

Unannounced Inspection Report 17 January 2020



Oakmount Lodge Care Home Residential Unit

Type of Service: Residential Care Home
Address: 267 - 271 Old Belfast Road, Bangor, BT19 1LU
Tel No: 028 9146 5822
Inspector: Helen Daly

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 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.

Organisation/Registered Provider: Dunluce Healthcare Bangor Ltd Responsible Individual(s): Mr Ryan Smith	Registered Manager: See box below
Person in charge at the time of inspection: Ms Annette Martin, Manager	Date manager registered: Ms Annette Martin, application pending
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 inspection took place on 17 January 2020 from 10.15 to 15.30.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the management of medicines, staffing, the environment, the range of activities, communication between residents and staff and taking account of the views of residents and their families.

No new areas for improvement were identified. One area for improvement in relation to the management of warfarin was stated for a second time.

Residents said that they enjoyed living in the home. They were observed to be relaxed and comfortable.

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	0

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Annette Martin, 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 inspection dated 25 June 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 June 2019. 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 last inspection findings in relation to care and medicines management 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.

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

- care plan audits and action plans
- care plans in relation to pain and diabetes
- personal medication records and medication administration records
- the management of medicines on admission, medication changes, antibiotics and warfarin
- medicine management audits
- storage temperatures for medicines
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 care inspection dated 25 June 2019

Areas for improvement from the most recent care inspection dated 25 June 2019		Validation of compliance
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall review and revise the management of warfarin as detailed in the report.</p> <p>Action taken as confirmed during the inspection:</p> <p>We reviewed the management of warfarin for three residents.</p> <p>Dosage directions were received in writing. When this was not possible two staff had witnessed the telephoned directions and verified and signed the subsequent entry on the warfarin chart. However, two transcriptions had not been clearly recorded.</p> <p>Obsolete dosage directions had been cancelled and archived. Only the current dosage directions were available on the medicines file.</p> <p>Two staff were involved in the administration of warfarin and running stock balances were maintained following each administration to reduce the likelihood of an error/enable identification of errors without delay. The balances recorded correlated with the warfarin stock levels. However, when we audited the dose administered each day we noted two errors which had not been identified by staff in the home. This was discussed with staff on duty and the manager. It was agreed that a root cause analysis would be carried out and that staff would receive further training and supervision on the management of warfarin and their accountability with regards to administering warfarin and second checking.</p> <p>Incident reports outlining the action taken to prevent a recurrence were received by RQIA on</p>	<p>Not met</p>

	17 January 2020. This area for improvement has not been met and is stated for a second time.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time	<p>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.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>We reviewed care plans specifically in relation to those residents living with diabetes. They provided sufficient detail to direct staff in the management of diabetes for the identified residents.</p>	
Area for improvement 2 Ref: Standard 20.10 Stated: First time	<p>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.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Care plan audits were completed monthly. A matrix was in place to ensure that each resident had their care plans audited quarterly.</p> <p>There was evidence that action plans had been written and followed up to ensure that the issues identified had been addressed.</p>	

6.2 Inspection findings

6.3 Is care safe?

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

On arrival at the home we were greeted by the manager. We spoke with staff who advised that they felt that there were enough staff to meet the needs of the residents and this was evidenced during the inspection. The residents we spoke with said that they felt well looked after in the home and that there were activities each day. Residents’ needs and requests for assistance were observed to be met in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated, clean and fresh smelling. Corridors were free from trip hazards and equipment/cleaning products were stored in areas not accessed by residents. Bedrooms had been decorated in accordance with residents’ preferences.

We reviewed a sample of personal medication records and medication administration records and found that they had been appropriately maintained. Weekly and monthly audits on the management and administration of medicines were completed. There was evidence that medicines were administered as prescribed. However, as detailed in Section 6.1, there had been errors in the administration of warfarin which had not been identified by staff; the area for improvement identified at the last inspection was stated for a second time. Medicines were observed to be stored securely and at the recommended temperature. There was evidence that the refrigerator thermometer was being reset each day.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, most areas of medicines management and the home’s environment.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

There was evidence that robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay and appropriate records maintained. The manager was reminded that the quantity of each medicine supplied on

admission should be recorded even when the medicines are supplied in a monitored dosage system.

We reviewed the midday meal in the main dining room. Residents dined in the dining room or their preferred dining area. Tables had been laid appropriately for the meal. Food was served from a heated trolley when residents were ready to eat their meals. Staff wore aprons and chatted with residents when serving the meals. The food served appeared nutritious and appetising, staff offered alternatives to ensure that each resident ate a nutritious meal. Comments from residents included:

- “The fish was very good.”
- “I’m not given as much food on my plate and so I enjoy it much better.”
- “I had a lovely lunch, I enjoyed it very much.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely availability of newly prescribed medicines and antibiotics, communication between residents and staff and the encouragement provided by staff to ensure that residents received a nutritious meal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

We observed the administration of a small number of medicines at lunchtime. The administration was completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible. Several residents self-administer some/all of their medicines. Appropriate risk assessments and care plans were in place.

Of the questionnaires that were issued, none were returned from residents or their relatives within the specified timeframe (two weeks).

We spoke with several residents. With the exception of one comment made regarding the menu all residents were complimentary regarding the care, staff, activities and home’s environment. The manager was aware of the issue regarding meal choices and is addressing through discussions with the resident and their family.

Comments made by residents included:

- “I love it here. There is great care and the staff are very good. I have a lovely room and can have anything I ask for. The food is very good and then we have coffee throughout the day and whenever. The music was fantastic yesterday.”

- “I love it here. The staff are great. The company and care are what I needed. I would soon say if there was anything wrong.”
- “It’s a lovely home and lovely staff. This is my home now. I love the company, there is plenty going on and the music is great.”
- “The staff are great. Plenty to do. We are always at something or going somewhere. The barber is in today.”

One resident was celebrating a birthday. They received a card and gift from staff and had a birthday cake during the afternoon.

We spoke to the activity therapist who advised that she was aware of each resident’s likes and dislikes. She has tailored the activities accordingly. A weekly activity planner was on display and residents also received an individual copy. Residents were able to enjoy weekly trips out as transport is available.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to ensuring that residents were provided with activities that they enjoyed, listening to and valuing residents and their representatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is 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 was evidence that medication incidents identified since the last inspection had been investigated to identify and implement any learning to prevent a recurrence. However, as detailed in Section 6.1, errors in the administration of warfarin had not been identified through the current auditing system. This was discussed in detail with the manager who advised that the audit system would be further reviewed. Due to these assurances an area for improvement regarding the auditing systems was not identified.

We discussed the Mental Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguards. The manager advised that staff had completed training.

We met with five staff. They advised that they felt that residents were well cared for in the home and that they were aware of how to report any concerns regarding residents’ care. Comments from staff included:

- “This is a really good home. I enjoy working here. The care is good and there are enough staff.”
- “I love it here. We get great training. The care is amazing.”

- “I love it here. The residents have some much choice for things to do. They really enjoy the outings.”

We spoke with one relative. They were complimentary regarding the management and care provided in the home. They said “I am very happy with the home and with the care. My mother is settling well.”

Areas of good practice

There were examples of good practice found in relation to quality improvement, meeting residents’ needs and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

One area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Ms Annette Martin, 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 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 via the 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: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall review and revise the management of warfarin as detailed in the report.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: A Root Cause Analysis Report has been completed. Action Plan is formulated and is as follows:</p> <ol style="list-style-type: none"> 1. Senior Care Assistants competencies reviewed completed 2. Supervised daily administration of warfarin. 3. Two Senior Care Staff must check the balance and dosage and sign the form created to evidence that this has been carried out at handover. If any discrepancies are found, they are to report to Manager immediately. 4. The Residential manager will carry out spot checks. 5. Company's protocol in relation to receiving telephone instruction discussed and agreed with GP surgeries
---	---

Please ensure this document is completed in full and returned via the 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
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care