

Unannounced Care Inspection Report 15 January 2021



Woodlawn House

Type of Service: Nursing Home (NH)
Address: Quarry Lane, Dungannon, BT70 1HX
Tel No: 028 3756 6380
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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 short break facility registered to provide nursing care for up to nine persons with a learning disability.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust	Registered Manager and date registered: Louise Donnelly
Responsible Individual: Shane Devlin	
Person in charge at the time of inspection: Louise Donnelly	Number of registered places: 9
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 5

4.0 Inspection summary

An unannounced inspection took place on 15 January 2021 from 10.30 to 16.30. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. This inspection included a review of the homes Covid 19 response.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management

Feedback from patients during the inspection in keeping with their level of understanding was positive in relation to their stays at the home.

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Louise Donnelly, 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.

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 five patients, three staff and the manager. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with "Tell Us" cards 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. There were no questionnaires returned within the identified timescale.

The following records were examined during the inspection:

- Duty rotas
- Two care records
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records
- Staff professional registration information

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 24 October 2019.

There were no areas for improvement identified as a result of the last care inspection on 24 October 2019.

The 17 December 2018 pre-registration estates inspection QIP details were confirmed as implemented by the estates inspector.

Areas for improvement from the last estates Inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27.(1) Stated: First time	The registered person shall submit a valid copy of the Building Control completion certificate for RQIA estate inspector review & record.	Met
	Action taken as confirmed during the inspection: The building control completion certificate was submitted and reviewed by estates inspector in Jan 2019.	
Area for improvement 2 Ref: Regulations 14(2)(a)(b) & (c) Stated: First time	The registered person shall submit a copy of the legionella risk assessment review for RQIA estate inspector review & record.	Met
	Action taken as confirmed during the inspection: The legionella risk assessment was submitted and reviewed by the estates inspector in Jan 2019.	
Area for improvement 3 Ref: Regulations 14(2)(a)(b) & (c) Stated: First time	The registered person shall install a Thermostatic Mixing Valve on the hot water outlet located in the patient day/dining room.	Met
	Action taken as confirmed during the inspection: Confirmation was submitted, and estates inspector review completed.	

6.2 Inspection findings

6.2.1 Staffing

We arrived at the home at 10.30; the manager was in charge of the home throughout the inspection. We discussed with the manager staffing levels for the home. Staff duty rotas for the period of 4 January 2021 until 17 January 2021 were reviewed. The duty rota accurately reflected the staff on duty on the day of inspection and highlighted the on call arrangements in the manager's absence.

During discussion staff confirmed there was stable staffing arrangements in place, this was reflected on the duty rota. The manager outlined the staffing arrangements in the home including identified one to one staffing, the allocation of which was also included on the duty rota. The manager advised staffing levels were reviewed accordingly to meet the assessed needs of patients admitted to the home.

Observations made during the inspection showed patients' needs were being met, there were no concerns observed with regards to staffing levels on the day.

Staff spoke positively about their experiences of working in the home. Staff confirmed they were aware of the reporting arrangements in the home and who to speak with if they had any concerns. Staff spoken with confirmed there was good team working and they were aware of the individual needs of patients.

Comments received from staff included:

- “There is good teamwork here, we all work well together.”
- “The manager is very good and very supportive of staff.”

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid 19; signage was also displayed throughout the home regarding handwashing technique.

The manager advised all visitors to the home had temperature checks and relevant health declaration completed prior to admission to the home. The manager confirmed all patients required a negative Covid 19 test result prior to admission for a short break; in addition staff and patients had temperatures recorded twice daily whilst in the facility. PPE supplies and hand sanitization were available throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread. Staff were observed cleaning touch points at different intervals throughout the day.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required; review of training records showed staff had completed training in relation to infection prevention and control.

6.2.3 Environment

During a walk around the home it was found to be warm, clean and tidy. No malodours were identified. Areas inspected included two communal living areas, dining room, bathrooms, toilet areas and a sample of bedrooms. We found patient's bedrooms were modern, clean and tidy. The manager advised patients could bring personal items with them for the duration of their stay in the home however these had been limited due to Covid 19 IPC procedures.

We noted some general areas of the home were in need of improvement to the paintwork. This issue was discussed with the manager who confirmed that some improvements had been made to date and that additional plans were in place as part of an ongoing environmental improvement plan. The manager advised plans had been put on hold due to the Covid 19 situation and restrictions on contractors being admitted to the home. The manager confirmed the works would be completed when deemed safe to do so. Progress with environmental improvements shall be followed up at a future inspection.

Review of a sample of audit records showed water temperatures were recorded at levels below recommended levels with no evidence that the issue had been actioned. As a result a sample of water temperature tests were conducted during the inspection. It was noted from the samples taken the completed temperature checks were not within the recommended range. This issue was discussed with the manager who contacted the Trust's estates department during the inspection to raise the issue. Following the inspection the manager provided confirmation to RQIA that identified works had been completed. In addition this information was shared with RQIA estates inspectorate, which meant further information, was sought in relation to the homes legionella risk assessment. The information was forwarded to RQIA accordingly. The need to ensure water temperatures are checked regularly and actions taken as necessary was discussed with the manager. An area for improvement was identified.

6.2.4 Care delivery

We observed staff practice in the home; interactions with patients were warm and friendly. Staff showed good knowledge of patients' individual needs. Staff spoken with shared that prior to each admission staff contact patients carers to establish if there has been any changes to patients care needs since their previous stay. Care records were updated accordingly to reflect this.

Patients were well presented with obvious time and attention given to their personal care. Staff explained how patients were supported individually and that they were aware of their personal preferences. Staff were observed supporting patients with activities on a one to one basis including sensory activities, in addition other patients were observed relaxing in the home watching TV, movies, and listening to music.

Patients appeared comfortable; staff were available throughout the day to meet their needs.

Comments from patients during discussion included:

- “I love it here, the staff are very supportive, they help me. The food is lovely.”

6.2.5 Care records

A sample of two care records was reviewed; review of records showed that they included admission information, an assessment of needs, risk assessments, care plans and daily evaluation records. Information from other health professionals including for example Speech and Language Therapy (SALT) were included in the care records.

Records reflected the individual preferences of patients including, for example, food and activity preferences and preferred rising and retiring times. Staff confirmed records were reviewed and updated prior to each patient being admitted for a short break to ensure they reflect patient's current needs.

We noted from one of the care records reviewed the most recent care review minutes available were dated 2018. This issue was discussed with the manager who confirmed this issue would be followed up with the patient's case manager to ensure all relevant information was available in the patient's records.

6.2.6 Governance and management arrangements

The manager retains oversight of the home, and confirmed she felt well supported in recent months by senior management who she confirmed visit the home regularly. Staff spoken with confirmed they were kept informed of changes as they happened and information and guidance was readily available regarding Covid 19.

We reviewed a sample of audits including hand hygiene, nutritional audits, environmental, and record keeping. We noted there had been some fall off with regards to the completion of these checks and regular monitoring records. This issue was discussed with the manager as was the need to ensure the resumption and completion of same. An area for improvement was identified.

Review of records maintained in the home showed notifiable events including accidents and incidents were monitored on a monthly basis. Review of these records showed that a number of events that should have been reported to RQIA had not been although they had been reported to other relevant bodies. The need to ensure all notifiable events are shared as required with RQIA was discussed with the manager. An area for improvement was identified.

A review of staff registration information for the Nursing and Midwifery Council (NMC) and the Northern Ireland Health and Social Care Council (NISCC) showed there was a system in place to monitor staff professional registration and this was reviewed on a regular basis.

There was a system in place regarding the management of complaints. Information relating to any investigation and outcome was available for review. The home had received a number of compliments and thank you cards in recent months which included words of thanks and appreciation from relatives and representatives.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. We reviewed the reports for September, October and November 2020 they included an overview of the working practices in the home. An action plan had been developed within the reports to address any issues identified, which included timescales and the person responsible for completing the action.

Staff confirmed there were good working relationships with external stakeholders.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team work, interactions between patients and staff, promoting individual interests of patients, and IPC practices.

Areas for improvement

Three new areas for improvement were identified during the inspection these related to ensuring water temperatures are recorded regularly and actioned where necessary; ensuring the completion of regular audits and actions as necessary, and to ensure reporting of all notifiable events as required.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

Patients looked well cared for and interactions between patients and staff were warm and friendly. Staff spoken with were aware of the individual needs of patients. The environment was warm, clean and tidy. Staff showed good adherence to IPC procedures.

Three new areas for improvement were identified as a result of this inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Louise Donnelly, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: 16 January 2021</p>	<p>The registered person shall ensure RQIA are notified of any reportable event as required.</p> <p>Ref: 6.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered person will ensure all notifiable events are recorded appropriately and timely with RQIA. All incidents are recorded on Datix, service user notes and incidents. On receipt of datix report the registered person will cross reference with a incident audit and service user progress notes if appropriate, to ensure all necessary documentation is completed. Where shortfalls arise, the registered person will feedback to staff member responsible for reporting of incident to ensure they are aware of their responsibilities regarding the reporting of incidents/events and ensure RQIA are informed accordingly. All staff will also be informed of shortfalls via monthly Action Plans following governance audits. As a result of the identified area of improvement, the registered Person has feedback to all registered nurses in relation to the reporting of notifiable events. All registered nurses have been provided with a copy of Guidance on Statutory Notification of Incidents and Deaths. The Registered Person will continue to monitor compliance through staff appraisal and regular supervision.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 44.8</p> <p>Stated: First time</p> <p>To be completed by: 16 January 2021</p>	<p>The registered person shall ensure regular water temperature checks are completed and actioned as necessary.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person/deputy manager will ensure all weekly checks, including water temperature checks are completed with necessary actions on a weekly basis as delegated, and signed off by management. Where omissions arise the registered person will feedback to staff member responsible for completing checks to ensure they are carried out and all actions taken as a matter of urgency. Where shortfalls arise, the registered person will escalate as appropriate and ensure documentation of correspondence is retained. The registered person will also ensure that checks and actions if needed are delegated at times when there are appropriate staffing levels within the unit which will not impact on the care of patients.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 16 January 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: 6.2.6</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that going forward, systems and processes are in place and sufficiently robust to assure the quality of care and other services. Monthly audits will be delegated to suitably trained staff to monitor the quality of care. Outcomes of audits will be feedback to all staff members via 6-8 weekly team meetings. The registered person will retain oversight of audits on a monthly basis to ensure shortfalls are identified. Where shortfalls arise, an action plan will be devised by registered person/deputy manager stating the action to be completed, by whom and within a specified time frame. The registered person/ deputy manager will monitor compliance of action plan and ensure it has been completed as stipulated.</p>
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Please ensure this document is completed in full and returned via Web Portal



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