



Unannounced Care Inspection Report 14 January 2019



Wood Lodge

Type of Service: Nursing Home (NH)
Address: 50 Mill Hill, Castlewellan BT31 9NB
Tel No: 0284377 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 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 registered nursing home which is registered to provide nursing care and residential care for up to 49 persons.

3.0 Service details

Organisation/Registered Provider: G & M Lodge Care Ltd Responsible Individual(s): Liam John Lavery	Registered Manager: See box below
Person in charge at the time of inspection: Ann Marie Frost	Date manager registered: Ann Marie Frost – Application Pending.
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. Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	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 14 January 2019 from 09.30 to 16.15 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 term 'patient' is used to describe those living in Wood Lodge which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staffing, staff induction, training, adult safeguarding, infection prevention and control (IPC) and the home's environment. There were further examples of good practice found in relation to the monitoring of patients' weights, wound care and the management of falls. We also observed good practice with regard to the culture and

ethos of the home, dignity and privacy, the serving of lunch, governance arrangements, management of complaints and incidents and maintaining good working relationships. Areas requiring improvement were identified with regard to recruitment records, care planning and the evaluation of patients' daily fluid intake.

Patients said they were happy with the care they were receiving. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
Total number of areas for improvement	1*	3

*The total number of areas for improvement includes one which has been carried forward for review at the next inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Ann Marie Frost, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 8 May 2018.

The most recent inspection of the home was an unannounced care inspection undertaken on 8 May 2018. Following this inspection 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. A serious concerns meeting subsequently took place with Liam Lavery, Responsible Person, at RQIA on 21 May 2018. During the meeting, some assurances were provided to RQIA as to how these concerns would be addressed. Further assurances with regard to the delivery of manual handling training were received on 24 May 2018.

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
- written and verbal communication received since the previous care inspection which may include information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing

- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 12 patients, one patient's relative and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

The following records were examined during the inspection:

- duty rota for all staff from 7 – 20 January 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patients' care records
- three patients' supplementary care charts including food and fluid intake charts and repositioning charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 8 May 2018.

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

6.2 Review of areas for improvement from the last care inspection dated 8 May 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: Second 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 candidate's present or most recent employer (if any). 	Met
	Action taken as confirmed during the inspection: A review of two recruitment files evidenced that a reference from the candidates' present or most recent employer had been sought. This area for improvement has been met.	
Area for improvement 2 Ref: Regulation 29(3) & 29(5) Stated: Second 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.	Met
	Action taken as confirmed during the inspection: A review of the monthly monitoring reports available in the home for the period July – December 2018 evidenced that this area for improvement has been met.	
Area for improvement 3 Ref: Regulation 21(1)(b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of two recruitment files evidenced that two written references, including a reference from the person's present or most recent employer had been obtained prior to staff commencing employment. This area for improvement has been met.	

<p>Area for improvement 4</p> <p>Ref: Regulation 3 (1) a, b and c</p> <p>Stated: First time</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>Carried forward for review at the next inspection.</p>
<p>Action taken as confirmed during the inspection:</p> <p>The responsible person provided a response to RQIA on 4 September 2018 and requested further information from RQIA. The requested information had not yet been provided to the registered person prior to this inspection. Therefore this area for improvement is carried forward for review at the next care inspection. The registered person is now in receipt of the requested information.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 35.16</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records confirmed that a poster had been displayed for a period of time for the purpose of informing patients, relatives and visitors to the home that the survey results were available. This area for improvement has been met.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that supplementary care charts are maintained contemporaneously and are reflective of the care delivered.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of three patients' supplementary charts evidenced that they were maintained contemporaneously and evidenced care delivered. This area for improvement has been met.</p>		

Area for improvement 3 Ref: Standard 39 Stated: First time	The registered person shall ensure that staff receive practical manual handling training.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that four sessions of practical manual handling training were delivered throughout May and June 2018; signing in sheets evidenced staff attendance. The manager confirmed that further manual handling training sessions have been arranged for 2019 to ensure staff receive such training annually. This area for improvement has been met.	
Area for improvement 4 Ref: Standard 5.8 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of the social media policy dated 14 June 2018 evidenced that this area for improvement has been met. The manager explained that this policy is now included in staff inductions.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The 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 rota from 7 – 20 January 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion via questionnaires; none were returned within the timescale for inclusion in this report.

Twelve patients spoken with stated that they were well looked after by the staff and felt safe and happy living in Wood Lodge.

A review of two staff recruitment files evidenced that their reasons for leaving previously held positions which involved working with children or vulnerable adults were not recorded. This was identified as an area for improvement. All other information and records required in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005 were maintained. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with NISCC. No concerns were noted with regard to the registration of staff within the home.

We discussed the provision of mandatory training with staff and reviewed staff training records. 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. Training was delivered through face to face interactive sessions and via an electronic learning programme. Training records included the date the training was attended/completed, and the names and signatures of those who attended face to face training. Compliance rates of staff that have completed training via electronic learning were also available and evidenced good compliance with mandatory training. The manager confirmed that systems were also in place to ensure staff received annual appraisal and regular supervision.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that systems were in place to collate the information required for the annual adult safeguarding position report in accordance with the regional operational safeguarding policy. The manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records for the period September 2018 to December 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. Discussion with the manager and review of records confirmed that on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. Discussion with two members of housekeeping staff confirmed that they were provided with the necessary equipment and resources to undertake their role. The manager informed us of the improvement work planned over the next few months. These plans included a refurbishment of the kitchen and redecoration of the dining room. A rolling programme of refurbishment of the bedrooms continues with bedrooms being redecorated when they become vacant.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff induction, training, adult safeguarding, infection prevention and control and the home's environment.

Areas for improvement

An area for improvement was identified with regard to recruitment records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four patients' care records evidenced that care plans were in place to direct the care required. We reviewed the management of nutrition, patients' weight, management of falls and wound care.

We discussed the monitoring of patients' weights and were informed that all patients were weighed on at least a monthly basis. We reviewed the management of nutrition and weights for three patients; referrals and advice had been sought from healthcare professionals as required.

Nutritional risk assessments were completed monthly; care plans for nutritional management, including modified textured diets were also in place.

We reviewed the management of falls for two patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were evaluated following falls in accordance with best practice guidance.

We reviewed the management of wound care for two patients. Care plans contained a description of the wound and the prescribed dressing regime. A review of wound care records evidenced that prescribed dressing regimes were adhered to.

Whilst care plans were in place to direct the care required and had been evaluated regularly, they were not consistently updated to reflect changes to patients' assessed needs. This was identified as an area for improvement.

Review of supplementary care charts, specifically, food and fluid intake records and repositioning charts, confirmed that they were completed daily. While records evidenced that patients were regularly assisted to change their position for pressure relief, it was noted that their care records lacked consistent and clear information in relation to how often repositioning should occur. This was discussed with the manager who agreed to review the issue. It was positive to note that a care plan was in place for those patients whose daily fluid intake was being recorded by staff and that it identified their daily fluid intake target. However, there was no evidence that these patients' daily fluid intake was effectively evaluated at the end of each 24 hour period to

determine if they had reached their daily fluid intake target. This was identified as an area for improvement.

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.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the monitoring patients’ weights, wound care and the management of falls.

Areas for improvement

Areas for improvement were identified in relation to care planning and the evaluation of patients’ daily fluid intakes.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:30 hours and were greeted by staff who were helpful and attentive. Patients were finishing their breakfast in the dining rooms, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The following comments were provided:

- “... ,makes the best tea you would get anywhere.”
- “They couldn’t do a better job.”
- “I’m as happy...”

Relatives' questionnaires were provided; none were returned at the time of issuing this report. Any comments from patients, patients' representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- "...for the care and attention you all showed towards ...his contentment was evident and we were comforted by the fact he was very happy."
- "We thank you from the bottom of our hearts for the loving gentle care you gave our..."

We observed the serving of the lunchtime meal. Patients were assisted to one of the two dining rooms or had their lunch delivered to them on trays as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Lunch consisted of a three course meal with a choice offered for each course. The meals were appetising and all of the patients spoken with indicated that they enjoyed their meal. 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. Patients were encouraged to assist with the setting of the dining room tables in preparation for lunch, this inclusiveness was commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and the serving of lunch.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Since the last inspection there has been a change in the management arrangements. RQIA were notified appropriately. The manager explained that, as their position was now permanent they were in the process of completing their application for registration with RQIA. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that manager's working patterns enabled them to have contact with her as required. The manager continues to be supported daily by the responsible individual.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

A review of records evidenced that the manager completed a number of audits to assure the quality of care and services. For example, audits were completed regarding accidents/falls, catheter and wound care and analysis of patients' weights.

A review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ann Marie Frost, 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 nursing 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 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.

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 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..4</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</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>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 11 February 2019</p>	<p>The registered person shall ensure that recruitment records include the reasons for staff leaving previously held positions which involved working with children or vulnerable adults.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Response : Standard 38.3</p> <p>All applicants are asked for their reasons for leaving previous employment at interview stage. This is recorded on recruitment file and further substantiated by asking most recent employer for authentication by completing reference request form.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 11 February 2019</p>	<p>The registered person shall ensure that care plans are updated to reflect patients' changing needs.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Response : Standard 4</p> <p>All relevant staff made aware that changes in Residents needs are reflected in Care Plans when they happen rather than on a monthly basis. Regular auditing of this to ensure compliance</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients' daily fluid intake is evaluated at the end of each 24 hour period to determine if they have achieved their daily target.</p> <p>Ref: Section 6.5</p>
<p>To be completed by: 11 February 2019</p>	<p>Response by registered person detailing the actions taken: Response: Standard 4.7 Residents whos fluid intake is being monitored have their charts totalled at the end of each 24 hour period. Intake is also assessed at report times - 8am, 3pm, 5pm and 9pm so deficits can be acted on through the day</p>

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



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