

# Unannounced Care Inspection Report 6 December 2016



## Oakmont Lodge

**Type of service: Residential Care Home**  
**Address: 267 - 271 Old Belfast Road, Bangor, BT19 1LU**  
**Tel no: 028 9146 5822**  
**Inspector: Ruth Greer**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Oakmont Lodge residential care home took place on 6 December 2016 from 10.00 to 15.30.

The inspection sought to assess progress with any issues raised since the last care inspection, which was the initial registration inspection of the home, and to determine if Oakmont was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

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

No requirements or recommendations were made in relation to this domain.

### **Is care effective?**

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

No requirements or recommendations were made in relation to this domain.

### **Is care compassionate?**

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.

No requirements or recommendations were made in relation to this domain.

### **Is the service well led?**

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

One recommendation was made in regard to designated hours for the activity co coordinator.

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

## 1.1 Inspection outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 0            | 1               |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Pauline Lewis, regional quality assurance manager and Vigi Varghese, senior care assistant in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent care inspection.

## 2.0 Service details

|  |  |
|--|--|
| <b>Registered organisation/registered person:</b><br>Maria Mallaband Care Group                        | <b>Registered manager:</b><br>Lisa Harrison    |
| <b>Person in charge of the home at the time of inspection:</b><br>Vigi Varghese, Senior Care Assistant | <b>Date manager registered:</b><br>August 2016 |
| <b>Categories of care:</b><br>I - Old age not falling within any other category                        | <b>Number of registered places:</b><br>25      |

## 3.0 Methods/processes

Prior to inspection the following records were analysed: the report of the registration inspection of the home and accidents/ notifiable events received at RQIA since that date.

During the inspection the inspector met with seven residents, two care staff, the activity coordinator, the regional manager, one visiting professional and two residents' visitors/representatives.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments

- Staff training schedule / records
- Staff recruitment file(s)
- Four residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control register / associated records
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. One questionnaire was returned within the requested timescale.

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 21 October 2016**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

### **4.2 Review of requirements and recommendations from the last care inspection dated 27 July 2016**

There were no requirements or recommendations made as a result of the last care inspection which was the registration inspection for this new residential care home.

### **4.3 Is care safe?**

The regional manager confirmed the staffing levels for the 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, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home. The duty roster identified the staff members designated as the first aider and fire warden for each shift. This was good practice.

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

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The regional 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. It was noted that competency and capability assessments were also in place for all staff in line with their position in the home and relevant to their own areas of responsibility. This is commendable.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the regional 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 Access NI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that Access NI 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 in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The manager was established as the home's safeguarding champion. When the manager was not on duty the senior care in charge assumed the role of safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. 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.

The regional manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the regional 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 admission procedure evidenced that the registered manager visited all prospective new residents to undertake a pre admission assessment.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The regional manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. There was a template within each care file which recorded the visits to/by other professionals.

The regional manager confirmed there were risk management policy and procedures in place. 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.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. A senior staff member had been designated as home coordinator for infection prevention. This staff member had received additional training for the role. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

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

The regional manager reported that there had been no outbreaks of infection within the home since its registration in July 2016.

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.

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. There were no obvious hazards to the health and safety of residents, visitors or staff. The home was new, well designed and purpose built. The internal décor and furnishings were of a high standard. All residents' rooms had en suite facilities. There was a very high standard of cleanliness noted throughout the home.

The home had an up to date fire risk assessment in place dated 30 November 2016 and all recommendations were in the process of being addressed.

Review of staff training records confirmed that staff completed fire safety training. Fire drills were completed most recently on 29 November 2016 and 6 December 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that

fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place within their care file. A master copy was also retained within the fire records file.

One completed questionnaire was returned to RQIA from a resident who described his/her level of satisfaction with this aspect of care as very satisfied.

Comments received from staff and residents were as follows:

- “This is a lovely home and the staff are kind” (resident)
- “The staff try their best and are very respectful” (resident)
- “The manager makes time to speak with me every day.”(resident)

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

### 4.4 Is care effective?

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

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments 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. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. A senior care assistant described the care provided in the morning to one resident. The manner in which this aspect of the resident's care was provided embodied person centred care. The care was provided at a time and pace specific to the resident's individual preference. In discussion, the resident himself confirmed the process and commended the staff member.

The regional manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls) environment and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

Discussion with the regional manager and examination of records confirmed that systems were in place to ensure effective communication with residents, their representatives and other key

stakeholders. These included pre-admission information, residents’ meetings, staff meetings and staff shift handovers. The regional manager and staff confirmed that management operated an open door policy in regard to communication within the home.

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

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

One completed questionnaire was returned to RQIA from a resident in which the respondent described his/her level of satisfaction with this aspect of care as very satisfied.

Comments received from residents, relatives and a visiting professional were as follows:

- “My patients are very well cared for here and the staff are most professional in their dealings with me.” (community nurse)
- “We are welcome at any time and are happy that our (relative) got a room in this home.” (relative)
- “The staff are kind to everyone here.” (resident)

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

**4.5 Is care compassionate?**

The regional 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.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff, residents and relatives confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

The regional manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives 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. In discussion with the inspector, staff were able to give many examples of good person centred care as they described the manner in which care was provided.



The regional manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them.

The home was registered in August 2016 and admitted the first residents in October 2016, therefore there has been no annual quality review report compiled to date. The manager is aware that residents should be consulted with formally, at least annually, about the quality of care and the environment. The findings from the consultation will then be collated into a summary report which will be made available for residents and other interested parties to read.

Discussion with staff, including the activity therapist, discussion with residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The activity therapist was employed to work between the residential home and the nursing home which shares the building. It appeared that the division of hours to each home was organised in an ad hoc manner. A recommendation has been made that specific hours for the activity therapist should be agreed and ring fenced for the residential home.

One completed questionnaire was returned to RQIA from a resident. The respondent described his/her level of satisfaction with this aspect of care as very satisfied.

Comments received from residents and staff were as follows:

- "I love taking the residents out for coffee" (staff)
- "Just look around this is a lovely place and I'm happy here." (resident)
- "Our priority is always the residents' care." (staff)

### Areas for improvement

One area for improvement was identified in relation to designated hours of duty for the activity coordinator.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 1 |
|-------------------------------|---|----------------------------------|---|

### 4.6 Is the service well led?

The regional manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A 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. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, Poster / leaflet etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that the home had not had any complaints since opening.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Audits of accidents takes place on a monthly basis and a copy was sent to the organisation in control. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The regional manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

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

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 for residents, their representatives, staff, trust representatives and RQIA to read. It was noted that the monthly monitoring visits were undertaken over two days. Reports for October and November 2016 were reviewed.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the regional manager identified that the providers had understanding of their role and responsibilities under the legislation.

The regional 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 employer's liability insurance certificate were displayed.

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

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

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The regional manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

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 regional manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

One completed questionnaire was returned to RQIA from a resident. The respondent described his /her level of satisfaction with this aspect of the service as very satisfied

Comments received from residents and staff were as follows:

- “This is a well run home really well organised.” (staff)
- “I know who the manager is and I can speak with her when I want” (resident)

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Pauline Lewis, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed *QIP to RQIA's office* for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

### Quality Improvement Plan

| Recommendations  |  |
|--|--|
| <b>Recommendation 1</b><br><br><b>Ref: Standard 25.6</b><br><br><b>Stated: First time</b><br><br><b>To be completed by:</b><br>31 January 2017 | The registered provider should agree specific hours for the activity coordinator to work in the residential home<br><br><b>Response by registered provider detailing the actions taken:</b><br>An activity programme is in place, allocating hours worked on each unit.<br>As per discussion on day of inspection, the proposal of a separate Activity Therapist for the Residential unit has been put forward to Senior Management. |

|  |                    |                       |        |
|--|--------------------|-----------------------|--------|
| <b>Name of registered manager/person completing QIP</b>      | Lisa Harrison      |                       |        |
| <b>Signature of registered manager/person completing QIP</b> | <i>[Signature]</i> | <b>Date completed</b> | 3-1-17 |
| <b>Name of registered provider approving QIP</b>             | MRS V. CRADDOCK    |                       |        |
| <b>Signature of registered provider approving QIP</b>        | <i>[Signature]</i> | <b>Date approved</b>  | 3/1/17 |
| <b>Name of RQIA inspector assessing response</b>             | Ruth Freese        |                       |        |
| <b>Signature of RQIA inspector assessing response</b>        | <i>[Signature]</i> | <b>Date approved</b>  | 9/1/17 |



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