The Regulation and Quality Improvement Authority

Inspection Report

27 May 2021

Wood Lodge

Type of Service: Nursing Home
Address: 50 Mill Hill, Castlewellan, BT31 9NB
Tel no: 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 8 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 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:** 33
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 49 persons. Patients have access to communal lounges, dining rooms and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 27 May 2021 from 9.30am to 6.00pm by the 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 spoke positively on living in the home. 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. 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.

No areas for improvement were identified. Good practice was observed with the delivery of compassionate care, provision of activities, record keeping and with the governance measures in place to monitor the care provision in the home.

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 patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

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 findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Ten patients and eight staff were consulted during the inspection. Patients spoke positively on the care that they received and with their interactions with staff. Patients complimented the quality of the food in the home and their freedom of choice. Staff were confident that they worked well together and enjoyed working in the home and interacting with the patients.

We received one response from a relative; the respondent indicated that they were very satisfied the care in the home was safe, effective and compassionate and that the home was well led. There were no additional responses received from questionnaires or the 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 28 July 2020 by care and finance inspectors.

Areas for improvement from the last inspection on 28 July 2020		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 4.9 **Stated:** First time	The registered person shall ensure that repositioning records are accurately completed to reflect the individual patient's skin condition at the time of repositioning.	**Met**
	Action taken as confirmed during the inspection: Records of repositioning had been maintained well and included a record of skin condition.	
Area for improvement 2 **Ref**: Standard 35.21 **Stated:** First time	The registered person shall ensure that the corresponding amount withdrawn from the patients' bank and post office accounts are recorded in the patients' transaction sheets and any subsequent purchases are recorded separately.	**Met**
	Action taken as confirmed during the inspection: A review of financial records evidenced that this area for improvement has been met.	
Area for improvement 3 **Ref**: Standard 35.21 **Stated:** First time	The registered person shall ensure that the member of staff reconciling the statements from the patient's bank account is not the member of staff making the withdrawals from the account.	**Met**
	Action taken as confirmed during the inspection: A review of records evidenced that the member of staff reconciling the statements from the patient's bank account was not the member of staff making the withdrawals from the account.	

Area for improvement 4 **Ref**: Standard 14.6 **Stated:** First time	The registered person shall ensure that written authorisation is obtained from the patient, identified during the inspection, for the home to manage their post office account. A copy of the signed authorisation should be retained in the patient's file.	**Met**
	Action taken as confirmed during the inspection: Written authorisation had been obtained from the identified patient and a copy of the signed authorisation had been retained in their file.	
Area for improvement 5 **Ref**: Standard 35.21 **Stated:** First time	The registered person shall ensure that the care managers for the two patients identified during the inspection, are contacted to request a review of the current arrangements of managing the bank and post office accounts.	**Met**
	Action taken as confirmed during the inspection: Both care managers had been contacted and appropriate actions taken.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

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.

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 said there was good teamwork and that they felt well supported in their role; were satisfied that there were sufficient staff and the level of communication between staff and management. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the manager was not on duty. Staff were allocated each morning to the areas in the home where they would provide initial care.

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.

The response from a patient's relative confirmed that they were very satisfied that their relative was receiving safe and effective care in a caring environment.

A visiting healthcare professional told us that they had no concerns about the care delivery in the home. They found the staff in the home helpful and knowledgeable about the patients in their care. They also confirmed that any specific instructions they had left in relation to patient care had always been followed well by the staff.

There were safe systems in place to ensure staff were recruited and trained properly and that patients' needs were met by the number and skill of the staff on duty.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

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. The Acting Responsible Individual was identified as the appointed safeguarding champion for the home.

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.

It was noted that patients and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. Patients told us that they would have no issues in raising concerns with the home's staff. Complaints were monitored monthly in the home and any learning from complaints was shared with staff.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and/or alarm mats. Review of patient records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required.

It was good to note that patients who had capacity were actively involved in the consultation process and could give informed consent. This was good practice. The use of restrictive practices was monitored monthly in the home and a register was maintained.

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.

There were systems in place to ensure patients were safe in the home.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen, laundry and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. It was noted that staff adhered to best practice in infection prevention and control. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. The manager confirmed that improvement works were ongoing with bedroom redecorations and carpeted flooring replaced where appropriate.

Patients were complimentary in relation to the environment and with the cleanliness in the home.

5.2.4 How does this service manage the risk of infection?

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors 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). Visiting arrangements were managed in line with Department of Health and IPC guidance.

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.

The risk of infection was monitored during infection control audits and through daily walkarounds the home.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time?

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, a further meeting was held daily after lunch to ensure patients' needs had been met and to discuss any changes to the care provision. Patient care records were maintained which accurately reflected 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, dressings 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.

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. Care plans were in place to direct this care including the frequency of repositioning and identification of any pressure relieving equipment in use. Patients who had a wound had the wound care clearly documented within the patient care records.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, use of an alarm mat. 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. There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

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. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available served with meals. Staff attended to patients in a caring and compassionate manner. If required, records were kept of what patients had to eat and drink daily. Patients spoke positively in relation to the food provision in the home. Patients' weights were monitored monthly, or more often if required, for weight loss and/or weight gain.

Patients received the right care at the right time suitable to their individual needs. Patients' needs were communicated to staff at the point of shift handover and amended during the day if required.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

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 care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

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 were maintained well and reflected the changing needs of patients on a daily basis.

5.2.7 How does the service support patients to have meaning and purpose to their day?

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 go out for a walk when they wanted, remain in their bedroom or go to a communal room when they requested.

An activities therapist was employed to coordinate activities in the home. A programme of activities was available and each patient had an activities care plan. Activities included exercise, arts and crafts, pampering, reminiscence, bingo, puzzles and games. Activities were provided on a patient group basis but also took into account those who did not wish to engage in group activities and those who wished to or had to remain in their bedrooms. Individual patients' records of activity involvement were maintained.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

There was evidence that patients were supported to have meaning and purpose to their day.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. There has been no change in the management of the home since the last inspection.

Mrs Ann Marie Frost has been the registered manager in this home since 8 November 2019. There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or members of the team completed regular audits to support the safe delivery of care and the smooth running of the home.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments had been received from patients and their relatives/representatives.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by patients, their representatives, the Trust and RQIA.

Systems were in place to monitor the quality of services and drive improvements.

6.0 Conclusion

Patients spoke positively on living in the home. They were afforded choice on how to spend their day and staff supported patients with their choices. There was adequate staff on duty to attend to patients' needs in a timely manner and systems were in place to ensure the smooth running of the home. Patients' care records had been maintained well and compliance with best practice in infection prevention and control had been demonstrated through staffs' practices and the environment.

Based on the inspection findings and discussions held there was evidence that this service is providing safe and effective care in a caring and compassionate manner and that it is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ann-Marie Frost, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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