Unannounced Care Inspection Report
1 August 2018

Woodlawn House

Type of Service: Nursing Home (NH)
Address: Quarry Lane, Dungannon, BT70 1HX
Tel No: 028 8771 3565
Inspector: Kieran Murray

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 for up to 8 persons.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust **Responsible Individual:** Shane Devlin	**Registered Manager:** Mrs Louise Donnelly
Person in charge at the time of inspection: Mrs Louise Donnelly	**Date manager registered:** 04/05/2018
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	**Number of registered places:** 8

4.0 Inspection summary

An unannounced inspection took place on 1 August 2018 from 09.30 to 17.15 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 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 staff induction and training, care reviews, good communication between patients, staff and other stakeholders, management of complaints, incidents/accidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to supervision and appraisals, audits and privacy of patients.

Patients said they felt happy, supported and safe from harm in the home and 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	*2

*The total number of areas for improvement include one which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Louise Donnelly, 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 26 July 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 26 July 2018.

There were no further actions required to be taken following the most recent 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 the inspector met with four patients and five staff. On the day of the inspection the inspector spoke to one patient's relative and one Trust community professional. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

The inspector requested that the registered manager place a 'Have we missed you?' card in a prominent position in the home to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

The following records were examined during the inspection:

- Duty rota for all staff from 23 July to 5 August 2018
- Records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- Four staff training records
- Incident and accident records
- Two staff recruitment and induction files
- Four patient care records
- One patient care charts including fluid intake charts
- 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 and 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 26 July 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 25 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 39 Criteria 1 **Stated:** First time 30 March 2018	The registered person shall ensure that the manager is provided with an induction in relation to their role and responsibilities. Records should be maintained and retained for inspection. Ref: Section 6.7	**Met**

	Action taken as confirmed during the inspection: The inspector reviewed documentation that confirmed that the registered manager had received an induction in relation to their roles and responsibilities.	
Area for improvement 2 **Ref**: Standard 35 **Stated:** First time	The registered person shall ensure that the systems and processes in place are sufficiently robust to assure the quality of care and other services provided. Action plans should be developed where shortfalls have been identified and arrangements are in place to ensure actions have been actioned to ensure quality improvements. Ref: Section 6.7	**Not met**
	Action taken as confirmed during the inspection: Review of records and discussion with the registered manager evidenced that audits and action plans were not completed. **This area for improvement is now stated for a second time.**	
Area for improvement 3 **Ref**: Standard 35 Criteria 7 **Stated:** First time	The registered person shall review the current arrangements for the completion of monthly monitoring visits undertaken in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Action plans should accurately reflect areas of improvement as identified within the main body of the report and should be reviewed to ensure compliance has been achieved.	**Met**
	Action taken as confirmed during the inspection: The inspector reviewed monthly monitoring reports and found them to be satisfactory i.e. unannounced visits, different days and times during the month. All monthly monitoring reports had evidenced action plans been actioned.	

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 these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 23 July to 5 August 2018 evidenced that the planned staffing levels were adhered to. In the absence of the registered manager a registered nurse was designated as the person in charge of the home. The registered manager advised that should shortfalls in staffing levels arise then these would be covered by the home's staff. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with staff evidenced that there were no concerns regarding staffing levels. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of 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.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Woodlawn House. One patient commented on the number of staff: "there is usually enough staff."

We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned prior to issue of report.

Staff spoken with were satisfied that there were sufficient staff to meet their needs. We also sought staff opinion on staffing via questionnaires; no responses were received in time for inclusion in the report.

Staff commented:

"Any issues with the rota are dealt with."
"We all work together."

One relative spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. No questionnaires were returned prior to issue of report.

A nurse was identified to take charge of the home when the registered manager was off duty. 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 manager. The assessments had been signed by management to confirm that the assessment process has been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home. The inspector evidenced that these assessments were reviewed annually.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff were mentored by an experienced member of staff during their induction. Recruitment records for two staff were reviewed and found to be well maintained and in keeping with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, schedule 2. Records confirmed that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work.

The inspector examined records relating to staff supervision and appraisal and found that they were not completed in accordance with Trust policy. An area for improvement has been identified under the standards

Discussion with the registered manager and review of written records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

As stated previously, 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.

We discussed the provision of mandatory training with staff and reviewed staff training records for four staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of DHSSPS Care Standards for Nursing Homes 2015. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager and staff confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report. On the day of the inspection the inspector noted that the home had made a number of safeguarding referrals since the last inspection 25 January 2018. The referrals were made appropriately and management plans were made in conjunction with the Adult Safeguarding team as evidenced by the inspector.

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.

On the day of the inspection it was noted that there were a number of restrictive practices in place. It was noted that they were of the least restrictive nature and considered necessary in conjunction with the patient, HSC Trust, service user representatives and the staff; they were reviewed yearly or sooner if needed.

We reviewed accidents/incidents records from the previous inspection 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.

As stated previously in section 6.2 we were unable to evidence that audits and action plans were completed for example falls occurring in the home. An area for improvement has been stated for the second time.

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, newly decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

The inspector noted a broken toilet seat in a communal bathroom and following discussion with the registered manager the inspector was advised that this had been reported to the Trust maintenance department. The inspector reviewed records relating to this request and found them to be satisfactory. The inspector also advised that this toilet should not be used until it was repaired. The registered manager agreed to seal off the toilet area.

The inspector found the medicines trolley was locked but was not securely fastened to the wall in the locked treatment room. The nurse immediately secured the trolley to the wall in the presence of the inspector. The inspector discussed this issue with the registered manager and has requested assurance that the importance of securing the medicine trolley to the wall is an item on the next staff meeting.

Fire exits and corridors were observed to be clear of clutter and obstruction.

The following issue was identified which were not managed in accordance with best practice guidelines on infection prevention and control (IPC):

- Inappropriate storage of personal products in communal bathrooms

The above issue were discussed with the registered manager and an assurance was provided that this area would be addressed with staff and measures taken to prevent recurrence. An area for improvement has been identified under regulations.

The inspector noted a whiteboard in the office with a list of patient's full names recorded on it. A discussion took place with the registered manager around confidentiality, privacy and respect and the registered manager changed full names to initials before the end of the inspection.

The inspector evidenced staff carrying out good handwashing techniques between patients.

The registered manager had an awareness of the importance of monitoring the incidents of HCAI's and/or when antibiotics were prescribed.

The registered manager provided the inspector with access to a register of all staff employed in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, adult safeguarding, risk management, restrictive practice and the home's environment.

Areas for improvement

Areas for improvement were identified in relation to supervision and appraisals, infection prevention and control, audits and action plans.

	Regulations	Standards
Total number of areas for improvement	1	*2

6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. The home continues to have up to eight patients admitted for regular respite. The registered manager advised the inspector that risk assessments were reviewed on admission and updated to reflect any change.

We reviewed the management of nutrition. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapist (SALT) and dieticians. Supplementary care charts such as fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the speech and language therapist (SALT), epilepsy nurse and/or the dietician changed.

The inspector examined the management of enteral feeding for one patient. The dietetic reports which detailed the prescribed fluid intake regime were readily available in the patient's care records. Fluid balance charts were maintained. A review of the dietician's report and the completed fluid balance intake charts evidenced that the prescribed regime was adhered to. Care plans were in place for the management of enteral feeding.

The inspector was informed that care and support plans are reviewed on admission and daily during the patient's period of respite. These records evidenced that the home carries out reviews with patients if changes to their needs are identified. The inspector examined typed reports sent to Trust community professionals for inclusion in annual reviews. The inspector found these records were satisfactory. The home maintains daily progress notes for each patient.

Relative comments:

"The staff can deal with XXX challenging behaviour."

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 commented:

“We have a communications book and diary to record information in.”
“I enjoy coming into my work, no two days are the same.”

Community professionals commented:

“Any concerns with my patient the staff converse via email or phone.”

Examination of documentation and discussion with staff indicated that the home promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the home maintains a range of methods to communicate with and record the comments of patients, including through routinely speaking with patients on a daily basis and being available for discussion. In the course of the inspection it was noted that patients freely approached staff as they wished and appeared to enjoy good relationships with staff.

Discussion with the registered manager and a review of records confirmed that staff meetings were held on a regular basis and records were maintained. 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 registered manager or the nurse in charge.

Discussion with the registered manager and review of records evidenced that patient meetings were not held on a regular basis. Records reviewed evidenced the list of patients who attended, the discussions held and actions agreed. Outcomes of agreed actions were recorded in a consistent and meaningful manner.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives knew the registered manager.

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 patient’s admission was held in a patient register. This register provided an accurate overview of the number of patients residing in the home on the day of the inspection.

The inspector evidenced and viewed the annual report 2017/2018 and found it to be satisfactory.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, annual report, reviews and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 09.30 hours and were greeted by staff who were helpful and attentive. Four patients were in the home at the commencement of the inspection, other patients were either enjoying time in the lounges or in their bedroom, attending day care and one patient was preparing for discharge home.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Patients who wished to meet the inspector were provided with privacy as appropriate.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. The inspector noted the menu choice on the noticeboard and patients were asked which choice they wanted for 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.

A number of thank you cards were displayed in the home. The inspector inspector noted the following comment from a patient:

"Thanks very much for my time in Woodlawn, you have all been so welcoming and made my time enjoyable."

The inspector reviewed the home's patient questionnaires (February 2018) and found them to be satisfactory. It was noted 26 had been completed and returned.

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with one patient individually, and with others in smaller groups, confirmed that living in Woodlawn House was a positive experience.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided; No questionnaires were returned prior to issue of report.

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives 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 and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified within this domain 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. The inspector reviewed the home's Statement of Purpose (2017) and Patient Guide (2017) and found them to be satisfactory.

Since the last inspection there has been no change in management arrangements. Staff expressed confidence in the management team. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Staff comments:

"Louise has done a good job since coming into post."

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

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. The inspector noted that the home had not received any complaints since the last inspection on 25 January 2018.

As reported earlier in 6.4 the review of records evidenced that audits were not completed as agreed on the previous Quality Improvement Plan (QIP) to assure the quality of care and services. This area for improvement has been stated for the second time.

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

Discussion with the registered 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.
Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified within this domain 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 Mrs Louise Donnelly, 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	
Area for improvement 1 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** Immediate and ongoing	The registered manager shall ensure that personal products will not be stored in communal bathrooms. Ref: 6.4
	Response by registered person detailing the actions taken: The Registered person has completed a team meeting on 2nd August and has highlighted to all staff that personal products should not be stored in communal areas. All staff members not present at meeting have been asked to read and sign minutes to ensure they are aware of all items discussed. This will be closely monitored by registered person and documented via audit.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 35 **Stated:** Second time **To be completed by:** Immediate and ongoing	The registered person shall ensure that systems and processes in place are sufficiently robust to assure the quality of care and other services. Action plans should be developed where shortfalls have been identified and arrangements are in place to ensure actions have been actioned to ensure quality improvements. Ref: 6.4
	Response by registered person detailing the actions taken: The registered person shall ensure that all audits are consistent and actioned appropriately. The registered person will delegate to staff audits to be completed on a monthy basis and monitor compliance. All audits will be re-audited to check for quality assurance. Outcomes of audits will be shared with all staff in a timley manner through planned team meetings/ email correspondence.
Area for improvement 2 **Ref**: Standard 40 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person should ensure that the staff supervision and appraisal schedules should be up to date, showing completed dates. Ref: 6.4
	Response by registered person detailing the actions taken: The registered person along with delegated staff will complete staff supervision and appraisals with all grades of staff on a regular basis. Same will be documented and completion dates highlighted.To date 90% of staff have received staff appraisal and supervison within the past 12 months. The remaining 10% are scheduled to be completed within the next month and completion dates displayed. This will continue to be monitored by the registered person and remain ongoing.

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

The Regulation and Quality Improvement Authority

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