

Unannounced Care Inspection Report 25 January 2018



Woodlawn House

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

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.

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: Mr Francis Rice	Registered Manager: See box below
Person in charge at the time of inspection: Bridin McAleer Louise Donnelly	Date manager registered: Mrs Louise Donnelly – registration pending
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 25 January 2018 from 12.15 to 18.00 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 the empathy displayed by staff to patients, adult safeguarding, infection prevention and control and fire safety. We observed good practice in communication between staff and patients. Our observations confirmed that staff were knowledgeable of patients' wishes and preferences. There were good working relationships between staff and good support from management. The home's environment was fresh smelling and clean throughout.

Areas requiring improvement were identified under the standards. These related to the induction process for the new manager; governance arrangements and the completion of the monthly monitoring reports.

Patients indicated verbally and non-verbally that they were happy living in the home and staff were kind to them.

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	3

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.

4.2 Action/enforcement taken following the most recent inspection dated 17 August 2016

The most recent inspection of the home was an unannounced care inspection undertaken on 17 August 2016. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- 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
- pre inspection assessment audit

During the inspection the inspector met with six patients, six staff, and one patient's relative. The manager advised that patients would not be able to complete questionnaires due to their category of care. Questionnaires were left in the home to obtain feedback from patients' representatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 22 January 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- a sample of incident and accident records
- two staff recruitment and induction files
- three patient care records
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- 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, partially 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 the most recent inspection dated 17 August 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

This QIP was validated by the care inspector at this inspection.

6.2 Review of areas for improvement from the last care inspection dated 17 August 2016

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 16 (1) (b) Stated: First time	The registered provider must ensure care records are kept under review and reviewed at any time necessary to do so having regard to any change of circumstances and in any case not less than annually.	Met
	Action taken as confirmed during the inspection: A review of three care records evidenced that these accurately reflected the patients identified needs. There was evidence that these had been reviewed and updated annually and /or more frequently as deemed necessary.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: First time	The registered provider should ensure that nutritional screening is carried out on admission using a validated tool to identify patients who may be or are at risk of malnutrition.	Met
	Action taken as confirmed during the inspection: A review of two care records evidenced that this area for improvement was met.	
Area for improvement 2 Ref: Standard 35 Stated: First time	The registered provider should ensure that a robust system is developed and maintained for reviewing care records to ensure they are reviewed and kept up to date in accordance with legislative requirements, DHSSPS Care Standards and other related guidance.	Met
	Action taken as confirmed during the inspection: A review of information evidenced that all care plans had been reviewed in October 2017. A review of care records evidenced that these had been reviewed and update in accordance with patients identified needs. The manager discussed the implementation of systems and processes to assure compliance in this area of practice.	

Area for improvement 3 Ref: Standard 5 Stated: First time	The registered provider should ensure that the use of the non-recording device in use for an identified patient is reviewed in accordance with RQIA's guidance on the use of Overt Close Circuit Televisions (CCTV) for the Purpose of Surveillance in Regulated Establishments and Agencies.	Met
	Action taken as confirmed during the inspection: A discussion with the manager confirmed that a policy had been developed in relation to the use of non-recording devices. A review of the policy dated June 2017 evidenced that it referenced RQIA's Guidance as outlined above. The manager confirmed that the policy had been implemented and adhered to for any patients who required this intervention. A review of documentation for one patient confirmed this information. Evidence was available re; the decision making processes taking into consideration the patient's best interests, consultation had been sought and recorded for all relevant persons and a care plan was in place to direct care delivery.	

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 nurse in charge confirmed the staffing levels for the home at the time of this inspection. As the home is a respite unit, the staffing levels are determined by the identified needs of the patients during the period of respite care. A review of the staffing rota for week commencing 22 January 2018 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff the manager confirmed that administrative, domestic, catering and activities staff were rostered each week. No concerns regarding staff provision within the home were raised during discussions with staff and the one relative spoken with during the inspection. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

The duty rota identified the nurse in charge of the home in the absence of the manager and the rota was maintained in accordance with the care standards for nursing homes, 2005. Staff recruitment for the home is managed centrally by the human resources department for the Southern Health and Social Care Trust (SHSCT). A personnel file for each staff member employed was held in the home. A review of a file for one member of staff included a checklist which confirmed that all documentation pertaining to the recruitment process including AccessNI checks had been sought, received and deemed satisfactory.

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. However, the manager advised that whilst some support and guidance had been given to them in regards to their role and responsibilities, a formal induction process had not been completed. This has been identified as an area for improvement under the well led domain.

A review of 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).

The manager confirmed that competency and capability assessments had been completed for all registered nurses who took charge of the building in their absence. A review of competency capability assessments for two registered nurses identified on the staffing rota to fulfil this role and responsibility were completed appropriately.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The manager advised that staff were required to complete mandatory training which included face to face training and e-learning. The manager advised that the home also have their own in house trainer who provides training for staff in certain areas of practice. A training matrix available for 2017/2018 evidenced that staff had completed training in areas such as moving and handling; first aid and fire safety. Additional areas of training were also made available to enable staff to fulfil their role and function in the home. The manager advised that the administrator monitors the training records on a monthly basis and the findings are shared with them for any actions as deemed necessary.

The manager and staff spoken with demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The manager advised that arrangements were being made for them to attend training for managers in this area of practice and confirmed that the deputy manager had already completed this on 25 May 2017.

Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice as per the Trust's policy.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. An area for improvement identified at the last care inspection was met.

A review of the systems and processes in place for the management and governance of accidents and /or incidents evidenced that these were managed and reported in line with good practice guidelines and Care Standards for Nursing Homes. Action plans were in place to address any deficits identified.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, adult safeguarding, infection prevention and control, risk management and the home’s environment.

Areas for improvement

No areas for improvement were identified during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

The manager advised that care plans are reviewed on a three monthly basis unless there has been a change in the patients assessed needs and condition since their last admission. Risk assessments and an admission checklist are also completed, every time a patient returns to the home for respite care.

Care records reviewed evidenced that the documentation was very person centred and included very detailed information to direct staff in their delivery of care. Records reviewed accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as the Speech and language therapist (SALT), Epilepsy Nurse and/or or the Dietician.

A care record reviewed in regards to the management of Enteral Feeding evidenced that this accurately reflected the regime of care prescribed by the Dietician and the supplementary care records were maintained in accordance with best practice guidelines.

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. During the time of inspection, a number of patients were being admitted for respite care. Registered nurses were observed engaging with relatives and seeking clarification regarding any changes to the patient’s condition since their last period of respite care.

Discussion with staff and a review of the duty rota 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 necessary information regarding each patient’s condition and their care needs.

Staff spoken with stated that there was effective teamwork; each staff member knew their role, function and responsibilities. They advised that the home experienced a period of instability due to the resignation of the previous manager and other staff turnover. However, advised that the home had been more stable since the new manager had come into post. Staff confirmed that if they had any concerns, they could raise these with any member of staff, their line manager and /or the manager.

Discussion with the manager and review of records evidenced that staff meetings were held on a monthly basis. A sample review of minutes for staff meetings held evidenced that these were purposeful and provided a forum for any new policies, systems and learning to be shared.

During the inspection, one patient’s representatives spoken with expressed and acknowledged their appreciation for all the care and compassion shown to their loved one by the management and staff who work at Woodlawn.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified 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.

At the commencement of the inspection there was only one patient in the home, other patients were either attending day care and/or had not been admitted for their respite stay. Prior to evening tea, patients had returned from day care and other patients had been admitted for respite care. All patients (six) were observed having their tea in the dining room.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. From the discussions held with staff, it was very apparent that they knew the needs of the patients extremely well. Staff provided examples of how they responded to patients holistic needs and how to provide comfort if required. Patients were observed to respond to staff’s interactions predominantly by non-verbal gestures.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients’ representatives and staff on the running of the home. A report entitled “Patient and Carer Satisfaction Report” for 2017 was displayed on the notice board in the main foyer of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

As previously reported, one patient's relative spoken with confirmed that when they raised an issues, that they were taken seriously and addressed appropriately.

As previously reported, eight questionnaires were issued for relatives to complete. No responses were returned within the timescale for inclusion in this report.

A poster inviting staff to complete an online survey was provided. At the time of writing this report none had been completed.

Any comments received from patients, relatives and staff were shared with the 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, and staff's knowledge of patients' holistic needs.

Areas for improvement

No areas for improvement were identified 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 and a current certificate of public liability insurance were appropriately displayed in the foyer of the home. Discussion with staff, a review of records and observations confirmed that the home was operating within its registered categories of care.

Since the previous care inspection there has been a change in the management arrangements for the home. RQIA were notified of the changes as required and an application to register the manager has been received. Staff expressed confidence in the new management team. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and one patient's relatives evidenced that the manager's working patterns supported effective communication and engagement. Staff were able to identify the person in charge of the home in the absence of the manager. The manager confirmed that they felt supported in their role by the staff team and other management representatives within the Trust. However, as previously discussed in section 6.4 the manager advised that whilst she had been supported and guided she had not received a formal induction specific to her role and responsibilities. This has been identified as an area for improvement under the standards. The manager advised that she had also enrolled to complete a course "Taking the Lead" facilitated by the Trust to further enhance her knowledge and skills in leadership and management. This is good practice.

Discussions with staff confirmed that there were “good working relationships” and they were enthusiastic about the home and believed they were “making a difference.”

Discussion with staff evidenced that there was a clear organisational structure within the home. Staff expressed confidence in raising concerns about patient care with the nurse in charge and/or the manager if necessary.

Discussion with the manager and review of the home’s complaints record evidenced 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.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. A review of some audits evidenced that action plans had been developed in some instances for areas of improvement and/or required actions. There was some evidence that the areas for improvement had been re-audited to check compliance and quality assurance however this was not consistent across all areas examined. This has been identified as an area for improvement under the standards.

The manager advised that there were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These were not reviewed in detail.

Discussion with the manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations. An action plan was generated to address any areas for improvement. However, it was noted that all visits undertaken were completed as announced and at the same time. In addition, there was duplication of information across reports; there was no correlation between some actions identified and the detail within the report and actions were not consistently reviewed and/or followed up during subsequent visits. This has been identified as an area for improvement under the standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the leadership and management arrangements. Governance arrangements were in place to assure the quality of care and other services provided.

Areas for improvement

Areas for improvement under the standards were identified in relation to: the completion of a formal induction for the manager in accordance with their role and responsibilities; governance arrangements and the completion of reports for monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	0	3

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 Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 39 Criteria 1</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2018</p>	<p>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.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: Head of Service has organised shadowing sessions for Registered Person with other Managers within the directorite to be completed before end of March 2018. Induction shall include management roles and responsibilities within acute and community settings within the Trust.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018</p>	<p>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. Actions plans should be developed where shortfalls have been identified and arrangements are in place to ensure actions have been actioned to ensure quality improvements.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: The registered person shall ensure that all audits are consistent and actioned appropriately. Action plans will be developed for areas of improvement. All audits will be re-audited to check compliance and quality assurance. Communications, safety alerts and notices will be reviewed and where appropriate, made available to key staff in a timely manner through planned team meetings/ email correspondence.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35 Criteria 7</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018</p>	<p>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 for improvement as identified within the main body of the report and should be reviewed at to ensure compliance has been achieved.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: It has been agreed with the Monitoring Officer and registered person, that visits, going forward will be unannounced and at different days and times during the month. The registered person will review all reports on completion, to ensure there is no duplication of information across reports and that actions have been actioned appropriately and followed up during subsequent visits.</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews