

# Unannounced Post-Registration Care Inspection Report 5 June 2017



## Wood Green Private Residential Home

Type of service: Residential Care Home  
Address: Wood Green, Circular Road, Jordanstown, BT37 0RJ  
Tel no: 028 9036 9901  
Inspector: Bronagh Duggan

[www.rgia.org.uk](http://www.rgia.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 provider 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 22 beds that provides care for residents living with dementia. The residential care home operates on the ground floor of a three storey building. The other two floors are registered to provide nursing care. The home was first registered with RQIA in March 2017.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Manor Health Care Ltd Responsible Individual(s): Mr Eoghain King	<b>Registered Manager:</b> Mr Tiago Moreira
<b>Person in charge at the time of inspection:</b> Mr Tiago Moreira	<b>Date manager registered:</b> 20 March 2017
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of registered places:</b> 22

### 4.0 Inspection summary

An unannounced inspection took place on 5 June 2017 from 10.00 to 17.30.

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 pre-registration 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 recruitment practices, staff training, care records and the environment.

One area for improvement was identified in relation to maintaining regular fire safety checks.

Residents and one representative acknowledged they were satisfied with care provided in 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
<b>Total number of areas for improvement</b>	*3	0

\*The two previous requirements were deemed partially met. One requirement has been carried forward from the pre-registration inspection as the completion date was not yet passed. One requirement has been stated for a second time. Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Tiago Moreira, 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 pre-registration inspection**

Other than those actions detailed in the QIP no further actions were required to be taken following the pre-registration inspection on 7 March 2017.

#### **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 and the returned Quality Improvement Plan.

During the inspection the inspector met with nine residents, three care staff, one domestic staff, one resident's visitor/representative, the registered manager and a member of the senior management team.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Sample of competency and capability assessments
- Staff training schedule/records
- Two staff recruitment files
- Three residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audit information
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Sample of policies and procedures

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 7 March 2017**

The most recent inspection of the home was an announced pre-registration inspection.

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

**6.2 Review of areas for improvement from the last care inspection dated 7 March 2017**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27.(2) (o) <b>Stated:</b> First time	The registered provider must ensure that the garden area identified to the back of the home is developed with planted and grass areas. Each unit should have a separated area provided with suitable fencing. This should be completed as soon as the weather permits.	<b>Partially met</b>
	The registered provider should confirm to RQIA that the garden has been secured as agreed within four weeks.	
	<b>Action taken as confirmed during the inspection:</b> The garden area had been secured. Discussion with the registered manager confirmed plans were in place to further develop the garden area.	

<b>Area for improvement 2</b> <b>Ref:</b> Regulation 27.(2) (a) <b>Stated:</b> First time	The registered provider must ensure that the environment of the residential floor will be further enhanced to promote best practice in dementia care and to ensure the overall environment is conducive to accommodate residents with dementia.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of the environment confirmed changes had been made in keeping with best practice in dementia care. The registered manager confirmed this work was currently ongoing with further plans to ensure the environment is conducive to accommodate residents with dementia.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The registered manager confirmed the staffing levels for the residential care home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, one resident's representative and staff. The registered manager confirmed that admissions to the home had been temporarily suspended pending further staff recruitment, thus ensuring staffing numbers remained adequate to meet residents' needs at all times.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training was provided. The registered manager outlined the arrangements for supervision and appraisal of staff. A schedule for mandatory training was maintained and was reviewed during the inspection.

The registered manager and staff 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; records of competency and capability assessments were

retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

A recruitment and selection policy and procedure was in place. Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure was reviewed during the pre-registration inspection and was found to be consistent with the current regional guidance. The registered manager confirmed that there were plans in place for identified staff to complete specific training regarding the role of safeguarding champion. 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 registered manager confirmed that all suspected, alleged or actual incidents of abuse were referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and that written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were risk management policy and procedures in place in relation to the safety of the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. legionella checks.

An infection prevention and control (IPC) policy and procedure was in place. Staff training records confirmed that 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 drying facilities wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Good standards of hand hygiene were observed to be promoted within the home.

The registered manager reported that there had been no outbreaks of infection since the home opened. 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 personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Décor and furnishings were completed to a high standard. Following the pre-registration inspection changes were made to ensure the environment was dementia friendly. This work was currently ongoing and has been stated for a second time in the QIP appended to this report.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. Work was ongoing regarding the completion of the garden area. There were no obvious hazards to the health and safety of residents, visitors or staff. Reference to the continuing work to be completed in the garden area has been carried forward in the QIP appended to this report.

The home had an up to date fire risk assessment in place dated 7 February 2017. The registered manager confirmed all recommendations had been appropriately addressed.

Review of staff training records confirmed that staff had completed fire safety training. The most recent fire drill was completed in March 2017. Records were retained of staff who participated and any learning outcomes. Review of records regarding fire safety checks showed these had not been maintained on an up to date basis; records showed fire safety checks were last completed in March 2017. This area was identified for improvement to ensure compliance with regulations. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Five completed questionnaires were returned to RQIA from residents, residents' representatives and staff. 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 recruitment practices, induction, training, infection prevention and control and the home's environment.

### **Areas for improvement**

One area for improvement was identified to ensure compliance with regulations. This related to maintaining regular fire safety checks.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	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 care records were reviewed; these were maintained on an electronic recording system. The registered manager confirmed all electronic records were supported by an adequate back up system. The care records reviewed 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. The registered manager confirmed care needs assessment and risk assessments (e.g. manual handling, falls, nutrition) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Discussion with staff confirmed that a person centred approach underpinned practice, for example, resident's personal likes and dislikes including food preferences were responded to.

The registered manager confirmed arrangements to monitor, audit and review the effectiveness and quality of care delivered had recently been introduced. Information confirming this was available for inspection. Outcomes from the newly introduced auditing systems shall be reviewed during a future inspection. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed 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, staff meetings and staff shift handovers. The registered manager confirmed arrangements were in place to develop regular resident and/or representative meetings. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

Five completed questionnaires were returned to RQIA from residents, resident's representatives and staff. 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 care records, and communication between residents and staff.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff, residents and one representative confirmed that residents' preferences and cultural needs were met within the home.

The registered manager, residents and representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, one visiting representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. For example, by ensuring discussions regarding residents care needs were held in the office.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, one representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were consulted with daily regarding their choice of meals. Discussion with one representative said they would like to see more activities for residents. The registered manager confirmed an activities therapist had recently been appointed to the home and was due to commence employment in the near future. The registered manager and staff confirmed staff were supporting residents with activities including games, quizzes, short walks and any other activities they may wish to engage in. The registered manager confirmed arrangements were currently ongoing to establish links with the local parish to help meet residents' spiritual needs.

Some residents spoken with during the inspection made the following comments:

- "It's nice here, you are well attended with drinks."
- "I like it here alright, they (staff) are the best."
- "No complaints from me, we are being well looked after."
- "Staff are awful good, no complaints."
- "I'm happy with my room, aye, I like it."

Five completed questionnaires were returned to RQIA from residents, residents' representatives and staff. 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 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
<b>Total number of areas for improvement</b>	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 registered manager outlined the management arrangements and governance systems in place within the home. As stated earlier in this report, admissions to the home had been temporarily suspended pending recruitment of additional staff to ensure resident safety at all times. The registered manager confirmed arrangements were being further developed relating to the auditing of procedures in the home in areas such as infection prevention and control, equipment and maintenance checks and systems to gather views and opinions of residents and representatives. The registered manager confirmed such information would be used to enhance service delivery. The registered manager and senior management were aware of the need to liaise with RQIA regarding any changes to the home's registration. The needs of residents accommodated 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 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.

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 Residents Guide. Review of the complaints information confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party.

The registered manager confirmed there was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager 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, the registered manager confirmed that staff training was planned relating to dementia care and the safeguarding champion role.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available. The need to ensure separate reports were completed for the residential and nursing facilities was discussed with the registered manager to ensure all relevant information was readily available and easily deciphered.

There was a clear organisational structure as outlined by the registered manager and all staff were aware of their roles, responsibility and accountability. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular visits and updates.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

Five completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Four respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied. One respondent indicated dissatisfaction with communication in the home this information was shared with the registered manager after the inspection.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	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 Mr Tiago Moreira, 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 to RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

### Quality Improvement Plan

**Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005**

<p><b>Area for Improvement 1</b></p> <p><b>Ref: Regulation 27. (2) (o)</b></p> <p><b>Stated: Carried forward from pre-registration</b></p> <p><b>To be completed by: 30 September 2017</b></p>	<p>The registered provider must ensure that the garden area identified to the back of the home is developed with planted and grass areas. Each unit should have a separated area provided with suitable fencing. This should be completed as soon as the weather permits.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>  <i>Garden has been secured and grass and plants have now developed. Program in place for further work.</i></p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref: Regulation 27. (2) (a)</b></p> <p><b>Stated: Second time</b></p> <p><b>To be completed by: 5 August 2017</b></p>	<p>The registered provider must ensure that the environment of the residential floor will be further enhanced to promote best practice in dementia care and to ensure the overall environment is conducive to accommodate residents with dementia.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>  <i>Manals have started to be painted to create a flow within the unit that will conduct the residents.</i></p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref: Regulation 27.(4) (d) (v)</b></p> <p><b>Stated: First time</b></p> <p><b>To be completed by: 7 June 2017</b></p>	<p>The registered person must ensure fire safety checks are completed regularly and maintained on an up to date basis.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>  <i>Fire safety checks are now being done regularly and up to date.</i></p>



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 @RQIANews