

Unannounced Care Inspection Report

22 March 2021



Oakmont Lodge Care Home Residential Unit

Type of Service: Residential Care Home (RCH)
Address: 267 - 271 Old Belfast Road, Bangor, BT19 1LU
Tel No: 028 9146 5822
Inspector: Alice McTavish

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 39 residents.

3.0 Service details

Organisation/Registered Provider: Dunluce Healthcare Bangor Ltd Responsible Individual: Ryan Smith	Registered Manager and date registered: Annette Martin, acting manager since 16 November 2018
Person in charge at the time of inspection: Annette Martin	Number of registered places: 39
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential home on the day of this inspection: 39

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection was undertaken on 22 March 2021 between 09.50 and 18.00 hours. The inspection sought to assess whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements

Residents said that they were happy living in Oakmont Lodge and that staff treated them well. A resident's relative said her mother always describes the staff as 'wonderful'.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1*	0

The number of areas for improvement includes one against the regulations which is carried forward to the next inspection. This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Annette Martin, manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

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 registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection

During the inspection the inspector met with eleven residents, a resident's relative, three care staff and a member of catering staff. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas
- recruitment and induction records of two staff
- staff training
- staff supervision and appraisal
- staff registrations with professional body
- a selection of quality assurance audits
- complaints and compliments
- incidents and accidents
- three residents' care records
- monthly monitoring visit reports
- fire risk assessment

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 previous inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 8 December 2020.

Areas for improvement from the last inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that discontinued medicines are removed from the medicines trolley and medicines cupboards without delay to ensure that discontinued medicines are not administered in error. Ref: 7.2	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.2.1 Infection prevention and control practices including the use of personal protective equipment

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed. Staff had a further temperature check completed before they left their working shift. Residents had health monitoring checks completed twice daily. Records were maintained of all health checks.

Care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

There was a dedicated room for staff to don and doff the correct PPE before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 pandemic. We saw that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. We saw that staff encouraged and assisted where necessary, residents to wash their hands before taking meals. This is good practice.

6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms with en-suite bathrooms, accessible bathrooms for those with disabilities, lounges, dining rooms and the visiting room.

We saw that residents' bedrooms were personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were found to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

The home had a current fire risk assessment.

6.2.3 Staffing arrangements

We could see that the duty rota accurately reflected the staff working in the home. We discussed with the manager that the rota should identify the person in charge in her absence and her working hours should be recorded. We later received written confirmation that this addressed.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

We saw there was a robust system for all necessary pre-employment checks to be completed; this ensured that staff were safe to work in the home.

We saw that staff were provided with regular supervision and received an annual appraisal. We found that staff competency and capability assessments were not completed for staff left in charge of the home when the manager was not on duty. We later received written confirmation that this addressed.

We reviewed the records of mandatory training and saw that there was a system in place to ensure training was kept up to date. We saw that additional training was also provided for staff, if required.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management. There were regular staff meetings which supported such communication.

6.2.4 Care delivery

We observed that residents looked well cared for; they were well presented and nicely dressed.

It was evident that staff knew the residents well; staff spoke to residents kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “Staff are absolutely wonderful, kind and approachable.”
- “The girls (staff) look after me well...I have a call bell and I hardly ever use it, but I know the staff would be with me immediately if I did use it...I know the staff check in on me during the night, and I am happy that they do this.”

One resident reported dissatisfaction with the quality and variety of the food and said that there was little consultation with residents about food preferences. This was raised with the manager who reported that resident meetings had been suspended during the Covid-19 pandemic. We later received written confirmation that resident meetings had resumed and catering arrangements were discussed with residents.

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was disrupted due to the Covid-19 pandemic. The care staff assisted residents to make phone calls or use video calls with their families. Arrangements were in place to facilitate relatives visiting their loved ones at the home. The manager communicated regularly with residents' families and a monthly newsletter was produced to provide a general update on events in the home.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available for residents. We saw that staff were helpful and attentive to residents. We noted that there was no menu displayed in the dining room. The manager later provided written confirmation menus were displayed.

No questionnaires were completed and returned to RQIA.

6.2.5 Care records

We reviewed the care records of three residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed, comprehensive care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

6.2.6 Governance and management arrangements

There was a clear management structure within the home. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

There was a system of audits which covered a range of areas such as accidents and incidents, IPC, hand hygiene and care records. The audits were completed monthly and this helped to ensure that the manager had effective oversight of care delivery to residents.

We examined the records of accidents and incidents which had occurred in the home and found that these were managed appropriately. We noted, however, that a new unique identifier was allocated to residents as each event occurred. This meant that the information submitted to RQIA could not be effectively analysed for any emerging patterns or trends. This was discussed with the manager who agreed to immediately introduce a consistent system. We later received written confirmation of this and saw that the new system was in operation.

We examined the system in place to manage any complaints received; discussion with the manager provided assurance that complaints were audited monthly to ensure they were managed appropriately. The manager viewed complaints as an opportunity to learn and improve. We also saw that numerous compliments were received by staff. Some examples are as follows:

- "...thank you for all the love and care given to my (relative) – you were all amazing."
- "...thank you for all the love, care and friendship shown to my (relative) during his stay..."
- "...thank you all for your support with (my relative) in his time in Oakmont. It was much appreciated and gave the family comfort and reassurance that is care was delivered with sensitivity and compassion."
- "...the family have been so impressed by the kindness and compassion you have all shown. You have no idea how much your small gestures collectively have made to us."

We looked at the records of the visits by the registered provider and saw that these were completed in detail; where action plans were put in place, these were followed up to ensure that the actions were correctly addressed.

Areas of good practice

We found good practice throughout this inspection in relation to the warm and supportive interactions between residents and staff, the cleanliness of the home, staff adherence to the current PPE guidance and to the systems to ensure good management and governance.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff wore PPE in line with the guidance. We were assured that the care provided in Oakmont Lodge Care Home was safe, effective, compassionate and well led.

7.0 Quality improvement plan

Areas for improvement carried forward from the last inspection are detailed in the QIP. Details of the QIP were discussed with Annette Martin, manager, and Ryan Smith, Responsible Individual, 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 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 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure that discontinued medicines are removed from the medicines trolley and medicines cupboards without delay to ensure that discontinued medicines are not administered in error.</p> <p>Ref: 7.2</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.1</p>
--	---

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