

Unannounced Follow Up Care Inspection Report 18 January 2018



Oriel House

Type of Service: Residential Care Home
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Inspectors: Bronagh Duggan and Jo Browne

www.rgia.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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with eight beds that provides care for residents within the categories of care as outlined in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Oriell House Responsible Individual(s): Mrs Margaret Thompson	Registered Manager: Josephine Linton (acting)
Person in charge at the time of inspection: Mrs Margaret Thompson	Date manager registered: Josephine Linton - application received - "registration pending".
Categories of care: I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment	Number of registered places: 8 Comprising: DE- for 2 identified residents PH - for 1 identified resident

4.0 Inspection summary

An unannounced inspection took place on 18 January 2017 from 10.45 to 16.15.

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

The inspection sought to assess progress with issues raised during the previous inspection on 26 October 2017 which resulted in a serious concerns meeting held in RQIA offices on 1 November 2017. Concerns identified during the inspection on 26 October 2017 were discussed during the serious concerns meeting and related to staffing levels and the inadequate completion of care needs assessments and care plans. In addition, areas for improvement identified during the previous inspection relating to recruitment information, the environment, the residents' register, complaints procedure, and fire safety checks were also reviewed.

The following areas were examined during the inspection:

- staffing
- recruitment files
- care records
- availability of records
- residents register
- environment
- fire safety checks
- policies and procedures

Areas of good practice were identified in relation to communication between residents, staff and other key stakeholders, listening to and valuing residents and taking account of the views of residents.

Seven new areas for improvement were identified during the inspection in relation to AccessNI information, care reviews, availability of thermometers, the environment, fire safety recommendations, notifiable events, policies and procedures. Two areas for improvement were partially met since the last inspection and are stated for the second time within this report.

Residents said they liked living in the home, had whatever they needed and the staff were helpful.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	6

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Margaret Thompson, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 October 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents reported to RQIA since the previous care inspection, the previous inspection report, the returned QIP, duty rotas submitted to RQIA by the manager and other intelligence or information available.

During the inspection the inspectors met with seven residents, three staff, and the responsible individual.

The following records were examined during the inspection:

- Staff duty rota
- Four staff recruitment files
- Staff induction information
- Four care records
- Residents register
- Accident and incident records
- Satisfaction Questionnaire responses
- Compliments and complaints records

- Fire safety checks
- Fire safety risk assessment
- Sample of policies and procedures

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met in ten areas and partially met in two areas.

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 inspection dated 26 October 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 26 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21, Schedule 2 Stated: Second time	The registered person shall ensure all relevant information is obtained prior to commencement of employment in the home. Ref: 6.2	Met
	Action taken as confirmed during the inspection: Four staff recruitment files were reviewed, three of these showed all relevant information was obtained prior to staffs commencement of employment in the home. One file did not have evidence regarding the staff members Access NI check this information was forwarded to RQIA following the inspection. The management and storage of Access NI information was discussed with the responsible individual and is referred to later in this report.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27.(4).(v)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure fire safety checks are completed regularly and maintained on an up to date basis.</p> <p>Ref: 6.2</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of fire safety check records showed that these were being completed and maintained on an up to date basis.</p>	<p>Met</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 20. (1).(a)</p> <p>Stated: First time</p>		<p>The registered person shall ensure at all times suitability qualified, competent and experienced persons are working in the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>Ref: 6.4</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the staff duty rota, worked rotas submitted to RQIA, observations made during the inspection and discussion with staff confirmed suitability qualified, competent and experienced persons were working in the home in such numbers as were appropriate for the health and welfare of residents.</p>	<p>Met</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 15 (1) (c)</p> <p>Stated: First time</p>		<p>The registered person shall ensure that thorough care needs assessments, including pre admission assessment information, are completed for all residents admitted to the home.</p> <p>Ref: 6.5</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of four care records showed that pre-assessment information and care needs assessments were in place.</p>		

Area for improvement 5 Ref: Regulation 16.(1) Stated: First time	The registered person shall ensure that a written care plan is prepared in consultation with the resident or resident's representative as to how the resident's needs in respect of his care, health and welfare are to be met. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Review of four care records showed appropriate care plans were in place that reflected consultation with residents and or their representatives in respect of how their care, health and welfare were to be met.	
Area for improvement 6 Ref: Regulation 19. (3) (2) – (b) Stated: First time	The registered person shall ensure that records are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the home. Ref: 6.7	Met
	Action taken as confirmed during the inspection: Discussion with the responsible individual and observations made during the inspection showed arrangements had been put in place to ensure that records are at all times available for inspection in the home.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 19.3 Stated: Second time	The registered person shall ensure a recruitment checklist is developed and implemented. Ref: 6.2	Met
	Action taken as confirmed during the inspection: Review of recruitment information in the home showed a recruitment checklist/template had been developed.	

<p>Area for improvement 2</p> <p>Ref: Standard 27.5</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the drawers at the back of the home are removed.</p> <p>Ref: 6.2</p>	<p>Met</p>	
<p>Action taken as confirmed during the inspection:</p> <p>The drawers situated at the back of the home had been removed.</p>	<p>Partially met</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p>		<p>The registered person shall ensure the metal strip used to delineate the areas between a bedroom and the adjoining toilet area is repaired without delay.</p> <p>Ref: 6.4</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The metal strip which presented as a trip hazard had been removed which reduced the risk of tripping. The work was not fully completed in that edging was evident for both the types of floor covering. This area for improvement has been stated for a second time in the QIP appended to this report.</p>	<p>Area for improvement 4</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure the management of pain is outlined in the care plans for residents.</p> <p>Ref: 6.5</p>	
<p>Action taken as confirmed during the inspection:</p> <p>Review of care records for an identified resident showed a care plan was in place regarding the management of pain.</p>	<p>Area for improvement 5</p> <p>Ref: Standard 20.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure the register of residents is maintained accurately on an up to date basis.</p> <p>Ref: 6.5</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the residents register showed this was maintained accurately and on an up to date basis.</p>			

Area for improvement 6 Ref: Standard 17.3 Stated: First time	The registered person shall ensure the complaints procedure is reviewed and updated in accordance with relevant legislation. Ref: 6.7	Partially met
	Action taken as confirmed during the inspection: Review of the complaints procedure showed some improvement however further work is required to ensure it complies with the regional guidance and RQIA's role.	

6.3 Inspection findings

Staffing

The responsible individual 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 and staff. On the day of the inspection staff in the home included the responsible individual, senior carer, carer and cook.

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

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.

Recruitment files

Review of four 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 AccessNI disclosures were viewed by the manager for all staff prior to the commencement of employment. Confirmation of Access NI was not available in one staff members file viewed during the inspection this was forwarded to RQIA following the inspection. The recording and storage of AccessNI information was discussed with the responsible individual as this was not being handled correctly. This was identified as an area for improvement to comply with the standards.

Care records

Four care records were inspected these included an up to date assessment of needs, life history, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessment information were reviewed and updated on a regular basis or as changes occurred. Care records were noted to be person centred and included information in relation to the resident's circle of support, what was important to them, how they

were to be supported and how residents make decisions. There was also evidence of residents' satisfaction and feedback being gathered regarding the service delivered by the home.

Review of one of the care records showed there had been recent changes in an identified resident's presentation. This was discussed with the responsible individual, the need to review the identified residents care needs and placement with the referring trust was discussed with the responsible individual. This was identified as an area for improvement to comply with the standards.

Availability of records and residents register

Discussion with the responsible individual and inspection of the environment confirmed that a new system had been introduced in the home regarding the secure storage and availability of records for inspection. Review of the residents' register and discussion with the responsible individual confirmed that the record was maintained on an up to date basis.

Environment

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 clean and fresh smelling. The responsible individual confirmed that there was ongoing refurbishment of the general décor in the home. Improvements were observed during the inspection for example recently redecorated bedrooms. Discussion with one resident and observations made during the inspection identified there was uneven temperatures throughout different parts of the home, this issue was discussed with the responsible individual. To ensure correct temperature regulation throughout the home, each room accessed or used by residents should have a wall mounted thermometer. This was identified as an area for improvement to comply with the standards.

In addition, further areas for improvement identified throughout the environment included an emergency call bell system in an identified en suite which should be repaired, an identified radiator cover was broken and should be repaired or replaced. The shower chair and bath chair, which were both rusty, should be improved upon or replaced, the basin should be removed from the bathroom and ensure samples are collected in line with IPC guidelines.

Fire safety

Records available in the home showed that fire safety checks including emergency lighting, alarms, and equipment checks were completed on a regular basis. Records were available to show the fire safety risk assessment had been reviewed on 30 July 2017. However the responsible individual was unable to say who had completed the review and it was not clear from looking at the records available in the home. There was evidence of ongoing service repair visits to the home but there were no written records made available to show if previous fire safety recommendations had been fully addressed. This issue was discussed with the responsible individual. There needs to be a robust system in place to clearly demonstrate when, how and by whom fire safety recommendations have been addressed. This was identified as an area for improvement to comply with the regulations.

Accidents and incidents

A review of accidents/incidents/notifiable events confirmed that there had been a delay of 10 days in reporting one incident to RQA. The responsible individual was advised such a delay was not acceptable as all notifiable events should be reported in writing within three days. This was identified as an area for improvement to comply with the regulations. The responsible individual was also advised to access RQIA guidance regarding the reporting of notifiable events (November 2015) to ensure that reportable events were categorised appropriately.

Policies and procedures

Policies and procedures were made available for staff to access within the home. During the previous inspection an area for improvement was identified in relation to the review and updating of the home's complaints procedure. Evidence was available to show this had been undertaken. However, review of the information showed that further updating was required to ensure that it correctly outlines regional guidance, including the three stage process, and the role of RQIA in relation to complaints. This area for improvement has been stated for a second time in the QIP appended to this report.

In addition the responsible individual was advised that the home's safeguarding policy and procedure should be reviewed and updated to reflect the current regional guidance Adult Safeguarding Prevention and Protection in Partnership 2015 along with the regional Operational Procedures 2016. This was identified as an area for improvement to comply with the standards.

Areas of good practice

Areas of good practice were identified in relation to communication between residents, staff and other key stakeholders, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

Seven new areas for improvement were identified during the inspection, two areas for improvement have been stated for a second time. Areas for improvement identified during the inspection related to the storage of AccessNI information, ensuring a care review for an identified resident, environmental issues, maintaining a robust record of when fire safety recommendations have been addressed, timely reporting of notifiable events and the review and updating of the complaints and safeguarding policy and procedures.

	Regulations	Standards
Total number of areas for improvement	3	6

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Theresa Thompson, Responsible Individual, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential 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 27.(2) (c) Stated: First time To be completed by: 25 January 2018	<p>The registered person shall ensure the following environmental issues are addressed:</p> <ul style="list-style-type: none"> • emergency call bell system should be repaired • radiator cover should be repaired or replaced • shower chair and bath chair should be free from rust • basin removed and disposable containers made available to collect samples in line with IPC guidelines <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Regulation 27.(2) has been met and is ready for inspection. All items above has been replaced or repaired.</p>
Area for improvement 2 Ref: Regulation 19. (2) Schedule 4 14 Stated: First time To be completed by: 25 January 2018	<p>The registered person shall ensure there is a robust system in place to clearly demonstrate when, how and by whom fire safety recommendations have been addressed</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Regulation 19 (2) has been met and is now ready for inspection.</p>
Area for improvement 3 Ref: Regulation 30.(2) Stated: First time To be completed by: 20 January 2018	<p>The registered person shall ensure that notifications of accidents, incidents and other reportable events are confirmed in writing within three working days.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Regulation 30 (2) has been met and is ready for inspection.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 17.3 Stated: Second time To be completed by: 18 February 2018	<p>The registered person shall ensure the complaints procedure is reviewed and updated in accordance with relevant legislation.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The complaints policy has been amended and Standard 17.3 has now been met and is ready for inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 27.8</p> <p>Stated: Second time</p> <p>To be completed by: 25 January 2018</p>	<p>The registered person shall ensure the metal strip used to delineate the areas between a bedroom and the adjoining toilet area is repaired without delay.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Metal strip has been replaced. Standard is met and is now ready for inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 19.3</p> <p>Stated: First time</p> <p>To be completed by: 25 January 2018</p>	<p>The registered person shall ensure the documentation relating to recruitment are kept in compliance with the principals of AccessNI's Code of Practice.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: This Standard 19.3 has been met and is ready for inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2018</p>	<p>The registered person shall ensure the identified resident has a care review completed with the referring trust regarding the suitability of the identified residents placement.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Standard 11 has been met and is ready for inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Standard E11</p> <p>Stated: First time</p> <p>To be completed by: 25 February 2018</p>	<p>The registered person shall ensure that each room accessed or used by residents should have a wall mounted thermometer.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Thermometers have been fitted in each room. Standard E11 has been met and is ready for inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 18 March 2018</p>	<p>The registered person shall ensure the adult safeguarding policy and procedure is reviewed and updated to reflect regional guidance and operational procedures.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Standard 16.1 has been met and is ready for inspection.</p>

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



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