



Unannounced Care Inspection Report

21 January 2019



Oakmont Lodge Residential Unit

Type of Service: Residential Care Home
Address: 267 – 271 Belfast Road, Bangor BT19 1LU
Tel No: 028 9146 5822
Inspector: Marie-Claire Quinn

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 27 beds that provides care for individuals who are assessed as requiring residential care. The residential care home is located within Oakmont Lodge care home.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland Group Responsible Individual: Amanda Mitchell	Registered Manager: See below
Person in charge at the time of inspection: Nicole McNamara - Senior Care Assistant Mrs Juliet Green – Manager, Oakmont Lodge Care Home, also joined the inspection.	Date manager registered: Annette Martin (application not yet submitted)
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Number of registered places: 27

4.0 Inspection summary

An unannounced care inspection took place on 21 January 2019 from 11.40 to 15.40.

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 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.

Evidence of good practice was found in relation to the home's environment, communication with residents and the person centred care provided in the home. Residents stated they were happy in the home and that staff were attentive and helpful.

One area requiring improvement was identified in relation to ensuring that any information relating to a resident's care is retained within the individual's care records.

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	0

Details of the Quality Improvement Plan (QIP) were discussed with Juliet Green, 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

No further actions were required to be taken following the most recent inspection on 7 June 2018.

5.0 How we inspect

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

During the inspection the inspector met with the person in charge, the manager, 11 residents, one resident's relative and three staff.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Seven questionnaires were returned by residents, five of whom stated they were very satisfied with all aspects of care in the home.

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

- Four residents' care files
- Staff duty rota
- Audits of environment, health and safety, care plans, complaints, catering, infection prevention and control
- Annual Quality Review report
- Minutes of recent residents' meetings
- Minutes of recent representatives' meetings
- Reports of visits by the registered provider, which included fire drill and equipment maintenance records
- Fire safety risk assessment
- Adult Safeguarding policy

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 7 June 2018

The most recent inspection of the home was an unannounced care inspection and there were no areas for improvements made as a result of the last care inspection.

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 person in charge advised that the staffing levels ensured the assessed needs of the residents were met. Agency staff were rarely used in the home, and only as a last resort. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. Review of the duty rota confirmed it accurately reflected the staff on duty in the home on the day of inspection.

The person in charge advised there were no restrictive practices within the home and on the day of the inspection none were observed. The garden, which was shared with the nursing home, was secured and this was referenced in the residents' guide. Residents could leave the home via the front door when they wished. Residents were asked to sign out, as part of fire safety procedures.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Review of the registered providers monthly monitoring reports confirmed that the registration status of staff with their professional body (Northern Ireland Social Care Council (NISCC)) was monitored. The most recent staff meeting had included a review of the NISCC Standards of Conduct and Practice for social care workers.

Discussion with staff confirmed that they were knowledgeable and had an understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. Inspection of the home's adult safeguarding policy file contained out of date information; this was addressed with the home's manager, who explained that the policy had been updated in December 2018 and was available online. A copy of this was provided on the day of inspection, and the updated policy now retained in the home's file. Review of this adult safeguarding policy confirmed that this reflected the current regional policy and procedures. This included definitions of abuse, onward referral arrangements and contact information. However, on review of the adult safeguarding policy file, there were handwritten records relating to a safeguarding incident, information which should have been retained only in individual care records. This was discussed with the home's manager, who agreed this would be addressed. This been stated as an area of improvement.

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; the walls were decorated with memory boxes and historical golf and billiards paraphernalia. The home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no immediate hazards to the health and safety of residents, visitors or staff, although the pull cords for the blinds in the dining room were not securely attached to the wall. This was highlighted to the manager, who stated this would be addressed straightaway. The home has since confirmed that this has now been fully addressed.

The person in charge reported that there had been no outbreaks of infection within the last year. 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. 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. IPC compliance audits were undertaken on a nightly basis; cleaning records were maintained, and required both care assistants and senior care assistants to sign to confirm identified work had been completed, and was to an acceptable standard.

The home had an up to date fire risk assessment in place dated 20 November 2018. Inspection of the registered provider's monthly monitoring reports confirmed that fire drills were completed on a regular basis, and that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were regularly checked and maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents, a resident's relative and staff spoken with during the inspection made the following comments:

Residents:

- "I couldn't complain at all, they look after me here...my (relative) looked around a lot of places and knew this was the right place. It's clean and I have my own bathroom."
- "Staff are very good, no doubt about it."
- "I couldn't say a bad word about it...the staff are very good, not like wardens. It's very clean here."
- "Staff are wonderful."
- "My room is very clean...I have a few things from home....it's nice to have my own bathroom."
- "The security is good...There is always a senior on (duty)...Yes, there are enough staff. They are always busy – no one is ever sitting about."

Relative:

- "The girls (staff) are rushed off their feet...they need to take time to explain things directly to my relative. Not all the staff are switched onto this, but about 90 per cent are...I'm not sure how often they do a deep clean; I brought my own bleach in. The cleaning depends on who's on (duty) but Geraldine is very good."

Staff:

- “Residents are really well looked after. The standard is next to none....Residents are all happy and they tell us that. If not, we try and find out why and remedy that.”
- “I think there’s enough staff...the residents are looked after and cared for well...we have adult safeguarding training every year... (if you had concerns)You know to go and approach your senior and if no results, you take it further.”
- “Staff are brilliant; next to none. There’s nothing too small for them (the staff). Nothing bothers them. Things are done without a second thought.”
- “Yes, it’s very well staffed. I know it’s safe, it works very well here. If I was concerned I would say...I had a three day induction which was very good...we have e-learning, which you can do at home, but you are given time on duty...yes, I’ve had adult safeguarding training, I know what to look out for, and what to do.”

Seven completed questionnaires were returned to RQIA from residents. Six respondents described their level of satisfaction with this aspect of care as very satisfied; one resident was undecided.

Comments received from residents were as follows:

- “I came to Oakmont Care home in September 2018. I am truly impressed with the care and attention I receive. I’m so glad I came.”
- “Continuity of care/catering staff is important.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home’s environment and infection prevention and control.

Areas for improvement

One area for improvement within this domain was identified during the inspection. This was in relation to ensuring all records are filed appropriately.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Discussion with residents and staff established that staff in the home responded appropriately to and met the assessed needs of the residents. Effective communication with residents, their representatives and other professionals was ensured through multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. Observation of practice evidenced that staff were able to communicate effectively with residents. Staff responded promptly to residents, and presented as patient and helpful.

A review of four care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission, and reviewed and updated on a regular basis. This included residents' spiritual and cultural needs; care plans detailed residents' spiritual needs including preferences for end of life care.

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. Referral to other healthcare professionals was timely and responsive to the needs of the residents. Residents' weights were monitored monthly; any significant changes in weight were responded to appropriately, with for example, referrals to dietitians or speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments. Staff had also received dysphagia training.

Inspection of care records and the reports of monthly visits by the registered provider confirmed that audits of care plans, complaints, environment, catering were regularly reviewed; any actions identified for improvement were incorporated into practice.

However, care records were stored in a large filing cabinet which was not locked. Residents' weekly progress records (activity records, comfort checks) were stored on top of another filing cabinet. Both were in an open plan office, opposite the front door of the home, which was also unlocked. Staff advised that the cabinet is not currently lockable, and this has been reported to management. This was addressed with the home's manager, who advised that all care records would now be stored in a lockable cabinet. The inspector and home manager agreed on the importance of ensuring that all care records are stored safely and securely in line with General Data Protection Regulation (GDPR). Following the inspection, the manager confirmed that all files are now stored in the cabinet, which is now lockable.

On the day of inspection, the inspector observed the lunchtime routine. The dining room was decorated to a high standard. Each table had a typed menu which listed the choices available for breakfast, lunch, dinner and snacks. There was a friendly, relaxed atmosphere in the room; the radio was playing and some residents were joking with the staff. Residents were encouraged to come to the dining area, but could dine in their room if they wished. Residents walked to the dining room at their own pace, and chose where they wanted to sit. Staff, including the cook, greeted all the residents by name. Staff were available if residents required support with walking, sitting or eating. Residents were offered a choice of hot or cold drinks. Residents appeared to enjoy their food. If they stated that their portion was too big, a smaller meal was provided; additional portions including extra gravy were available if requested. Staff were responsive to the residents' needs; one resident requested ice cream instead of the planned dessert; another resident asked for the heating to be adjusted. Both requests were promptly addressed.

Residents, a resident's relative and staff spoken with during the inspection made the following comments:

Residents:

- "When I came here, I was in that bed. Now I use the rollator. I have some independence. I couldn't live at home and be alone at night anymore; the staff look after me now...They (staff) puree my food and I eat in my room for privacy."

- “If I’m not feeling good, they (staff) help. I don’t always feel like getting washed but they help me....I’ve all I need here.”
- “The food is hit and miss. Portions are too big, so they’re changing that.”
- “Food’s lovely. Bit too much, but you just say. You get a few options.”
- “The staff know my routine; I like to read in the library in the morning, and they have my water waiting on me.”
- “The staff know me; they know your preferences.”
- “Lunch was lovely, I had honey roasted gammon and apple crumble.”
- “We always have a menu. It’s (the food) nice every day; we don’t have a bad day, then a good day. The food is lovely.”
- “Some people eat lunch in their room; I get my breakfast in bed every morning – I am over 90!”

Relative:

- “I’ve been banging my head against a brick wall about the food...I know it’s not a restaurant, and they are trying to give more choices. However, the staff continue to give my relative too much of what she doesn’t like, and not enough of what she does...My relative does not understand what she is being offered at mealtimes; a picture of the food would make this easier for her. And they could do with more staff at mealtimes.”

Staff:

- “We always get training twice a year...SALT was in and gave training...There was a residents meeting last week. Some residents like to go for a walk, or go over to the shop, but the road crossing (outside the home) isn’t safe. The manager had raised this with MLAs.”
- “You assist the residents a wee bit in the morning, but they are more independent.”
- “Handovers have improved; it’s more detailed, we know about family visits, meetings...residents seem happy that things are being dealt with.”
- “There’s a general awareness of safety; residents are readily given assistance, and as some are more mobile than others, we make sure there’s no hazards.”

Seven completed questionnaires were returned to RQIA from residents. Six respondents described their level of satisfaction with this aspect of care as very satisfied; one respondent was unsatisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement within this domain 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.

Staff stated that 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. Review of care records confirmed that a person centred approach underpinned practice; for example, care plans detailed residents preferred activities, daily routines, rising and retiring times. These were flexible, depending on the resident's expressed wishes. Discussion with residents confirmed they felt their independence was supported within the home.

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 confidentiality were protected; for example, knocking bedroom doors before entering; make sure residents want assistance with personal care by seeking verbal consent; talking through the process and explaining what is happening.

Observation of practice and discussion with staff and residents 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 confirmed that they felt action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records; for example, detailed care plans were in place for falls and nutrition. Residents and/or their representatives were also encouraged and supported to actively participate in the annual reviews of their care.

Discussion with staff and residents confirmed that residents were enabled and supported to engage and participate in meaningful activities. A reminiscence room was available within the home, which residents could use when they wished. There was also a small library and reading area, which residents used throughout the day. There was a piano and a variety of games such as dominos, jigsaws and cards available in the lounge area. The activity schedule for the week was updated each Tuesday; activities included pet therapy; whistle sounds; music; nail care; coffee morning; and music quiz. Arrangements were in place for residents to maintain links with their friends, families and wider community; for example, going out for lunch to a local restaurant; prayer meetings; church services. On the day of inspection, a volunteer from a local church was visiting a resident and delivering the newsletter.

Residents, a resident's relative and staff spoken with during the inspection made the following comments:

Residents:

- "I'm happy here."
- "Staff are very good here."
- "I like the company here, we all get on."
- "You are left to your own devices but the staff are always there when you need them....There's plenty to read."
- "I've been to other homes; they don't compare."

- “I like the music! I sing along.”
- “The activities worker is very good. We have music.”

Relative:

- “Margaret, the activities girl is great; she gets a real variety of people in for the residents.”

Staff:

- “Everybody’s looking out for everyone else here, even the residents...Margaret, the activities therapist, is just fantastic. Another therapist has just started too.”
- “There’s lots of activities and we have lots of fun. A couple came to sing on Friday, the residents were up and dancing!”
- “It’s all on their (residents’) terms, we’re here for them...everyone’s included and encouraged (in activities) and we do new things depending on what residents want to do.”
- “It’s so homely, it feels like the residents’ home...I love it here. I love the standard (of care). I love the way people work with residents; we communicate, listen, ask, talk to residents numerous times throughout the day. Staff are really approachable and they (residents) feel that.”

Seven completed questionnaires were returned to RQIA from residents. Six respondents described their level of satisfaction with this aspect of care as very satisfied; one respondent was 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 within this domain 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

There were systems in place to ensure open and transparent communication, for example representatives’ meetings. Residents’ meetings were held on a minimum quarterly basis, most recently 18 January 2019, which centred on discussion of the residents’ views on catering, the home’s environment, and the potential impact of a planned extension to the home. Separate representative meetings were also held.

Visits by the registered provider were 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. Review of the reports for October, November and December confirmed that a clear action plan was developed to address any issues identified, including timescales and the person responsible for completing the action.

The most recent Annual Quality Review report was also reviewed during the inspection. Suggested changes made as a result of the consultation included a request for the minibus service to be reinstated; for catering to be improved; and for additional work to be completed in the garden areas. The home had completed a catering survey with residents, which gathered their views on food choices, standards and portion sizes. This resulted in a new menu in November 2018. Discussion with residents confirmed they felt improvements had already been made within this area. An overview of recent complaints, for example regarding fees and laundry, was also included within the report. Residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home. RQIA's complaint poster was available and displayed in the home.

There was evidence of managerial staff being provided with additional training in governance and leadership; four members of staff have been funded to complete a NVQ Level 3 in Health and Social Care. Another member of staff is currently completing HNC Level 5 in Management.

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 was a system to share learning from a range of sources including complaints, incidents, and audits; feedback was integrated into practice and contributed to continuous quality improvement. For example, a health and safety audit was completed on 4 January 2019 and feedback provided at the staff meeting on 14 January 2019. Another example was how reflective practice was used following an incident in the home, in addition to debriefings and supervision with staff.

Residents, a resident's relative and staff spoken with during the inspection made the following comments:

Residents:

- "I would speak to them (staff or manager) if I had any issues. They respond immediately..... I like to walk in the garden, it's important for your health, but they've closed one of the gardens as they are planning an extension...if they extend, they will need bigger facilities."

Relative:

- "Annette is a great girl and I can talk to her....but it can seem that 'he who shouts the loudest' gets things, for example what is on the TV in the lounge...relatives weren't included about the extension decision...I worry about the impact on the residents, for example the noise."

Staff:

- "It's professional, honest, relaxed and homelike here....staff all get on. It's a good team, there's no backstabbing. Everything runs really smooth."

- “I love it here. It’s less stressful than other jobs, as everything moves smoothly. The team work is excellent.”
- “It’s very supportive. Nice tight `knit team. I’d have no qualms about whistleblowing or speaking to the manager if I saw or suspected something. Management are totally responsive.”

Seven completed questionnaires were returned to RQIA from residents. Five respondents described their level of satisfaction with this aspect of care as very satisfied; one respondent was satisfied; one respondent was undecided.

Comments received from residents were as follows:

- “Outside garden for walking, as discussed in our meeting.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Mrs Juliet Green, 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	
Area for improvement 1 Ref: Regulation 19.5 Stated: First time To be completed by: with immediate effect	The registered person shall ensure that information about a resident's health and treatment is handled confidentially at all times. Ref: 6.4 Response by registered person detailing the actions taken: In relation to residents personal information regarding health and treatment, the registered manager will ensure that this is being held in the resident's care file which is stored in a lockable cupboard.

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care