



# Inspection Report

**25 May 2021**



## Woodlawn House

**Type of service: Nursing Home**  
**Address: Quarry Lane, Dungannon, BT70 1HX**  
**Telephone number: 028 3756 6380**

[www.rqia.org.uk](http://www.rqia.org.uk)

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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.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to nine patients. The home provides short breaks for patients living with a learning disability.

### 3.0 Service details

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|--|--|
| <p><b>Organisation/Registered Provider:</b><br/>Southern HSC Trust</p> <p><b>Responsible Individual:</b><br/>Mr Shane Devlin</p>   | <p><b>Registered Manager and date registered:</b><br/>Lena Canavan – not registered</p>  |
| <p><b>Person in charge at the time of inspection:</b><br/>Lena Canavan</p>   | <p><b>Number of registered places: 9</b><br/>The maximum approved places will reduce to 6 temporarily to accommodate one identified patient in category NH-PH.</p> <p>This will be reviewed every 6 weeks. Once the identified patient is no longer accommodated the home will revert to 9 approved places and the NH-PH category will be removed.</p> |
| <p><b>Categories of care:</b><br/>Nursing Home (NH)<br/>LD – Learning disability<br/>LD(E) – Learning disability – over 65 years.</p>  | <p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b><br/>2</p>   |
| <p><b>Brief description of the accommodation/how the service operates:</b><br/>This home is a registered Nursing Home which provides nursing care for up to 9 patients; a condition has been temporarily placed on the home's registration limiting the number of patients who can be accommodated within the home to 6. The home is divided in two units in which care is provided for people living with a learning disability. The service is used to provide a short break service to patients and their families.</p> |  |

### 4.0 Inspection summary

An unannounced inspection took place on 25 May 2021 from 10.00 am to 5.45 pm. The inspection was undertaken by a care inspector.

RQIA received information on 24 May 2021 from an anonymous source that raised concerns in relation to staffing arrangements, managerial oversight, use of restraint, fire safety practices and risk management within the environment.

In response to this information RQIA decided to undertake an inspection.

The following areas were examined during the inspection:

- Staffing arrangements
- Infection Prevention and Control (IPC) practices including the use of Personal Protective Equipment (PPE)
- Environment
- Care records
- Care delivery
- Governance and management arrangements.

The findings of this report will provide the manager with the necessary information to assist them to improve staff practice and enhance the patients' experience.

#### 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 4*          | 2*        |

\* The total number of areas for improvement includes two areas for improvement which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lena Canavan, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. The evidence seen during the inspection in relation to: governance arrangements and managerial oversight; staffing arrangements; and the use of restrictive practices within the home raised concerns that these aspects of the quality of care were below the standard expected.

The manager and members of the senior management team for the home were invited to attend a serious concerns meeting with RQIA via video teleconference on 28 May 2021 to discuss the inspection findings and their plans to address the issues identified. Following the meeting, the senior management team provided RQIA with an action plan, and advised of the completed or planned actions to secure the necessary improvements and address the concerns identified during the 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with two patients, one patient's representative and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided for staff inviting them to provide feedback to RQIA on-line.

The inspector provided the manager with 'Tell us' cards to be 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.

The following records were examined during the inspection:

- Staff duty rota
- Staff training information
- One patient's care record
- A sample of audits and governance records
- Accident and incident records
- Complaints records
- Fire safety risk assessment
- Monthly quality monitoring reports.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 previous inspection(s)**

The most recent inspection of the home was an unannounced care inspection undertaken on 15 January 2021.

| <b>Areas for improvement from the last care inspection</b>   |   |                                 |
|--|---|---------------------------------|
| <b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b> |   | <b>Validation of compliance</b> |
| <b>Area for improvement 1</b><br><b>Ref:</b> Regulation 30<br><b>Stated:</b> First time                | The registered person shall ensure RQIA are notified of any reportable event as required.   | <b>Not met</b>                  |
|  | <b>Action taken as confirmed during the inspection:</b><br>Discussion with manager and review of information in the home evidenced that RQIA had not been notified of all reportable events as required. This is discussed further in Section 6.2.6.<br><br>This area for improvement has not been met and is stated for a second time.   |                                 |
| <b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>           |   |                                 |
| <b>Area for improvement 1</b><br><b>Ref:</b> Standard 44.8<br><b>Stated:</b> First time                | The registered person shall ensure that regular water temperature checks are completed and actioned as necessary.   | <b>Met</b>                      |
|  | <b>Action taken as confirmed during the inspection:</b><br>Review of records submitted to RQIA following the inspection evidenced that this area for improvement was met.   |                                 |
| <b>Area for improvement 2</b><br><b>Ref:</b> Standard 35<br><b>Stated:</b> First time                  | The registered person shall ensure the completion and action where necessary of regular audits to monitor the quality of care delivered in the home.  | <b>Not met</b>                  |
|  | <b>Action taken as confirmed during the inspection:</b><br>Discussion with the manager and review of a limited number of audits which were available during the inspection did not provide assurance that this area for improvement was met. This was discussed with the manager and senior management team during the meeting on 28 May 2021 who provided assurance that a more robust system was now in place to ensure such audits were completed and used to drive improvements within the home.<br><br>This area for improvement has not been met and is stated for a second time. |                                 |

## 6.2 Inspection findings

### 6.2.1 Staffing arrangements

Review of the duty rotas for the period of 17 to 30 May 2021 evidenced that planned staffing levels were not consistently maintained.

Staff stated that required staffing levels were not always met and also expressed concern as to a perceived lack of consistent managerial arrangements within the home. Staff said that these concerns were having a negative impact on overall staff morale. RQIA was also concerned that despite these staffing challenges, arrangements were in place to admit a further patient into the home on 26 May 2021.

These deficits were discussed with the senior management team during the meeting on 28 May 2021 who acknowledged that staffing had not been consistently maintained at times; it was also agreed that maintaining sufficient staffing levels at all times was essential given the complex needs of patients living within the home. The senior management team outlined arrangements in place to help ensure that staffing levels were effectively maintained and it was agreed that RQIA would be notified of any occasion when required staffing levels are not met, until further notice. An area for improvement was identified. The manager's presence within the home is discussed in Section 6.2.6.

Review of the staff duty rota highlighted that it did not accurately reflect the staff on duty during the inspection. The need to ensure that the duty rota is maintained in both an accurate and comprehensive manner at all times was discussed with the manager. An area for improvement was identified.

### 6.2.2 Infection Prevention and Control practices including the use of Personal Protective Equipment.

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 and staff and any outbreak of infection would be reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment such as face masks.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

### 6.2.3 Environment

Examination of the home's environment evidenced that it was generally well maintained. Patients' bedrooms were personalised with items important to them.

Bedrooms and the majority of communal areas were well decorated, suitably furnished, clean, tidy; and comfortable.

It was noted however that the wall plaster in the main communal lounge area was in poor condition; this was discussed with the manager who confirmed that the matter was already being actioned; completion of this work shall be followed up at the next inspection.

We considered fire safety practices within the home. A fire safety risk assessment had been completed in December 2020; some recommendations arising from this assessment had been actioned while others identified for estates attention remained outstanding. The need to ensure any outstanding recommendations are actioned in a timely manner was discussed with the manager. This shall be followed up at the next inspection. Two fire doors were observed to be propped open during the inspection; this issue was discussed with the manager and an area for improvement was identified.

With regard to risk management within the environment, the treatment room was found to be securely locked when not in use.

#### **6.2.4 Care records**

Care records for one identified patient were reviewed; these included: admission information, assessment of needs, care plans, risk assessments and daily evaluation records. Information was also provided by relevant professionals in relation to supporting the patient's individual needs including for example, psychology services and behaviour support. Review of the records showed they were reviewed and updated on a regular basis.

Information was also included within the patient's care records which reflected the use of those restrictive practices deemed necessary by the multi-disciplinary team. However, while the care records evidenced that Deprivation of Liberty safeguards (DoLs) were in place, these contained no explicit reference to the use of physical restraint. This shortfall was discussed with the manager and senior management team during the meeting on 28 May 2021; RQIA was updated following the inspection that DoLs provision for the identified patient were appropriately reviewed by the Trust and relevant records updated. The need to ensure that DoLs records are accurately and comprehensively maintained at all times was stressed and an area for improvement was made regarding the use of restraint and DoLs practice.

Review of governance records also highlighted eight occasions when a form of restraint was used by staff which had not been reported to RQIA in keeping with regulation. This issue was discussed with the manager and senior management team during the meeting on 28 May 2021 and it was agreed that any outstanding notifications relating to the use of restrictive practices would be retrospectively submitted to RQIA. The statutory notification of incidents to RQIA is further discussed in Section 6.2.6.

#### **6.2.5 Care delivery**

Observations of staff practice in the home, including interactions with patients were warm and friendly. Staff possessed a good knowledge of individual patient's needs who were well presented; staff were observed spending time with each patient and attended to their personal care. Staff explained how they were aware of the individual preferences of patients and also outlined the communication skills and aids used to support patients on an individual basis.



Staff were observed maintaining supervision to patients in the home and supporting them with individual activities. For example, one patient was observed relaxing while watching television with staff close by for support when needed.

Staff were observed delivering specific support to one patient at lunch time. Staff clearly communicated with the patient what was going to happen, provided comfort and reassurance throughout ensuring a pleasant experience and withdrew from the patient providing positive reinforcement. This is good practice.

Discussion with one visiting representative confirmed that they were very happy with the care provided to their relative in the home and shared their view that they thought staff in the home were excellent.

### 6.2.6 Management and Governance

At the time of the inspection, a part time manager was responsible for overseeing the home; it was noted that the manager's part-time presence within the home was insufficient to help oversee care delivery and drive any required service improvement.

These management arrangements were discussed with the current manager and senior management team during the meeting on 28 May 2021. The senior management team acknowledged that managerial arrangements had been inadequate within the home and stated that the Trust had been attempting to recruit a new full time manager to the service. Since the inspection, RQIA was formally advised by the Trust on 2 June 2021 that a full time manager had been appointed to the home until a permanent replacement manager was identified.

Competency and capability assessments for anyone left in charge of the home in the manager's absence were unavailable during the inspection. Following the inspection information was forwarded to RQIA confirming completion of competency and capability assessments for all relevant staff as required. A review of the records of accidents and incidents which had occurred in the home found that a number of incidents regarding the use of restraint had not been reported appropriately to RQIA.

As previously stated in section 6.2.4 during the meeting that followed the inspection assurances were given that the notifiable events that had not been reported to RQIA would be forwarded retrospectively. In addition assurances were also provided that staff in the home had been provided with relevant information in relation to the reporting of notifiable events and had received training in this area to ensure the correct procedure was followed moving forward. An area for improvement was stated for a second time.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine care delivery and service provision within the home. However, while written reports arising from these visits were completed, identified actions for improvement were not signed off to show they had been completed. This was discussed with the manager and senior management team during the meeting on 28 May 2021 and it was agreed that such reports should evidence how any required actions are being addressed. This will be reviewed at a future care inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 3           | 1         |

## 6.3 Conclusion

RQIA received concerns from an anonymous source on 24 May 2021 as detailed within Section 4.0. In response to this information, RQIA conducted an unannounced inspection the following day which led to enforcement action; a meeting was subsequently held with the home's senior management team on 28 May 2021. During this meeting, the senior management team provided assurances as to actions taken and planned to address the identified deficits.

New areas for improvement were identified in relation to staffing arrangements, the duty rota, fire safety practices, and the management of restraint. Two further areas for improvement were also stated for a second time.

Patients were observed to be clean and tidy in their appearance with time being taken by staff to attend to their personal care needs. Interactions between staff and patients were warm and friendly. There was evidence of multi professional working to meet the needs of patients in the home.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lena Canavan, 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.

| <b>Quality Improvement Plan</b>  |   |
|--|---|
| <b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>   |   |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>25 May 2021</p>    | <p>The registered person shall ensure RQIA are notified of any reportable event as required.</p> <p>Ref: 6.1 &amp; 6.2.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>All nursing staff have been reminded of their responsibility to ensure the RQIA are notified of any reportable event. All registered nurses have been granted access to report notifiable events via the RQIA web portal. The statutory notification of incidents and deaths guidance document has been shared with all nursing staff.</p>   |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20(1)a</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>25 May 2021</p> | <p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working in the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Ref: 6.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Staffing levels within the home continue to be closely monitored by the manager and assistant manager. Additional staffing cover in response to foreseen staffing deficits is sought via the nurse bank and or agency nursing staff. Unforeseen staffing shortages continues to be reported by exception to the RQIA. The number of admissions to the home is also closely monitored and reflective of staffing levels at that time.</p> |

|  |  |
|--|--|
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27(4) (d)(i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 May 2021</p> | <p>The registered person shall ensure that adequate arrangements are maintained for, containing fires; this is in specific reference to ensuring that fire doors are not wedged or propped open.</p> <p>Ref: 6.2.3</p>   |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14. (5) (6)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 May 2021</p>  | <p>The registered person shall ensure that no patient is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other patient and there are exceptional circumstances.</p> <p>On any occasion on which a patient is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Improvement Authority as soon as practicable.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>All nursing staff have been reminded of their requirement to report any use of physical restraint both via the Trusts incident reporting system and via the RQIA web portal. Nursing staff continue to attend both core and refresher MAPA training during which is its reiterated that physical restraints must be used as a last resort only. Incidents where physical restraint was used prior to inspection were collated and reported to RQIA via the web portal. As per the Trusts Management of Violence &amp; Aggression(MOVA)Procedure all nursing staff have been advised that a debrief must be undertaken following all incidents of violence and aggression and/or implementation of MAPA holds. Copies of the debrief reporting form are available in the nursing office to all staff.</p> |

| <b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b> |   |
|--|---|
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>31 May 2021</p>            | <p>The registered person shall ensure the completion and action where necessary of regular audits to monitor the quality of care delivered in the home.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Monthly Audit completion has been reassigned to registered nursing staff by the manager who continues to monitor completion of same. Monthly audit outcomes are reviewed and where required an action plan is developed and shared with all staff working in the home via email. This action plan is available is also on file in the nursing office.</p> |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>25 May 2021</p>             | <p>The registered person shall ensure the duty rota reflects the staff working over a 24 hour period, the capacity in which they work and identifies the nurse in charge of the home at all times.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The duty rota template has been revised and updated to include the name, designation and hours worked by each member of staff in the home including the number and skill mix of staff on duty over each 24 hour period.</p>  |

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



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