



Unannounced Care Inspection Report 22 November 2018



Wood Green Private Residential Home

Type of Service: Residential

Address: Wood Green, Circular Road, Jordanstown, BT37 0RJ

Tel No: 028 9036 9901

Inspector: Bronagh Duggan

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 residential care home with 48 beds that provides care for residents living with dementia. The residential care home shares a building with the nursing home. Wood Green Residential Home occupies the ground floor and second floor of the building. Wood Green Nursing Home occupies the first floor of the building.

3.0 Service details

Organisation/Registered Provider: Wood Green Management Company (NI) Limited Responsible Individual: Yvonne Diamond	Registered Manager: Debby Gibson
Person in charge at the time of inspection: Yvonne Diamond upon arrival Debby Gibson arrived at approximately 12.00	Date manager registered: 21 September 2018
Categories of care: Residential Care (RC) DE – Dementia MP - Mental disorder excluding learning disability or dementia	Number of registered places: 48

4.0 Inspection summary

An unannounced care inspection took place on 22 November 2018 from 10.30 to 18.30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. In addition a variation to registration had been submitted to RQIA to reduce residential beds from 54 to 48, the variation was approved following the inspection.

Evidence of good practice was found in relation to staff training, infection prevention and control, the home's environment, communication between residents, staff and other interested parties, the culture and ethos of the home, governance arrangements and quality improvement.

Areas requiring improvement were identified in relation to the reporting of notifiable events, review and updating of an identified care record, ensuring a system was in place to monitor and record weights and recording of complaints information.

Residents spoken with said they were happy with their life in the home and their relationship with staff. One residents' representative gave positive feedback in relation to their experience with the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Yvonne Diamond, responsible individual and Debby Gibson 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 May 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the responsible individual, registered manager, 14 residents individually and others in groups, five staff, and one residents' visitor/representative.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Four questionnaires were returned by residents and residents' representatives within the agreed timescale. No staff questionnaires were returned in the specified timescales.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- Minutes of staff meetings
- Complaints records
- Audits of care plans, accidents and incidents (including falls), complaints, Infection Prevention and Control (IPC), NISCC registration
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings/ representatives' meetings
- Reports of visits by the registered provider

- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 September 2018

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last care inspection dated 30 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 29.1 Stated: Second time	The registered person shall ensure that records reflect when and how recommendations are actioned from the home's fire safety risk assessment.	Met
	Action taken as confirmed during the inspection: Review of the fire safety risk assessment showed recommendations had been addressed.	

Area for improvement 2 Ref: Standard 5.2 Stated: Second time	The registered person shall ensure life history information is completed within the care records for all residents.	Met
	Action taken as confirmed during the inspection: Review of a sample of three care records showed they included relevant life history information.	
Area for improvement 3 Ref: Standard 8.5 Stated: First time	The registered person shall ensure all records are signed and dated by the person making the entry.	Met
	Action taken as confirmed during the inspection: Review of a sample of records showed that these were signed and dated by the person making the entry.	

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 responsible individual advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were used in the home. The responsible individual stated that the use of agency staff did not prevent residents from receiving continuity of care as block bookings were made to ensure familiarity for residents in the home. The responsible individual advised that recruitment was ongoing with a view to recruiting the full complement of staff needed for full occupancy levels of the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed. The registered manager confirmed supervision and appraisals of staff were ongoing at the time of inspection and would continue.

Discussion with the responsible individual confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory. The responsible individual advised that competency and capability information was currently being revised and updated.

Arrangements were in place to monitor the registration status of staff with their professional body Northern Ireland Social Care Council (NISCC).

The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the responsible individual and registered manager, review of accident and incidents notifications, care records and complaints records confirmed that any suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The responsible individual advised there were restrictive practices within the home, notably the use of locked doors, pressure alarm mats, alarm tags etc. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The responsible individual and registered manager confirmed systems were in place to make referrals to the multi-professional team in relation to behaviour management when required and support was available from the dementia support at home team.

Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The responsible individual reported that there had been no outbreaks of infection since the previous inspection. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The responsible individual advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety.

The home had an up to date legionella risk assessment in place dated 28 February 2018, the registered manager provided confirmation recommendations had been actioned or were being addressed.

It was established that one recently admitted resident smoked. The responsible individual confirmed that plans were in place for a risk assessment and corresponding care plan to be put in place in relation to smoking. The assessment should take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance. The responsible individual was advised to ensure risk assessments and corresponding care plans are put in place for all smokers admitted to the home.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 25 April 2018 and all recommendations had been actioned or were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. Fire safety records identified that fire alarm systems were checked weekly and were regularly maintained.

Four completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the 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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three electronic care records were reviewed two included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. Information available showed one of the care records was overdue to reviewed and updating. This was identified as an area for improvement to comply with the standards.

The care records also reflected the multi-professional input into the residents' health and social care needs.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example residents are supported with their preferred rising and retiring times.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. Review of information available showed omissions with regards to recording resident's weights on a regular basis. The need to ensure systems were in place to regularly monitor and record residents' weights was discussed with the responsible individual and the registered manager. Any significant changes in weight should be responded to appropriately. This was identified as an area for improvement to comply with the standards. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the responsible individual and staff confirmed that wound care would be managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin and that referrals would be made to the multi-professional team regarding any areas of concern identified in a timely manner.

The responsible individual advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, accidents and incidents (including falls), complaints were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The responsible individual and registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports and the annual quality review report were available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Four completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Three respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied, one respondent was undecided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

Two areas for improvement were identified during the inspection, these related to the review and updating of the care records for the identified resident and to ensure a system is in place to regularly monitor and record residents' weights, any significant changes in weight should be responded to appropriately.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The responsible individual, residents and one representative spoken with advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and explained how confidentiality was protected.

Discussion with staff confirmed that residents' spiritual and cultural needs were met within the home. Ministers and lay groups visit the home on a regular basis, residents are supported to attend in house services and maintain links with local churches.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. The daily menu choices were displayed in a pictorial format, the activity programme was displayed in a central part of the home.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, visits by the registered provider, a wishing tree was also in place. Staff shared how one resident particularly enjoyed live music and arrangements were made to have a live music session in the home.

The registered manager confirmed plans were in place to gather the views and opinions of residents and representatives and the findings from the consultation would be collated into a summary report.

Discussion with staff, residents, representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example music therapy, crafts, bocha, pet therapy. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example visitors are welcome to the home; links have also been established between the home and local area.

Residents and residents' visitors/representatives spoken with during the inspection made the following comments:

- "I am happy here, everyone is nice." (resident)
- "Nothing to complain about, quite content, happy enough." (resident)
- "It's very nice, you have whatever you need." (resident)
- "Everyone is friendly." (resident)
- "Very good, I have no complaints, I am very content." (resident)
- "This is a very good home, the staff are very good, we are happy with it. There is good communication, you are made feel welcome." (residents' representative)

Four completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Three respondents described their level of satisfaction with this aspect of care as very satisfied, one respondent was undecided. Comments received from completed questionnaires were shared with the registered manager following the 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 residents and taking account of the views of residents.

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 responsible individual outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA. A variation to registration application to reduce the number of residential beds from 54 to 48 was approved from a care perspective following the inspection.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The responsible individual stated that policies and procedures were being systematically reviewed.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. It was noted there was insufficient information available regarding the investigation undertaken regarding one complaint received. This issue was discussed with the responsible individual and the registered manager. The need to ensure all records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction was discussed. This was identified as an area for improvement to comply with the standards. In addition the need to learn from any complaints received to continuously improve the quality of care was discussed with the responsible individual and registered manager.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of accident, incident and notifiable events in the home showed that some had not been reported to RQIA in accordance with legislation and procedures. This was identified as an area for improvement to comply with the regulations. Other relevant bodies had been notified accordingly. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the responsible individual confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example staff had completed training in dementia awareness, falls prevention, health and safety and record keeping.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through regular telephone calls, emails and visits to the home.

The responsible individual reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Four completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Three respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied, one was unsatisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

Two areas for improvement were identified during the inspection, these related to the recording of information relating to an identified complaint investigation and to ensure RQIA are informed of all accidents, incidents and notifiable events as outlined in the legislation.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Yvonne Diamond, responsible individual, and Debby Gibson 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 30 (d)</p> <p>Stated: First time</p> <p>To be completed by: 23 November 2018</p>	<p>The registered person shall ensure RQIA are notified of any event in the home which adversely affects the care, health, welfare or safety of any resident.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All identified notifiable events have been notified retrospectively. Going forward the home will ensure notifiable events will be reported in a timely manner.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 29 November 2018</p>	<p>The registered person shall ensure the care records are reviewed and updated for the identified resident.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Care Records have been updated for the identified resident. Staff have been informed of the importance of reviewing care records within the allocated timeframe. Team Leaders and Management team will continue to monitor to ensure compliance.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: 22 December 2018</p>	<p>The registered person shall ensure a system is in place to regularly monitor and record resident's weights. Any significant changes in weight should be responded to appropriately.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Weights are being recorded monthly or more often if required. Team Leaders and Management Team will continue to monitor. Informal training and supervision held with staff informing them of the process to follow with changes to weights.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: 23 November 2018</p>	<p>The registered person shall ensure records are kept of all complaints and these include details of any investigation undertaken, all communication with the complainant, the outcome of the complaint and the complainants level of satisfaction.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The one identified complaint has been updated fully. Management Team will continue to ensure complaints are responded to and followed up as required.</p>
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Please ensure this document is completed in full and returned via Web Portal



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