home was completed. Identified topics related to delegation, effective communication and team work and effective deployement of staff were discussed through supervision and meetings with the staff.

Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 12 June 2022	The registered person shall review the timing of meals in the home to ensure adequate gaps between patients' mealtimes. 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. Ref: 5.2.2
	Response by registered person detailing the actions taken: A system is in place to ensure that those patients who receive their meals later than planned mealtime, are offered their next meal at a later time

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