



Unannounced Follow Up Care Inspection Report 24 October 2019



Woodlawn House

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

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 registered nursing home which provides care for up to 9 patients.

3.0 Service details

Organisation/Registered Provider: Southern Health and Social Care Trust (SHSCT) Responsible Individual(s): Shane Devlin	Registered Manager and date registered: Louise Donnelly 04 May 2018
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: 4

4.0 Inspection summary

An unannounced inspection took place on 24 October 2019 from 12.00 to 15.00.

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.

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, falls management, care delivery and team work. Further areas of good practice were identified in relation to the culture and ethos of the home, listening to and valuing patients and their representatives, taking account of the views of patients and governance arrangements.

It was positive to note that all seven areas for improvement identified at the previous inspection have been met and there were no new areas identified during this inspection.

Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Louise Donnelly, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection 9 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 9 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 May 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous care inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 14 October 2019 to 27 October 2019
- four patient care records
- a sample of governance audits/records
- compliments received
- a sample of monthly monitoring reports for August 2019 and September 2019
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 last care inspection dated 9 May 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall take adequate precautions against the risk of fire. Ensure fire doors are not wedged open and that fire extinguishers are easily accessed.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that fire doors were not wedged open and that fire extinguishers were easily accessed.	
Area for improvement 2 Ref: Regulation 15 (2) (a) (b) Stated: First time	The registered person shall ensure that the assessment of patients' needs are kept under review in a timely manner and revised at any time when it is necessary to do so.	Met
	This is in relation to ensuring: <ul style="list-style-type: none"> • Patients care plans and risk assessments are reviewed and updated on each admission and throughout their respite stay if deemed necessary Action taken as confirmed during the inspection: The inspector confirmed that patients care plans and risk assessments were reviewed and updated on each admission and throughout their respite stay where deemed necessary.	
Area for improvement 3 Ref: Regulation 29 Stated: First time	The registered person shall ensure the report undertaken in accordance to Regulation 29 is sufficiently robust, reflects the conduct of the nursing home and identifies clearly when and how deficits in the quality of nursing or other services provided are to be met and the action taken if they are not.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the report undertaken in accordance to Regulation 29	

	was sufficiently robust, reflected the conduct of the nursing home and identified clearly when and how deficits in the quality of nursing or other services provided were to be met and the action taken if they were not. This is discussed further in 6.2.5.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: Third and final time	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.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that systems and processes were in place to assure the quality of care and other services. There was evidence that action plans had been developed where shortfalls were identified and arrangements were in place to ensure actions had been taken to ensure quality improvements.	
Area for improvement 2 Ref: Standard 6 Stated: Second time	The current control mechanism on the vista panel on the bedroom door should be changed to allow patients to close the panel if they choose.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the control mechanism on the vista panel on the bedroom door had been changed to allow patients to close the panel if they choose.	
Area for improvement 3 Ref: Standard 46 Stated: First time	The registered person shall ensure that the environmental issues identified in the main body of the report are managed effectively to minimise the risk of infection for staff, patients and visitors.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the environmental issues identified at the previous inspection had been managed effectively to minimise the risk of infection for staff, patients and visitors.	

<p>Area for improvement 4</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in regards to the provision of care to patients who require the use of restrictive practices:</p> <ol style="list-style-type: none"> 1. a record of written consent from the patient is obtained where possible, in relation to the restrictive practice being employed. In the event of such consent being unavailable then a record of best interest decision meeting/consultation should be maintained which evidences that the restrictive practice being implemented is necessary and proportionate 2. staff shall adhere to the prescribed care as detailed within the relevant care plan and record any deviation from such care including documenting the reasons for this occurring 3. staff will document any observational checks of the patient while restrictive intervention is being employed. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed a sample of care records which evidenced that the above area for improvement has been suitably addressed.</p>		

6.2 Inspection findings

6.2.1 The Patient Experience

We arrived in the home at 12.00 hours and were greeted by staff who were helpful and attentive. There were four patients admitted to the home for respite of which two were out on day care. One patient had been discharged from the Hillview unit located to the rear of Woodlawn House.

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 and patients were afforded choice, privacy, dignity and respect.

Discussion with staff and review of the activity programme displayed in the main corridor evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of the inspection we observed positive interaction between the staff and the patients with outdoor activities in the courtyard area and jig saw puzzles in the lounge.

We reviewed a number of patients' bedrooms which were personalised with possessions that were meaningful to the patient. Staff spoken with were complimentary in respect of the

home's environment whilst recognising that there is ongoing refurbishment. This is discussed further in 6.2.4.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.2 Staffing provision

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of patients were met. Staffing rotas for weeks commencing 14 October 2019 and 21 October 2019 were reviewed and evidenced that the planned staffing levels were adhered to. Discussion with the manager further confirmed that contingency measures were in place to manage short notice absence when necessary.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff also stated that they felt supported by management. Comments included:

- "I love it here. Would not want to work anywhere else"
- "Great place to work."
- "Very supported by management"
- "Lots of training here"
- "Great team work."

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 were relaxed in the environment and there was good interaction between the patients and staff.

Discussion with staff evidenced that 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 this was part of their daily routine.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.3 Management of patient care records

Review of four patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We also reviewed the management of nutrition, patients' weight, restrictive practice and pressure area care.

A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if appropriate. A system was also in place to audit patient care records and each patient had a key worker. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.4 General environment

As previously discussed in 6.2.1 a review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction and the home was found to be warm and comfortable throughout. On inspection of patient bedrooms it was observed that a number of walls were marked/worn requiring refurbishment. Identified bathrooms had surface damage to the walls and fabric to chairs within an identified lounge was torn and therefore unable to be appropriately cleaned. The manager discussed the refurbishment plan which had been initiated with ongoing dates for redecorating and replacement of identified furniture. Following the inspection the manager confirmed that a request for the redecorating of walls throughout the home had been made. This will be reviewed at a future inspection.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.5 Management and Governance of the home

Since the last inspection, there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager.

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.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by a designated monitoring officer. Copies of the report were available for patients, their representatives, staff and trust representatives. On review of the report for September 2019 it was identified that where an action plan had been implemented there were no completion dates agreed. Other areas for improvement within the report were discussed with the monitoring officer who provided assurances that the necessary amendments would be made and implemented going forward.

We evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/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.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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