

# Unannounced Care Inspection Report 20 September 2017



## Wood Lodge

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

[www.rgia.org.uk](http://www.rgia.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

<b>Organisation/Registered Provider:</b> G & M Lodge Care Ltd  <b>Responsible Individual:</b> Mr Liam Lavery	<b>Registered Manager:</b> Elizabeth O'Rourke
<b>Person in charge at the time of inspection:</b> Elizabeth O'Rourke	<b>Date manager registered:</b> 31 March 2014
<b>Categories of care:</b> 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.	<b>Number of registered places:</b> 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 20 September 2017 from 09:40 to 16:00.

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 'patients' 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 the management of staffing, adult safeguarding and ensuring the home's environment was safe.

Care records were well maintained and contained details of patients' individual needs and preferences. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, and the caring and manner in which staff delivered care.

Areas requiring improvement under regulation were identified with staff recruitment and the completion of the monthly monitoring visit by the responsible person.

Areas for improvement under the standards were identified with the effectiveness of the systems to monitor the registration status of registered nurses with the NMC and to ensure that there are processes in place to share the results of the annual satisfaction survey with relatives.

Patients said:

"Everyone is very good."

"The food is always good."

"There's no change since the last time, everything is good."

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
<b>Total number of areas for improvement</b>	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Liz O'Rourke, registered 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 16 March 2017.

The most recent inspection of the home was an unannounced care inspection undertaken on 16 March 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of 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
- written and verbal communication received since the previous care inspection which includes 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 seven patients individually, eight staff and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff from 18 – 24 September 2017
- 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
- three staff recruitment and induction file
- three patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- 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 16 March 2017**

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

## 6.2 Review of areas for improvement from the last care inspection dated 16 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 35.6 <b>Stated:</b> Second time	It is recommended that a system to monitor and ensure repositioning charts are completed accurately is introduced	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered nurses spoken with confirmed that they monitored the completion of the repositioning charts daily to ensure they were recorded accurately. Electronic tablets have recently been introduced to support staff in maintaining accurate records of the care delivered  The minutes of the meeting with care staff held on 17 May 2017 evidenced that the importance of record keeping was discussed. This area for improvement has been met.	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered provider should ensure that a detailed plan of care for all assessed needs is drawn up.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The three care records reviewed contained detailed plans of care for the assessed needs of the patients. This area for improvement has been met.	

<b>Area for improvement 1</b> <b>Ref:</b> Standard 4.8 <b>Stated:</b> First time	The registered provider should review the recording of wound care to ensure the detail of care delivered is consistently recorded and in keeping with best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There were no patients with wounds at the time of this inspection. However the three registered nurses on duty were knowledgeable regarding how and where they would record wound care. Following discussion with the nurses we were assured that systems were in place to ensure a consistent approach to the recording of wound care and this was in keeping with best practice guidance. This area for improvement has been met.	

**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 registered manager confirmed the planned daily staffing levels for the home and that staffing was subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the period 18 – 24 September 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily. Staff were employed to delivery activities. Observation of the delivery of care and discussion with patients evidenced that their needs were met by the levels and skill mix of staff on duty.

Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; none were returned following the inspection.

Patients and relatives spoken with during the inspection commented positively regarding the staff and care delivery. Patients were satisfied that when they required assistance staff attended to them in timely manner. We sought relatives’ opinion on staffing via questionnaires; none were returned in time for inclusion in this report.

A nurse was identified to take charge of the home when the registered manager was off duty. The nurse in charge was clearly identified on duty roster. A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the registered manager. The assessments were signed by the registered manager to confirm that the assessment process had been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home. These assessments were reviewed annually.

A review of three staff recruitment records evidenced that there were not maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. The following issues were identified:

- Whilst all files contained two references there were no references from the candidates' present or most recent employer
- where candidates had previously worked with children or vulnerable adults the reason for leaving was not recorded
- there were no written explanations for any gaps in employment history

This was identified as an area for improvement under the regulation. Recruitment records confirmed that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the registered manager and the administrator. A review of the records of NMC registration evidenced that all of the nurses on the duty rota for the week of the inspection were included in the NMC check. The records showed that one nurse's registration was due to be renewed on 30 September 2017; this date was over a weekend and prior to the next check being completed. Following discussion with the registered manager and the administrator it was agreed that the systems in place would be reviewed to ensure that are effective in confirming registration at the time of renewal. This was identified as an area for improvement under the standards.

The registered manager confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A review of three completed induction programmes evidenced that these were completed within a meaningful timeframe.

We discussed the provision of mandatory training with staff and reviewed the training records for 2016/2017. Training records evidenced from January 2017 76% of staff had completed fire safety training, 75% adult safeguarding and 73% had completed the theory element of moving and handling. All staff have attended practical moving and handling training in the past 12 months. The registered manager confirmed that they had systems in place to facilitate compliance monitoring.

The registered manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified and the policy was currently being updated to reflect the new terminology and roles.



Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

A review of a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA in the period May - July 2017 confirmed that these were appropriately managed. Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, well decorated, fresh smelling and clean throughout. Patients and relatives spoken with were complimentary in respect of the home's environment.

Infection prevention and control measures were adhered to. We spoke with one member of housekeeping staff; they were knowledgeable regarding the National Patient Safety Agency (NPSA) national colour coding scheme for equipment such as mops, buckets and cloths. Sluice rooms and bathroom/toilets were observed to be clutter free and well organised. Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately. The registered manager explained that they have recently identified a registered nurse as the key member of staff with responsibility for ensuring good practice in infection prevention and control. We spoke with the identified registered nurse who confirmed they had recently completed training in infection prevention and control and were enthusiastic regarding their new role.

We discussed the management of fire safety with the registered nurses who confirmed that fire checks were completed daily and weekly. Fire exits and corridors were observed to be clear of clutter and obstruction.

### **Areas of good practice**

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

### **Areas for improvement**

Areas for improvement were identified with staff recruitment and effectiveness of the systems to monitor the registration status of registered nurses with the NMC.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	1

## 6.5 Is care effective?

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

A review of three patients care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process. Assessments and care records were reviewed as required and at minimum monthly. Care plan evaluations included an overview of the patients' condition.

We reviewed the management of catheter care for one patient. A care plan was in place which detailed the frequency with which the catheter was due to be changed with systems in place to alert staff to when the next change was due. Care records evidenced that the catheter was changed in accordance with the prescribed frequency. Records evidenced that the patient's intake and urinary output were recorded daily and totalled at the end of every 24 hour period.

We reviewed the management of skin care for two patients identified as at high risk of developing pressure ulcers. A pressure damage risk assessment had been completed for each patient and was reviewed monthly. The care plan included a pressure damage prevention plan. The care plans reflected that the patients required assistance to change their position. A review of completed repositioning charts for the period 18 – 20 September 2017 evidenced that patients were assisted to reposition regularly. Discussion with staff and a review of the completed body maps evidenced that the patients' had no wounds.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as TVN, SALT and dieticians. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was held in a patient register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

Discussion with the registered manager and 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.

The registered manager confirmed that staff meetings were held regularly and records were maintained of the staff who attended, the issues discussed and actions agreed. The most recent staff meetings were held on 15 June 2017 with the registered nurses and a general staff meeting was held on 17 May 2017.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, care delivery and the communication of patients' needs.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 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 09:40. The majority of patients were in the lounges or in their bedroom as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with seven patients individually and with others in smaller groups, confirmed that 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 are examples of comments provided by patients:

"Everyone is very good."

"The food is always good."

"There's no change since the last time, everything is good."

We spoke with the relative of one patient and the visitor of another. Both commented positively with regard to the standard of care, attitude of staff and communication in the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives on the running of the home. A satisfaction survey was conducted annually by the home; the most recent survey was conducted in May 2017 with a 41% response rate. A summary report of the outcomes and comments provided was published. We discussed how the results of the survey were shared and were informed that there was no agreed process for sharing the results. This was identified as area for improvement under the standards.

We observed the serving of the lunch time meal in both dining rooms. The tables were set with cutlery, condiments and napkins. Those patients who had their lunch away from the dining room were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. The serving of the lunch was observed to be well organised with all of the patients being attended to in a timely manner. The meals were nicely presented and smelt appetising. All of the patients spoken with stated that they enjoyed their lunch

Ten questionnaires were issued to relatives and staff; none were returned within the timescale for inclusion in this report. Any comments from relatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture of the home, the provision of activities and the caring manner in which staff delivered care.

**Areas for improvement**

An area for improvement was identified to ensure that there are processes in place to share the results of the annual satisfaction survey with relatives.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

**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.**

The certificate of registration issued by RQIA and the home’s certificate of public liability insurance were appropriately displayed in the home. Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered.

The registered manager’s hours were clearly recorded on the staffing roster. Discussion with patients and staff evidenced that the registered manager’s working patterns provided good opportunity to allow them contact as required. Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described management support in positive terms and felt confident that they would respond to any concerns/suggestions raised.

Discussion with the registered manager and 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.

Numerous compliments had been received and were displayed in the home in the form of thank you cards. The following are examples of comments received on thank you cards:

“Many, many thanks for all your care and compassion over the two weeks .... was with you. You do a wonderful job.” (September 2017)

“...knowing that he was in a safe environment and being so well looked after was deeply reassuring.” (January 2017)

The registered manager confirmed that monthly audits were completed which included the environment, care records and medication administration. The records of audit evidenced that any identified areas for improvement had been reviewed to check compliance and drive improvement.

A review of notifications of incidents submitted to RQIA from May – July 2017 confirmed that these were managed appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

A review the arrangements for the unannounced monthly quality monitoring visits evidenced that the last visit was completed in June 2017. The reports which are e mailed to the registered manager were not available on the day of the inspection. The responsible person must 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. This was identified as an area for improvement under the regulations.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and maintaining good working relationships within the home.

### Areas for improvement

An area for improvement was identified with regard to the completion of a monthly unannounced visit by the responsible person and the availability of a report of the visit.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 Liz 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 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21(1)(b) Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that before making an offer of employment they have obtained:</p> <ul style="list-style-type: none"> <li>• A reference from the candidates' present or most recent employer (if any)</li> <li>• where candidates had previously worked with children or vulnerable adults the reason the employment ended</li> <li>• written explanations for any gaps in employment history.</li> </ul> <p><b>Ref: Section 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Two references one of which is of most recent employer will be requested prior to offer of employment. Where Candidates had previously worked with children or vulnerable adults reason for leaving is documented. Any gaps in employment history explanations will be requested during interview and documented.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 29(3) &amp; 29(5)</p> <p><b>Stated:</b> First/Second/Third time</p> <p><b>To be completed by:</b> 18 October 2017</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><b>Ref: Section 6.7</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Unannounced visits are undertaken monthly by Registered Provider, a copy of report is emailed to Office Manager and Nurse Manager, these are then printed and a file is available in the home.</p>
<h3>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</h3>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 October 2017</p>	<p>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.</p> <p><b>Ref: Section 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> NMC registrations will be audited at beginning of each month and information given to Nurses if due to lapse at end of month.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35.16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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><b>Ref: Section 6.6</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Results of the annual satisfaction survey will be incorporated in the registered providers monthly visit.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**





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