

# Inspection Report

10 May 2024



## Woodmount

Type of Service: Nursing  
Address: 15 Melmount Road, Strabane, BT82 9ED  
Telephone number: 028 7188 4234

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

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Woodmount  <b>Registered Person:</b> Mr Alfred Lindsay Woods	<b>Registered Manager:</b> Mrs Amanda Craig  <b>Date registered:</b> 8 April 2016
<b>Person in charge at the time of inspection:</b> Mrs Amanda Craig	<b>Number of registered places:</b> 32
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 31
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 32 patients. Accommodation is over a ground floor level.	

## 2.0 Inspection summary

This unannounced inspection took place on 10 May 2024, from 9.30am to 2.50pm. The inspection was conducted by a care inspector.

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.

All previous areas of improvement were met.

There was safe, effective and compassionate care delivered in the home and the home was well led by the Manager.

Staff were seen to promote the dignity and well-being of patients and provided care in a compassionate manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Two areas of improvement were identified during this inspection. These were in relation recording of progress records and smoking risk assessments.

RQIA were assured that the delivery of care and service provided in Woodmount was safe, effective, compassionate and that the home was well led. Addressing these areas for improvement will further enhance the safety of care in the home.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients said that they were very happy with the care in the home, that staff were kind and attentive and that they enjoyed the meals. Two patients made the following comments; "All's very good. I am treated well. No problems." and "I am very happy here. It is a nice peaceful place."

Patients who could not articulate their views were presented as comfortable, content and at ease in their environment and interactions with staff.

Staff spoke positively about their roles and duties, the provision of care, staffing levels, teamwork, training and managerial support.

Seven visiting relatives praised the quality of care provided for and the kindness and support received from staff. One relative made the following comment; "I am very impressed. The staff are excellent and these views are shared by all the family."

Feedback from two returned questionnaires was all positive.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 14 November 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time	The registered person shall ensure that fluid recording charts are reflective of the details within the care plan for any patient at risk of dehydration.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Recording of fluid intake(s) were completed daily in the progress reports.	
<b>Area for Improvement 2</b> <b>Ref:</b> Standard 12 <b>Stated:</b> Second time	The registered person shall ensure that the MUST is accurately completed and that the action taken to address any weight loss is fully recorded within the patients care records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Action(s) in respect of weight loss were recorded in the care plans.	

<b>Area for Improvement 3</b> <b>Ref:</b> Standard 34 <b>Stated:</b> First time	The registered person shall ensure that quality governance audits in relation to care records are recommended and where deficits are identified an action plan, time frame, person responsible and follow up is completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Audits of care records were in place.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The registered person shall review the management of thickening agents to ensure the recommended consistency level is accurately recorded on administration records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These assessment details were maintained appropriately.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of two staff members' recruitment records confirmed there was a robust system in place to ensure staff were recruited correctly to protect patients.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the Manager was not on duty. The Manager explained how the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Any nurse who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

Staff registrations with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) were audited on a monthly basis. A review of these audits found these to be appropriately maintained.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and they worked well as a team. Staff said that there was a good staff morale and that they felt the care provided for in the home was very good.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training was maintained on an up-to-date basis. Staff spoke positively on their training and how it was provided.

### 5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be friendly, supportive and warm. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering and discretion when assisting in personal care. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Staff showed understanding and sensitivity to patients' needs.

Care records were held confidentially.

Care records were maintained which reflected the needs of the patients.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The food was attractively presented and portions were generous and included choice of meal. There was a variety of drinks available. During the dining experience, staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphasia.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, alarm mats and bed rails. It was established that safe systems were in place to manage this aspect of care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

An area of improvement was made in respect of the need to put in place individualised risk assessments and care plans for patients who smoke. Advice was given in relation to this.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. The detail of these records were largely repetitive type statements of care given as opposed to a record of the patients' well-being. An area of improvement was made for this issue to be reviewed, particularly with assessed needs pertaining to low mood etc.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The catering and laundry departments were tidy, clean and well organised.

Cleaning chemicals were stored safely and securely.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment dated 15 June 2023 had corresponding evidence recorded of actions taken in response to the five recommendations made as a result of it.

Fire safety exits were free from obstruction.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

### **5.2.4 Quality of Life for Patients**

Patients said that they were happy with their life in the home, and the care and that staff were kind and attentive. Patients were dressed well and their aids and appliances were clean.

Observations of care practices confirmed that patients were able to choose how they spent their day. The genre of music and television channels played were in keeping with patients' age group and tastes.

It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Amanda Craig is the Registered Manager of the home. Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. The safeguarding policy was up-to-date and in accordance with legislation. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to the patient's next of kin, their aligned named worker and RQIA.

Discussions with the Manager confirmed that expressions of dissatisfaction were taken serious and would be managed appropriately.

There was a wide range of audits and quality assurance in place. These audits included; care records, infection prevention and control, mealtime experience and wound care audits.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail, with action plans in place for any issues identified. These reports are available for review by patients, their representatives, the Trust and RQIA.

### 6.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Amanda Craig, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16(1)  <b>Stated:</b> First time  <b>To be completed by:</b> 17 May 2024	The registered person must ensure that patients who smoke have an individualised risk assessment in accordance with current safety guidance with a subsequent care plan, in place.  Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> All patients whom smoke have a individualised risk assessment and care plan in place.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 10 June 2024	The registered person shall put in place a review of patients' progress records so that these are individualised and give a detailed account of their well-being.  Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> Manager has discussed with staff nurses to address each patients needs ensuring that all progres notes are meaningful to that specific patient.

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care