Unannounced Care Inspection Report
9 May 2019

Woodlawn House

Type of Service: Nursing Home
Address: Quarry Lane, Dungannon, BT70 1HX
Tel No: 028 8771 3565
Inspector: Jane Laird

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.

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 HSC Trust **Responsible Individual:** 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:** 5

4.0 Inspection summary

An unannounced inspection took place on 9 May 2019 from 10.30 hours to 15.50 hours.

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.

Evidence of good practice was found in relation to staffing arrangements, supervision and appraisal, communication between patients, staff and other key stakeholders and maintaining good working relationships.

Areas requiring improvement were identified in relation to fire safety, infection prevention and control (IPC), record keeping, management of restrictive practices and monthly quality monitoring visits. Two areas that were identified at the previous care inspection had not been met one of which has been stated for a second time in relation to a control mechanism on an identified bedroom vista panel and the other for a third and final time in relation to quality assurance audits.

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	3	*4

*The total number of areas for improvement includes one standard which has been stated for a second time and one standard which has been stated for a third and final time.

Details of the Quality Improvement Plan (QIP) were discussed with Louise Donnelly, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 25 January 2019

The most recent inspection of the home was an unannounced premises inspection.

No further actions were required to be taken following the most recent inspection on 25 January 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including 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

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. 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 29 April 2019 to 12 May 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patient elimination records
- a sample of governance audits/records
- staff supervision and appraisal matrix
- complaints record
- compliments received
- a sample of reports monthly monitoring reports from March 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement two were met and two were not met. These have been included in the QIP at the back of this report.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

We arrived in the home at 10.30 hours and were greeted by the registered manager who facilitated an orientation of the building. Staff were friendly and welcoming and were seated mainly within the nurses office reviewing patients care records. There were five patients admitted to the home for respite who were out on day care during most of the inspection.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met.

A review of the staffing rota for week commencing 29 April 2019 and 6 May 2019 evidenced that the planned staffing levels were adhered to. In the absence of the registered manager a registered nurse was designated as the person in charge of the home.

A discussion with staff evidenced that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that they felt supported by management, comments included; “Great place to work”, “I really do love it here” and “Manager very supportive”. We also sought staff opinion on staffing via an online survey. There were two responses which raised no concerns and confirmed that they were very satisfied with the service across all four domains.

Review of one staff recruitment file confirmed that pre-employment checks were maintained appropriately. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. The registered manager confirmed that all staff recruitment is carried out by human resources as per trust policy and a letter of confirmation is held within the employees folder to confirm that all relevant checks have been obtained.

Review of records evidenced that there was a system in place to monitor staffs registration with their relevant professional bodies. The registered manager confirmed that the administration team completed the checks on a monthly basis. On review of the most recent checks carried out in April 2019 it appeared that two care assistants NISCC fee was overdue. This was investigated and both care assistants had paid their fee but the record had not been updated. This was discussed with the registered manager who agreed to have the records updated and to have direct oversight of these checks going forward. This is discussed further in 6.6.

The staff spoken with understood their responsibilities in relation to keeping patients safe and were able to describe what they would do if they suspected or witnessed any form of abuse. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. There was evidence that registered nurses completed a competency and capability assessment yearly to ensure that they are competent to take charge of the home in the absence of the registered manager.

A number of audits were completed to assure the quality of care and services; areas audited included, environment, nutrition, record keeping and accidents and incidents. Audits identified that there were deficits but did not generate an action plan to highlight areas for improvement. There was no evidence that the registered manager/deputy manager had communicated these deficits to the staff or followed up to establish if the issues had been suitably addressed. It was also identified that there was no written evidence that hand hygiene audits had been carried out. This was discussed with the registered manager who provided assurances that this would be addressed as a matter of urgency. This is discussed further in 6.6.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Fire training records were reviewed which identified that there was only 11 out of 31 staff that had relevant up to date training in fire safety and only 15 out of 31 staff had taken part in a fire drill within the last year. This was discussed with the registered manager who stated that she was aware of the

requirement to have two separate fire awareness training sessions for all staff on a yearly basis and confirmed that fire training was scheduled for 14 and 15 May 2019. Assurances were further provided that the second fire training would be scheduled six months after the first training date and that fire drills would be completed over a one week period to ensure that all staff have completed the relevant training. A copy of the staff signatures and training records were forwarded to RQIA following the inspection. This is discussed further in 6.6.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. We observed the home to be warm and comfortable throughout, however, some areas appeared more decorative than others. This is discussed further in 6.5. Fire exits and corridors were observed to be clear of clutter and obstruction. However, two fire extinguishers in the main reception area were not visible as a chair had been placed in front of them. The registered managers office door was also identified as being propped open with a chair. This was discussed with the registered manager and the chairs were removed. Later in the inspection it was identified that the door to the administrators office was held open with a peddle bin. This was removed by the registered nurse immediately. The wedging open of a fire door renders that door ineffective and raises a significant risk to the welfare of patients. This was discussed with the registered manager and identified as an area for improvement.

It was identified that a number of areas throughout the home were in need of being redecorated such as walls that were marked within identified bedrooms, dayrooms and communal toilets. We further identified furniture in communal areas as either worn or damaged. This was discussed with the registered manager who provided an assurance that identified damaged furniture would be repaired or replaced as necessary and areas requiring redecoration would be discussed with senior management for action.

Personal protective equipment (PPE) dispensers were identified as being stored inside the communal toilets. Clean linen was also observed folded and placed on shelving within identified communal bathrooms. Due to the nature of the environment there was a potential for clean PPE and linen to become contaminated. This was discussed with the registered manager who had already acknowledged that the clean linen was required to be in a cupboard and that she had forwarded a request for these cupboards. The registered manager acknowledged the reason for not having PPE stored within the communal toilets due to the risk of the spread of infection and an area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction and supervision and appraisal.

Areas for improvement

The following areas were identified for improvement in relation to fire safety and infection prevention and control.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

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

Review of three patient care records in relation to the management of nutrition, patients' weight, management of infections and pressure area care evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient, however, on review of three patients care plans regarding adult safeguarding it was not reflective of the updated terminology related to the departmental policy and regional protocols. This was discussed with the registered manager who provided assurances that all patients care plans would be reviewed and amended. Further deficits were identified in relation to the review of patients risk assessments on admission. Records for one patient identified that the malnutrition universal screening tool (MUST) had not been completed and there was no date on the patients falls risk assessment which had been completed. A further patient did not have the MUST, moving and handling, or falls risk assessments completed on admission. This was discussed with the registered manager who confirmed that all of the above deficits had been addressed following the inspection. However, in order to ensure that patients records are appropriately maintained an area for improvement has been stated.

There was evidence of regular communication with representatives within the care records. A system was also in place to audit patient care records and each patient had a key worker. 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 necessary.

Referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians where necessary and appropriately maintained within the patients care records. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

On review of the elimination records there was a potential for an oversight of patients history of bowel movements. It was identified that the recording chart was based on a yearly calendar template and due to this being a respite unit where patients have several admissions and discharges to the home throughout the year; it was difficult to establish how many days a patient had without a bowel movement. The registered manager agreed to review the elimination chart with a new colour coding system to indicate when the patient has been admitted and when they are discharged throughout the year. This will be reviewed during a future inspection.

It was positive to note that restrictive practice, such as locked door facility, the use of bedrails or floor alarm mats, had been discussed with the patient, their next of kin and care manager, however, on review of two patients care records there was no signed consultation provided prior to implementing this practice. There was evidence within the patient's care records of an initial assessment completed to ensure safe use of bedrails which was reviewed regularly and was included within the patient's care plans. This was discussed with the registered nurse and registered manager who agreed to action immediately and was identified as an area for improvement.

Staff confirmed that they were required to attend a handover meeting at the beginning of each shift and were aware of the importance of handover reports in ensuring effective communication. Staff confirmed that the shift handover provided information regarding each patient's condition and any changes noted. One staff member said "Great wee team here". Other comments included; "Great team" and "Really good handovers".

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 registered manager or the nurse in charge.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to record keeping and management of restrictive practices.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 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.

Staff interactions with two patients on return from day care were observed to be compassionate and caring and they demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Patients were afforded choice, privacy, dignity and respect, however, an area for improvement which was identified at the previous care inspection in relation to ensuring that the control mechanism on the vista panel of an identified bedroom door should be changed to allow patients to close the panel if they choose, had not be completed. This area for improvement has been stated for a second time.

There were systems in place to obtain the views of patients and their representatives on the running of the home. The registered manager had recently sent out questionnaires to all patient representatives and was waiting for them to be returned before collating and sharing the results.

We did not meet any patient representatives during the inspection. We sought relatives' opinion on staffing via questionnaires which were left at the home. One questionnaire was returned from a patient representative. The respondent was very satisfied with the service provision across all four domains. Comments included; "I'm very happy with my ……. care."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

The outdoor garden space and grounds were well maintained with an enclosed court yard which included various seating areas to enable patients to relax or participate in outdoor activities. We observed a sensory room across from one of the lounges which was purpose built and commended by the inspector. However, as previously discussed in 6.3 we identified areas throughout the home as being less decorative than others. The environment lacked appropriate signage on communal doors and the walls within the corridors had less character than for example the reception area which was bright and colourful. This was discussed with the registered manager who acknowledged that further art work was required throughout the corridors to create a more homily atmosphere and that signage on communal doors has proven to be challenging as they have been removed on several occasions by patients. The registered manager further stated that this is something that she will share with senior management to advise of alternative signage and themed corridors to create a more homily feel.

On discussion with the registered manager it was established that the activity programme changes on a daily basis depending on the patients who are there for respite and to meet patients' social, religious and spiritual needs within the home. On the day of the inspection all of the patients were attending day care, therefore we were unable to observe the provision of activities within the home. This will be reviewed at a future inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which confirmed that records were maintained appropriately and notifications were submitted in accordance with regulation. The inspector also evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately.

As previously discussed in 6.3 a number of governance audits were completed on a monthly basis by the registered manager and deputy manager, however, a discussion was held with the registered manager regarding the quality of the audit outcomes considering some of the issues identified during inspection had not been identified or documented as actioned appropriately. This was identified at the two previous care inspections as an area for improvement and has been stated for a third and final time.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the monitoring officer. Copies of the report were available for patients, their representatives, staff and trust representatives. However, on review of the deficits identified during the inspection the reports did not identify these issues nor did it review the outcomes of the previous QIP to establish if these areas had been met. As previously mentioned in 6.3 in relation to the oversight of staff registrations with the NMC and NISSC the reports specify that the schedule is maintained by the registered manager, however, there were discrepancies identified within the NISSC schedule which weren't identified during the monitoring visits. The reports also concluded that all mandatory training was up to date; however, as outlined in 6.3 there were a number of staff with outstanding training requirements. This was discussed with the registered manager who shared the information with the monitoring officer and an area for improvement has been made.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

The following area was identified for improvement in relation to monthly quality monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.
Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 27 (4) (b) **Stated:** First time **To be completed by:** Immediate action required	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. Ref: 6.3
	Response by registered person detailing the actions taken: The Registered person shall ensure that all staff have attended face to face Fire Safety training by the end of June 2019. All items of furniture will be removed close to doorways to reduce the likelihood of doors being wedged open. All staff within the unit will be responsible for adhering to Fire Safety legislation and regular checks will be carried out. Items of furniture have also been removed away from fire extinguishers and staff will ensure service users do not adjust furniture to the vicinity of firefighting equipment.
Area for improvement 2 **Ref:** Regulation 15 (2) (a) (b) **Stated:** First time **To be completed by:** 9 July 2019	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. This is in relation to ensuring: 1. Patients care plans and risk assessments are reviewed and updated on each admission and throughout their respite stay if deemed necessary Ref: 6.4
	Response by registered person detailing the actions taken: The registered person has communicated with all registered nurses to ensure they are aware of their responsibilities regarding the reviewing of patient care plans and assessments. The registered person, along with the assistant manager have devised a checklist which is completed by the admitting nurse at the time of admission, to highlight outstanding assessments/ reviews which need to be completed. This information should then be passed on in the shift handover and delegated appropriately to ensure all assessments and reviews are completed in a timely manner. The registered person has also commenced a care plan audit identifying files to be audited each month and action plans devised for the Named Nurse stating timescale for completion of actions.

Area for improvement 3 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** 9 July 2019	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. Ref: 6.6
	Response by registered person detailing the actions taken: The registered person has communicated with Head of Service to ensure Monitoring Officer is aware of responsibilities regarding the completion of a full and thorough inspection each month. Head of Service has also included the need for monitoring officers to follow up on action plans as part of the new job description for monitoring officers.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 35 **Stated:** Third and final time **To be completed by:** 9 July 2019	The registered person shall ensure that systems and processes in place are sufficiently robust to assure the quality of care and other services. Action plans should be developed where shortfalls have been identified and arrangements are in place to ensure actions have been actioned to ensure quality improvements. Ref: 6.6
	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. Audits will continue to be completed on a monthly basis. Where deficits have been identified, robust action plans have been devised to highlight areas for improvement. Evidence will also be retained of all communication with staff and a time scale identified for actions. This will then be followed up to establish if issues have been successfully resolved.
Area for improvement 2 **Ref**: Standard 6 **Stated:** Second time **To be completed by:** 9 July 2019	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. Ref: 6.5

	Response by registered person detailing the actions taken: The registered person had passed this request on to the Estates Department on 30th January 2019 to adapt vista panel. The registered person had also followed up on this a number of times without success. On 21st May 2019 a meeting was held in respect to this request with Estates when the registered person was assured by Estates that a replacement viewing panel with a suitable mechanism would be ordered and fitted. This was also followed up via email on 6th June 2019 to ascertain whether the item had been ordered and will continue to be prioritised by the registered person. Email confirmation received from Estates Development Officer on 13th June confirming new panel had been ordered and expected delivery would be end of June 2019. Installation will be prioritised on delivery.
Area for improvement 3 **Ref**: Standard 46 **Stated:** First time **To be completed by:** With immediate effect	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. Ref: 6.3
	Response by registered person detailing the actions taken: The registered person has submitted a minor works request and forwarded to senior management for approval for the redecoration of areas identified within the unit. Minor works request also includes the installation of lockable cabinets within communal bathrooms to store clean linen and PPE in order to reduce spread of infection. In the interim period, clean linen and PPE have been stored in Clean Linen Store and General store. The registered person is also in the process of procuring suitable replacement furniture
Area for improvement 4 **Ref**: Standard 18 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure the following in regards to the provision of care to patients who require the use of restrictive practices: 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. Ref: 6.4

	Response by registered person detailing the actions taken: The Registered person has communicated to all registered nurses the need to ensure either a written record of consent or a record of best interest decision meeting should be maintained within each nursing file which evidences that the restrictive practice being implemented is necessary and proportionate. All staff are aware of the requirement to adhere to the prescribed care as detailed within the relevant care plan and any deviation should be recorded documenting the reasons for this occurring. Further to this, observational checks are in place, during the use of restrictive practice, documenting the use of restrictive practice and the patients' compliance with same. It also documents measures to be taken in the event of a patient presenting as distressed during any such intervention.

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 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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