Unannounced Care Inspection Report
25 June 2019

Oakmont Lodge Care Home

Type of Service: Residential Care Home
Address: 267 - 271 Old Belfast Road, Bangor BT19 1LU
Tel no: 028 9146 5822
Inspectors: Marie-Claire Quinn & Helen Daly

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 which is registered to provide care for up to 27 residents over 65 years of age.

3.0 Service details

Organisation/Registered Provider: Dunluce Healthcare Bangor Ltd **Responsible Individual:** Mr Ryan Smith	**Registered Manager and date registered:** Ms Annette Martin, Acting Manager – application pending.
Person in charge at the time of inspection: Ms Annette Martin, Manager	**Number of registered places:** 27
Categories of care: Residential Care (RC) I - old age not falling within any other category	**Total number of residents in the residential care home on the day of this inspection:** 27

4.0 Inspection summary

An unannounced inspection took place on 25 June 2019 from 08.00 hours to 14.50 hours.

This inspection was undertaken by care and pharmacist inspectors, who were also accompanied by a lay assessor.

The inspection assessed progress with all areas for improvement identified in the home during and since the last care and medicines management inspections 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 staffing, working with multi-disciplinary professionals, the relationships between residents and staff, the culture and ethos in the home, activities, working relationships between staff and management, management of medicines on admission, medication changes and controlled drugs.

Areas requiring improvement were identified in relation to the management of warfarin, care plans for the management of diabetes and audits of care plans.

Residents were very positive about their experiences living in the home. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents, people who visit them and staff during the inspection, are included in the main body of this report.

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	2

Details of the Quality Improvement Plan (QIP) were discussed with Ms Annette Martin, Manager and Mr Ryan Smith, Responsible Individual, 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 inspection dated 21 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 21 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the allocated time frame.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections.

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

- the care records for four residents
- duty rota 24 June 2019 to 1 July 2019
- staff supervision and annual appraisal schedule
- competency and capability assessments for two members of staff
- minutes of staff meetings dated 29 April 2019 and 6 June 2019
- monthly monitoring reports dated 4 March 2019, 16 April 2019 and 30 May 2019
- a sample of audits dated May 2019
- complaints records
- records for the management of medicines on admission and medication changes
- records relating to the management of distressed reactions, pain, controlled drugs, antibiotics, warfarin, self-administration, insulin, antibiotics, time-critical medicines, medication related incidents
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed of
- medicines management audits
- storage temperatures for medicines
- care plans regarding the management of medicines
- individual written agreements for two residents

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 outstanding areas for improvement from last inspection(s)

One area for improvement was identified at the last care inspection. This was reviewed and assessed as met.

Two areas for improvement were identified at the last medicines management inspection. They were reviewed and assessed as met.

6.2 Inspection findings

6.3 Is care safe?

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

We reviewed staffing levels within the home about which no concerns were raised by residents or staff. There was a calm, relaxed atmosphere in the home. Staff did not present as pressured or rushed when delivering care.

Residents were bright, alert and friendly. We saw a lovely rapport between residents and staff; residents appeared comfortable and enjoyed laughing and joking with staff. Comments made by residents about the home included:

- "Your home is your life now and I like to help out when I can."
- "It's superb! Marvellous! You couldn't get any better! Have you seen the bedrooms? They are beautiful."
- "It's very good here. I was in another care home but this is much better. We have our own shower and bathroom."
- "I like my room; I have a view of the garden."
- "Everything is provided for."
- "I couldn't be more content. I couldn't be happier."

We spoke to relatives about the care provided in the home. Comments included;

- "We can't praise this place enough. We didn't know what to expect, but it's been great. We used to worry 24/7 and now we don't worry at all. It was a very difficult decision (to move relative into the home) but we know they (relative) are safe. (Relative) is happy and settled."
- "Overall, in general, we're very happy with the home. (Relative) is happy."

Staff were positive about the induction and training provided in the home, "Annette (manager) put me on (shift) with different seniors; you learn from them and develop your own way as well. Once you start doing it (the job) you pick it up so quickly and you learn something every day."

Review of records confirmed staff were provided with supervision and annual appraisal, although these dates were not arranged in advance. Correspondence with the home following the inspection confirmed that these dates would now be scheduled.

The home was clean, tidy and maintained to a high level. The garden in particular was bright and colourful, filled with potted plants and flowers that residents had planted. Part of the flooring in one bathroom was scuffed and marked in places; this was discussed with management who advised this would be replaced as part of the home's planned extension. Correspondence with the manager following the inspection confirmed that as an interim measure, this floor had been deep cleaned.

Both staff and the inspectors found the home to be very warm; residents reported they were comfortable and some had electric fans. Staff were also vigilant about providing residents with hot or cold drinks throughout the day. We asked the home to review the heating arrangements and ensure there were sufficient fans for those patients who required them in order to remain comfortable. Discussion with management confirmed that they were aware of this issue and had begun to address this. Correspondence from the manager following the inspection confirmed that this had been addressed.

An area for improvement had been made during the last care inspection regarding the secure and correct storage of residents' care records. Review of care records and observation of practice confirmed that this had been addressed. This area for improvement has been met.

We identified that there was limited privacy for staff to make telephone calls in relation to residents' care needs, for example, when contacting G.P.s or other health professionals. While staff were careful if residents or visitors were present, maintaining residents' confidentiality could be difficult as the telephone is located in an open plan office. We highlighted this to management who shared with us their plans to address the matter, and they will remind staff to be vigilant regarding this to ensure residents' confidentiality is respected at all times.

Medicines Management

Satisfactory systems for the following areas of the management of medicines were observed: staff training and competency assessment, the majority of medicine records, the management of medicines on admission and medication changes, the management of distressed reactions, pain, controlled drugs, antibiotics, self-administration, insulin, antibiotics and time-critical medicines.

We reviewed the management of medicines on admission for two residents. Written confirmation of currently prescribed medicines had been obtained and was available for confirming the accuracy of the personal medication records. The area for improvement identified at the last medicines management inspection was met.

We reviewed the standard of maintenance of the personal medication records. They were observed to be up to date. The date of prescribing of each medicine had been recorded. The date of writing had not been recorded on some personal medication records. However, it was noted that several personal medication records had been rewritten recently and the date of writing was recorded. The area for improvement identified at the last medicines management inspection was met.

The management of warfarin was reviewed. Dosage directions were not always received in writing. When directions were received via a telephone call, the call had not been witnessed by a second member of staff. This is necessary to reduce the likelihood of the directions being misheard. Obsolete dosage directions had not been cancelled and archived. This is necessary to ensure that staff are referring to the current directions at each administration. Running stock balances were maintained. However, it was noted that an error in the administration of warfarin had occurred recently and this had not been identified by staff. The manager was requested to investigate this discrepancy and a notification was received by RQIA on 26 June 2019 detailing the action taken to prevent a recurrence. The management of warfarin should be reviewed to ensure that:

- dosage directions are received in writing
- when it is not possible to receive dosage directions in writing, two staff hear and transcribe the telephoned directions
- obsolete dosage directions are cancelled and archived without delay
- any discrepancies in the stock balances are reported to the manager for investigation and follow up

An area for improvement was identified.

Medicine records were maintained in a mostly satisfactory manner. The layout of the medicines file was reviewed during the inspection to ensure that the personal medication records were adjacent to the medication administration records. Supplementary recording sheets were filed after these records.

Medicines were observed to be stored safely and securely. However, as identified at the last medicines management inspection there was evidence that the refrigerator thermometer was not being reset each day after the maximum, minimum and current temperatures were being recorded. This is necessary to provide evidence that the required temperature ($2^{o}C$ - $8^{o}C$) is maintained since the last time the thermometer was reset. The manager advised that staff would be reminded of doing this during the handover report and that this would be closely monitored.

Areas of good practice

Areas of good practice were identified in relation to staffing, the relationships between residents and staff, the management of medicines on admission, medication changes and controlled drugs.

Areas for improvement

One area for improvement was identified within this domain, in relation to the management of warfarin, which should be reviewed and revised.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

Residents appeared well cared for and content living in the home. Residents were well dressed, in colour co-ordinated and clean clothing; some residents took time to apply make-up and wear their favourite jewellery. Residents were pleased as hairdressing was available on the day of inspection; several residents commented on how they enjoyed getting their hair done.

Comments made by residents about the care provided in the home included:

- “I like a bit of banter with the staff….My wife and daughter call every day and they are very happy with the home.”
- “The staff are wonderful.”
- “Staff are very good.”
- “I’ve got a bell, for when I need to call the staff. They check on me at night, which I like. They’re very attentive. Staff offer me a cup of tea at night if they hear me up as I don’t sleep well.”
- “I get everything I need.”
- “I enjoy everything and I love Diane (staff member).”

Relatives reported that:

- “Staff bend over backwards. They are very helpful; always let you know how (relative) is.”
- “Staff are superb at providing personal care.”

Discussion with residents confirmed that they felt their needs were met within the home, for instance, the optician and district nurse complete home visits. This was reflected in care records which evidenced close liaison with specialist services such as dieticians, involvement in virtual ward rounds and detailed nutritional guidance for those residents who required a textured diet.

Staff displayed good knowledge and understanding of residents' needs which were promptly addressed in a kind and compassionate manner. Staff were positive about care delivery in the home:

- "Everything is brilliant here; the residents are happy and safe. And if they're not happy, they'll soon tell you!"
- "I'm still very happy (working) here!"

Management outlined the training systems in the home and how this is monitored to ensure full compliance. Staff advised they had received a range of training which enabled them to provide effective care to residents. Staff identified a learning need regarding the management of diabetes. This was discussed with management who responded by providing staff with written guidance and signposting them to the e-learning module available to all staff in the home.

Review of care records evidenced that they were satisfactory. A range of holistic assessments and care plans were in place for residents, and had been reviewed on a regular basis. Care plans were person centred and included residents' specific preferences, for instance, regarding their personal appearance. We observed that these expressed preferences were implemented into practice. Care plans were signed by the resident and/or relative. We noted that care plans for the management of diabetes lacked some detail about early warning signs and symptoms. An area of improvement has been made regarding this.

We saw residents wakening at their own pace and enjoying breakfast at their leisure. Some residents were eating breakfast in their rooms while other residents preferred to receive their breakfast within the dining room. We discussed the catering arrangements in the home with residents. Some residents reported that portion sizes were too big. Other comments from residents included:

- "The food is lovely. I like to have a tray in my room as my food is pureed and I can take a long time to eat."
- "I know what I like and I get my porridge, tea and toast every morning."
- "Breakfast is the best meal!"
- "Not marvellous, but really can't complain."

This feedback was discussed with management who outlined how catering arrangements are monitored and reviewed in the home, and agreed to consider how to further improve this system. Following the inspection, the manager advised that resident feedback had been discussed with staff. As a consequence, staff will now ask residents if they would like a small or large portion. Residents will continue to be offered additional servings, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to person-centred and effective care delivery.

Areas for improvement

One area for improvement was identified within this domain in relation to the completion of care plans for residents living with diabetes.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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.

Residents' choices were respected and adhered to. For instance, residents' bedrooms were well maintained and personalised to their needs and preferences. One resident enjoyed playing music and had a keyboard in their room. We observed that some bedroom doors were individualised with pictures and art work; management explained that this depended on residents' choice. Residents could choose between having a bath or shower, and routines were flexible regarding this. In regard to care records, some residents had declined to complete life story work in detail and this was recorded.

Staff were able to describe how they maintain residents' dignity and privacy and promote their independence, such as during personal care. One staff member commented, "You always ask (consent) before providing personal care. Some residents just need or want supervision. They just need to know that you're there to support them, but give them the option."

Written records of consent were contained within care records; however they did not include consent for information sharing while some sections were not fully completed. It was noted that staff were currently in the process of including details of the new provider within residents' consent records. The manager advised that these required updates had been made following the inspection.

Discussion with the activities co-ordinator highlighted that several improvements had been made to activities provision within the home; staff stated "The new owner bought an eight seater so we've had lots of trips. We've gone to Millisle, trips to plays, visited the Ulster Folk and Transport museum. On one trip, a resident visited his old home and the residents loved hearing his stories about growing up there."

Residents comments about activities provided in the home included:

- "I like to sit out in the garden."
- "There is lots to do, lots of activities."
- "I like that I get a choice. I look at the activities and if I'm interested I go. If I'm not interested I can stay in my room and do my crosswords or read my books."

The home has sustained efforts to develop links with the community, particularly the Kilcooey Women's Centre, The West Church and a local school. Residents created the flower pots at the entrance to the home, as well as painting murals at the local school. Residents' outings include going out for lunch, coffee mornings and visits to the Donaghadee lunch club. A piano is available in the main lounge, and one resident was enjoying playing this during 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, the scope of activities provided including promoting engagement with the local community.

Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 home has recently been acquired by a new provider and both staff and relatives were positive about this. As detailed above, the home had recently purchased new transport, which was greatly welcomed by residents, relatives and staff. Management were described as "hands on" and "helpful." Feedback included:

- "There's good team work here. Annette is the best manager I have ever had. She is literally on the end of the phone (if you need her)."
- "Ryan (responsible individual) has been great. He takes time to talk to residents and relatives, he's very visible (in the home)."

We were aware of a complaint received from a relative that the cleanliness in the home had deteriorated. This was not included in complaints records or the relatives' communication record. Discussion with the manager confirmed the reasons for this, and this was rectified on the day. The manager was able to outline improvements made to the home in response to this feedback from relatives. While review of minutes from staff meetings confirmed this, we agreed about the need for additional measures to be implemented to ensure that improvements are sustained. This included: environmental inspections and audits, additional cleaning records and discussion with domestic staff. Correspondence from the manager following the inspection confirmed these measures had been implemented.

We reviewed the minutes of staff meetings, which were satisfactory. Topics which were discussed during staff meetings included consideration of human rights based practice and the culture in the home, as well as staff's duty of candour. There was evidence of staff discussion and shared learning in relation to adult safeguarding and complaints.

The minutes of the most recent residents and relatives meeting were acceptable. Feedback was positive about the activities provided in the home. Views regarding the catering arrangements in the home were listened to, for instance, a review of the desserts and fresh fruit provided in the home.

We reviewed a sample of monthly audits. Audits of the environment and accidents/ incidents were satisfactory. However, audits of care plans were not dated and there was limited evidence that action plans had been addressed. This was discussed with the manager and the need for a more robust audit of care plans was agreed. An area of improvement has been made.

A sample of monthly monitoring reports were reviewed and found to be satisfactory. It was positive to note that issues raised by staff were promptly addressed. For instance, arrangements were made for the activities co-ordinator to receive peer support which has had an effective impact on the planning and provision of activities in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management arrangements and responsive to issues raised by residents and staff.

Areas for improvement

One area for improvement was identified within this domain, in relation to the completion of monthly audits of care plans.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Details of the Quality Improvement Plan (QIP) were discussed with Ms Annette Martin, manager and Mr Ryan Smith, responsible individual, as part of the inspection process. The timescales for completion 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 13 (4) **Stated:** First time **To be completed by:** 25 July 2019	The registered person shall review and revise the management of warfarin as detailed in the report. Ref: 4.0 & 6.3
	Response by registered person detailing the actions taken: The warfarin protocol for receiving INR directions has been reviewed to include the following. 1. obsolete dosage directions are now archived once the new directions are received from GP 2. Running stock balances are audited weekly and any variations reported to manager 3. Dosage directions, directions from all but one surgery are now received in writing. The revised procedure for the verbal instruction is witnessed by two staff and transcribed 4. Reviewed competencies completed. 5 Training has been arranged by the pharmacist to update Senior Care Assistants on warfarin administration 19.09.19.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 **Ref**: Standard 6.2 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that an individual comprehensive care plan includes details of the management of any identified risks and strategies or programmes to manage specified behaviours. This is specifically in relation to those residents living with diabetes. Ref: 4.0 & 6.4
	Response by registered person detailing the actions taken: Careplans reviewed and a careplan has been rewritten to include management of any risks, staff have completed the e-learning module for Diabetes.

Area for improvement 2 **Ref**: Standard 20.10 **Stated:** First time **To be completed by:** 25 July 2019	The registered person shall ensure that working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary. This is specifically in relation to the completion of care plan audits. Ref: 4.0 & 6.6
	Response by registered person detailing the actions taken: Manager has implemented a monthly careplan audit schedule which includes the revision of any outstanding actions as part of this process.

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

The Regulation and Quality Improvement Authority

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