

Inspection Report

23 August 2024



Willow Tree Lodge Care Home

Type of service: Nursing Home
Address: Circular Road, Newtownabbey, Belfast, BT37 0RJ
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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

<p>Organisation: Wood Green Management Company (NI) Ltd</p> <p>Responsible Individual: Mrs Yvonne Diamond</p>	<p>Registered Manager: Miss Sheree Quinn</p> <p>Date registered: 25 February 2022</p>
<p>Person in charge at the time of inspection: Miss Sheree Quinn</p>	<p>Number of registered places: 18</p> <p>4 patients in category of care NH-MP, MP(E) accommodated in Blossom Lodge, 7 patients in category of care NH-MP, MP(E) accommodated in Cherry Lodge, 7 patients in category of care NH-PH, PH(E) accommodated in Apple Lodge</p>
<p>Categories of care: Nursing Home (NH) MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 15</p>
<p>Brief description of the accommodation/how the service operates: This is a registered nursing home which provides nursing care for up to 18 patients. Patient bedrooms are located over three floors. The ground floor has four self-contained apartments, and both the first and second floor contain seven en-suite bedrooms each. Communal facilities and services are provided on each floor and a large self-contained activities room is located at the rear of the home.</p>	

2.0 Inspection summary

An unannounced inspection took place on 23 August 2024, from 10.10 am to 4.45 pm 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.

It was evident that staff promoted the dignity and well-being of patients by respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs and had relevant training to deliver safe and effective care. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

Patients said they felt well looked after. Patients unable to voice their opinions were observed to be comfortable in their surroundings and in their interactions with staff.

Staff said they enjoyed working in the home. Staff were seen to be attentive to the needs of the patients.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the Manager.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

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 Miss Sheree Quinn at the conclusion of the inspection.

4.0 What people told us about the service

Patients who were able to share their opinions on life in the home said they were well looked after. Patients who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care and teamwork. Some staff raised concern about staffing levels; all the staff comments were shared with the manager for her appropriate action.

One relative told us they had no issues and felt their loved one was well looked after.

A record of compliments received about the home was kept and shared with the staff team.

Three on line survey responses were received and the comments regarding communication and staffing were shared with the manager to appropriately address. No questionnaires were received within the allocated timeframe.

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 6 April 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 48.9 Stated: First time	The registered person shall ensure fire drill records are completed in full; to evidence the date the fire drill took place, an account of the drill, the name of staff who attended and any actions required.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of staff recruitment records evidenced that a robust system was in place to ensure staff were recruited correctly to protect patients. All pre-employment checks were in place as required.

There were systems in place to ensure staff were trained and supported to do their job. The manager retained oversight of staff compliance with their training requirements.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision had taken place.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Staff said there was good team work however; staff felt there was not enough staff on duty in one of the units. All the staff comments were shared with the Manager who agreed to discuss the staff concerns at the next planned staff meeting on 11 September 2024.

The staff duty rota accurately reflected those working in the home on a daily basis. The Manager's hours were clearly stated. Each shift had an identified nurse in charge of the home. Records showed that any nurse taking charge of the home had a competency and capability assessment in place, to ensure they held the knowledge and skills required.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a handover meeting at the beginning of each shift to discuss any changes in the needs of patients. Staff were knowledgeable about patients' individual needs, routines, and preferences, and demonstrated how they recognised early signs of patient discomfort or distress.

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 these included any advice or recommendations made by other healthcare professionals.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were well reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded. Patient records were held confidentially.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails, alarm mats and continuous supervision.

Patients who are less able to mobilise require special attention to their skin care and were assisted by staff to change their position. A review of repositioning records evidenced that patients were repositioned as prescribed in their care plans. The repositioning records were well maintained.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The food is delivered to Willow Tree Lodge in hot boxes from the adjacent sister nursing home. The serving of the lunch was observed; staff checked the temperature of the food on arrival. From a review of the menu choice records, it was unclear that patients who required a modified diet were provided with a choice of meal. This was discussed with one patient and staff who were unable to confirm that a choice was available. This was discussed with the manager who agreed to review this with the kitchen staff and ensure the menu choice records reflected a meal choice for patients on a modified diet. This will be followed up on the next inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included a sample of patient bedrooms, communal areas, bathrooms and storage spaces. The home was found to be clean, warm, well-lit, and free from malodour. Patient's bedrooms were clean, tidy and personalised with items of interest and importance to each patient, such as family photos and sentimental items.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. However, some inappropriate storage was seen on the stair wells between floors, this was discussed with the manager and removed immediately. Fire extinguishers were easily accessible and the staff had taken part in regular fire drills in the home.

Staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and some were observed engaged in other activities such as; watching TV, listening to music, sitting in the lounge resting or chatting to staff.

Patients appeared to be content and settled in their surroundings and in their interactions with staff. Photographs are displayed throughout the home of many of the patients enjoying activity events.

Monthly programmes detailing the variety of activities delivered was available for review and displayed on a screen in the foyer of the home. The home has a large dedicated activity room at the rear of building and this room is well used by patients. The activities provided for patients included; regular outings for afternoon tea and dancing, linking with local primary schools, shopping trips, art and craft and gardening.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Miss Sheree Quinn is the Registered Manager of the home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

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 patients' next of kin, their care manager and to RQIA.

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 and the Regional Area Manager are identified as safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

Systems were in place to ensure that complaints were managed appropriately.

The home was visited each month by a representative of the registered provider 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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Sheree Quinn, Registered Manager.



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