



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection

Name of Establishment: Oriel House
Establishment ID No: 11119
Date of Inspection: 3 April 2014
Inspector's Name: John McAuley
Inspection No: 18109

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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GENERAL INFORMATION

Name of Home:	Oriel House Private Residential Home
Address:	30 Oriel Road Antrim BT41 4HP
Telephone Number:	028 94460613
E mail Address:	berniemccandless@gmail.com
Registered Organisation/ Registered Provider:	Mrs Margaret Theresa Thompson
Registered Manager:	Ms Morag Wylie
Person in Charge of the home at the time of Inspection:	Ms Morag Wylie
Categories of Care:	RC-I = Residential Care, Old age not falling within any other category RC-PH = 2 named individuals RC-DE = 2 named individuals.
Number of Registered Places:	8
Number of Residents Accommodated on Day of Inspection:	5 plus 2 residents at day care
Scale of Charges (per week):	£459.00
Date and type of previous inspection:	3 October 2013 Unannounced inspection
Date and time of inspection:	3 April 2014 9.15am – 1.30pm
Name of Inspector:	John McAuley

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge
- Examination of records
- Consultation with residents and two visiting relatives
- File audit
- Tour of the premises
- Evaluation and feedback

PROFILE OF SERVICE

Oriel House is a residential home centrally located in a residential area of Antrim, in close proximity to the town centre and near to bus routes and the railway station. It is an existing two storey detached property set in its own substantial grounds with gardens and ample tarmacked parking for family, visitors, management and staff.

Oriel House Private Residential Home was registered by RQIA in May 2011 to provide accommodation on the ground floor for six residents in one double and four single bedrooms. Each bedroom has a sink and an en-suite WC.

In July 2013 a further two bedrooms were added to the home, with conditions placed on these rooms in terms of accessibility and mobility assessments, as these rooms were upstairs.

There is a communal lounge, dining room, kitchen, large bathroom and another WC near the side door main reception area.

SUMMARY

An unannounced inspection of Oriel House was carried out by an inspector from RQIA on 3 April 2014 from 9.45am to 1.30pm. This summary reports on the position in the home at the time of this inspection.

On arrival to the home, the inspector was met by Mrs Theresa Thompson the registered provider who welcomed the inspector to the home. The inspector was joined shortly later by Ms Morag Wylie the registered manager.

The registered manager was available for discussion throughout the inspection and for verbal feedback of inspection findings at its conclusion.

The focus of this inspection was to examine the progress made in respect of the quality improvement plan issued from the previous inspection to the home on 3 October 2013. A review of the quality improvement plan from that inspection found five requirements and one recommendation made has been attended to satisfactorily. The one requirement in relation to the accessibility of the policy and procedure on the protection of vulnerable adults has been stated for a second time, as this policy and procedure was not readily available at the time of this inspection.

Discussions with residents in accordance with their capabilities was all positive, with residents informing the inspector that they were happy with their life in the home, their relationship with staff and the homeliness of the environment.

No concerns were expressed or indicated.

The inspector also met with one visiting relative who spoke with praise and gratitude for the provision of care and support afforded by staff.

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained.

Throughout the inspection, residents appeared comfortable, content and at ease in their environment, which had a relaxed homely feel to it.

A further two requirements were made on this occasion in relation to care reviews and notification of incidents. The details of such are discussed later in this report.

The inspector would like to acknowledge the level of support and assistance received throughout this inspection from residents and staff.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31 (2) (a) (b) (c) (d) and (e).	<p>Where –</p> <p>Except in the case of an emergency, the notice referred to in paragraph (1) shall be given no later than one month before the proposed absence commences or within such shorter period as may be agreed with the RQIA and notice shall specify with respect to the proposed absence-</p> <ul style="list-style-type: none"> (a) Its length or expected length (b) The reason for it (c) The arrangements which have been made for running the establishment or agency (d) The name, address, and qualifications of the person who will be responsible for the establishment or agency during that absence, and (e) In the case of the absence of the registered manager, the arrangements that have been or are proposed to be made, for appointing another person to manage the establishment or agency during that absence, including the proposed date by which the appointment is to be made. <p>Reference to this is made in that no notification has been received by RQIA in respect of the absence of the registered manager and the proposed appointment of another one. The registered person must submit the above information without delay to RQIA.</p>	Notification has been received regarding the absence of the previous registered manager and notification / application was received regarding the appointment of the replacement manager.	Compliant

2.	27 (4) (a)	<p>The registered person shall –</p> <p>Have in place a current written risk assessment plan that is revised and actioned when necessary of whenever the fire risk has changed.</p> <p>Reference to this is made that the registered person must submit in writing an action plan to the home's aligned estates inspector that details how the recommendations made on the fire safety risk assessment dated September 2013 will be dealt with.</p>	<p>An action plan was submitted in writing to the home's aligned estates inspector regarding the fire safety risk assessment dated September 2013.</p>	Compliant
3.	27 (4) (d) (i)	<p>The registered person shall –</p> <p>Make adequate arrangements –</p> <p>For detecting, containing and extinguishing fires.</p> <p>Reference to this is made that at the time of this inspection there were three fire safety doors wedged open.</p> <p>This practice must cease with immediate effect.</p> <p>If a door needs to be left open, then a holding device linked to the home's fire alarm system should be installed in consultation with the home's fire safety advisor.</p>	<p>There were found to be no doors wedged open at the time of this inspection.</p>	Compliant

4.	14 (4)	<p>The registered person shall make arrangements, by training persons employed or by other measures, to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.</p> <p>Reference to this is made in respect that the home's policy and procedure on the protection of vulnerable adults was not readily available and accessible to staff.</p> <p>A previous recommendation was made that the policy and procedure needed to include actual contact details of referral agencies including the contact details of the out of hours duty social worker. These details, together with the policy and procedure were not readily available and accessible at the time of this inspection.</p>	<p>The home's policy and procedure on the protection of vulnerable adults was not readily available at the time of this inspection.</p> <p>This requirement has been stated for a second time.</p>	Not compliant
5.	27 (2) (d)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that –</p> <p>All parts of the home are kept clean and reasonably decorated.</p> <p>Reference to this is made to that at the time of this inspection bedrooms 3 and 4 were found to be in a state of general clutter, with carpet needing hovering and general dusting needed. The wall paper in the office was in a state of disrepair and needed attending to.</p>	<p>The home was found to be clean and tidy at the time of this inspection. The office has been redecorated.</p>	Compliant
6.	19 (2) Schedule 4	<p>The registered person shall maintain in the home the records specified in Schedule 4.</p> <p>Reference to this is made in respect that at the time of this this inspection, regulatory records were found to be generally disorganised and for example on reviewing the home's duty rota and record of staff employed, neither documents could determine when the registered manager left position in the home.</p>	<p>An improvement had been found in how regulatory documentation was maintained other than the accessibility of the policy and procedure on the protection of vulnerable adults, as previously mentioned.</p>	Substantially compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	16.2	The induction programme for newly appointed staff needs to be revised to include clear indication that the protection of vulnerable adults' policy and procedure is included in this programme.	The induction programme for newly appointed staff has been revised to include the policy and procedure on the protection of vulnerable adults.	Compliant

ADDITIONAL AREAS EXAMINED

Residents' views

The inspector met with all the residents in the home at the time of this inspection. In accordance with their capabilities all spoke in a positive manner about the provision of care, the support received from staff and the overall homeliness of the environment.

Some of the comments included statements such as;

"I am very happy here, I have no problems"

"Things are all grand, I am very happy"

"This is a nice place to live"

"Staff are all very kind".

No concerns were expressed or indicated.

Relative's views

The inspector met with one visiting relative at the time of this inspection. This relative spoke with praise and gratitude with regard to the provision of care, and the kindness and support afforded by staff.

No concerns were expressed.

General environment

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained.

Care reviews

A sample of two residents' care records were reviewed on this occasion. In general terms the care records were found to be informative and up to date. However there were no up to date care reviews with the aligned social worker responsible for the residents' placement in place. A requirement has been made for the aligned social worker to be notified in writing to arrange and put in place such review.

Accident / incident records

A review of these reports from the previous inspection found these to be appropriately maintained. However there were two incidents of challenging behaviour which were not notified to RQIA and should have been. A requirement has been made in this regard.

Care practices

Due to the layout of the home, it is difficult to discreetly observe care practices. However, residents were observed to be comfortable, content and at ease in their environment and interactions with staff. There was found to be a relaxed homely ambience in place. Two residents were in attendance at their day care placements, whilst the remaining residents were

found to be enjoying one another's company, reading and / or watching television. An appetising dinner time meal was being prepared, for which residents commented favourably on such provision. Staff interactions with residents were found to be polite, friendly, warm and supportive.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Ms Morag Wylie, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

John McAuley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



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Quality Improvement Plan

Secondary Unannounced Care Inspection

Oriel House

3 April 2014



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with (the Registered Manager Ms Morag Wylie) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	14 (4)	<p>The registered person shall make arrangements, by training persons employed or by other measures, to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.</p> <p>Reference to this is made in that the home's policy and procedure must be made available and accessible to staff at all times. The policy and procedure must contain clear contact details of points of referrals, including contact details of the out of hours duty social worker.</p>	Two	<p>The Policy and Procedure have been updated, and also includes reference to training that must be undergone yearly by all staff by a recognised trainer. This training had in fact been attended by staff on 30/01/14; of which, certificates of attendance have been added to training records.</p> <p>A copy of the Oriel House Policy and Procedure includes clear instruction of contact details, points of referral and out of hours Duty Social Worker.</p>	4 May 2014
2.	15 (2) (a)	<p>The registered person shall ensure that the assessment of the resident's needs is –</p> <p>(a) Kept under review</p> <p>Reference to this is made with the resident(s) identified at inspection that do not have an up to date review with their aligned social worker. A request must be made in writing to the resident(s) social worker to arrange such a review.</p>	One	<p>To ensure assessments of all residents' needs are met and kept under review, a proforma letter has been created to arrange such reviews.</p> <p>All reviews have since been held with the exception of one ... which we are awaiting a response from family in Australia to attempt a phone link or alternative e-mail response.</p>	4 May 2014

3.	30 (1) (d)	<p>The registered person shall give notice to the RQIA without delay of the occurrence of-</p> <p>(d) Any event in the home which adversely affects the care, health, welfare or safety of any resident.</p> <p>Reference to this is made in that at the time of this inspection there were two incidents of challenging behaviour in December 2013 that should have been notified to the RQIA and were not.</p>	One	<p>An e-mail with completed Notifiable event had been sent on 01/01/14 in relation to the incidents.</p> <p>However, ALL staff have been made aware of the requirement of giving notice to RQIA without delay, via communication book and also reinforced at a staff meeting held on 27/05/14.</p>	5 April 2014
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Morag Wylie <i>Morag Wylie</i>
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Margaret Teresa Thompson <i>Margaret Teresa Thompson</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	<i>Yes.</i>	<i>Inspector</i>	<i>8/6/14</i>
Further information requested from provider			