

Unannounced Inspection Report 5 December 2019



Oriel House

Type of Service: Residential Care Home
Address: 30 Oriel Road, Antrim, BT41 4HP
Tel No: 028 94488161
Inspector: Paul Nixon

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 registered residential care home which provides care for up to eight residents in the categories of care outlined in section 3.0 below.

3.0 Service details

<p>Organisation/Registered Provider: Oriel House</p> <p>Responsible Individual: Mrs Margaret Teresa Thompson</p>	<p>Registered Manager and date registered: Miss Claire Wilson</p> <p>Registration pending</p>
<p>Person in charge at the time of inspection: Miss Claire Wilson</p>	<p>Number of registered places: 8</p> <p>RC- DE for one identified individual RC- PH for one identified individual RC- I for six residents</p> <p>Residents accommodated in the two upstairs bedrooms are suitably assessed in terms of mobility.</p>
<p>Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment</p>	<p>Total number of residents in the residential care home on the day of this inspection: 7</p>

4.0 Inspection summary

An unannounced inspection took place on 5 December 2019 from 10.30 hours to 13.00 hours.

The inspection assessed progress with any areas for improvement identified during and since the most recent 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, the environment and the dining experience.

One area requiring improvement from the most recent inspection, relating to reports on monthly monitoring visits, was stated for a second time.

Residents described living in the home in positive terms.

Comments received from residents, people who visit them and staff during and after 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 Miss Claire Wilson, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 and 22 July 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 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

During the inspection we met with three residents, one resident's representative, the manager and one member of care staff.

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:

- Personal medication and medicine administration records
- Monthly monitoring reports by the registered provider
- RQIA registration certificate
- Resident consent forms

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection

Areas for improvement from the most recent inspection dated 18 and 22 July 2019		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (c) Stated: First time	The registered person shall ensure as far as is reasonably practicable that unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated. This is in relation to the repair and maintenance of one fire exit door in the home.	Met
	Action taken as confirmed during the inspection: We confirmed that the identified fire exit door had been replaced.	
Area for improvement 2 Ref: Regulation 29 (4) (c) Stated: First time	The registered person shall prepare a written report on the conduct of the home following their monthly monitoring visit.	Not met
	Action taken as confirmed during the inspection: The monthly monitoring reports showed that the registered person had not performed a monthly monitoring visit since 19 September 2019. This area for improvement has not been met and has been 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 7.4 Stated: First time	The registered person shall ensure that completed written consent forms, where used, are maintained within individual case records. This is specifically in relation to information sharing arrangements, including RQIA's access to records.	Met
	Action taken as confirmed during the inspection: We confirmed that the resident consent forms had been updated.	

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

We arrived in the home at 10.20 hours and were greeted by the manager and one staff member who were helpful and attentive. Several residents were seated in the dining room or lounge, whilst others remained in their rooms, in keeping with their personal preference.

Observation of the delivery of care evidenced that staff attended to residents needs in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. There were no malodours. Corridors were free from trip hazards and cleaning products were stored in areas not accessed by residents.

A sample of seven personal medication records and medicine administration records were reviewed. These had been maintained in a satisfactory manner. A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

Areas of good practice

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

Areas for improvement

No 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 were procedures in place to ensure the safe management of medicines during a resident’s admission to the home and for medicine changes. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Newly prescribed medicines, including antibiotics, had been received into the home without delay.

Staff stated that there was effective teamwork; the staff member spoken to knew their role, function and responsibilities.

We reviewed the lunchtime meal experience. Lunch commenced at 12.30 hours. Residents dined in the dining room. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch. Residents who required to have their meals modified were also afforded a choice of meal. Food was served warm, directly from the kitchen. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to residents’ dietary requirements. Residents wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with residents when assisting with meals and residents were assisted in an unhurried manner. Residents consulted spoke positively of the food provision.

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/assistance provided by staff to ensure that residents enjoyed 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.

Staff demonstrated a detailed knowledge of residents’ wishes, preferences and assessed needs and how to provide support if required. Staff interactions with residents were observed to be compassionate, caring and timely. Residents were afforded choice, privacy, dignity and respect.

Consultation with three residents confirmed that living in the home was a positive experience. Comments included:

- “It’s very nice here; very good. Staff are excellent. The food is good.”
- “I am looked after well. The food is very good.”
- “I am very comfortable. Staff are great; very kind. Almost like home from home. The cook is good.”

One visitor stated that their relative was very happy, was getting good care and that management and staff were very welcoming.

Of the questionnaires that were issued, two were returned from residents or relatives. The responses indicated that they were very satisfied with all aspects of the care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, 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.

Discussion with staff confirmed that management were supportive and responsive to any suggestions or concerns raised. Staff spoken to stated that they enjoyed working in the home.

We also sought staff opinion on staffing via the online survey. There were no responses received within the allocated time provided.

There were robust arrangements in place for the management of incidents. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that incidents may need to be reported to the safeguarding team.

Regarding the Deprivation of Liberty Safeguards, the manager advised that all staff had received Level 2 training. The manager advised that she has applied to attend Level 3 training and is on a waiting list. Staff demonstrated general awareness and knowledge of what a deprivation of liberty is and how to ensure the appropriate safeguards are in place to comply with the new legislation.

Areas of good practice

There were examples of good practice found in relation to quality improvement 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Claire Wilson, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered providers 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 29 (4) (c)</p> <p>Stated: Second time</p> <p>To be completed by: 4 January 2020</p>	<p>The registered person shall prepare a written report on the conduct of the home following their monthly monitoring visit.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The registered manager will ensure that the monthly monitoring visit will be completed each month. This has been done on the 18/12/19 and will be continued each month.</p>
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Please ensure this document is completed in full and returned via the Web Portal



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