

# Inspection Report

7 October 2021



## Oriel House

Type of service: Residential  
Address: 30 Oriel Road, Antrim, BT41 4HP  
Telephone number: 028 9448 8161

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Oriel House  <b>Responsible Individual</b> Mrs Margaret Teresa Thompson	<b>Registered Manager:</b> Mrs Margaret Teresa Thompson - acting
<b>Person in charge at the time of inspection:</b> Kate Cahill Health Care Assistant in charge	<b>Number of registered places:</b> 8 Categories of care RC-DE for one identified individual and RC-PH for one identified resident. That residents accommodated in the two upstairs bedrooms are suitably assessed in terms of mobility.
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 7
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Residential Care Home which provides health and social care for up to eight residents. The home is divided over two floors with a communal dining room, lounge and bathrooms.	

## 2.0 Inspection summary

An unannounced inspection took place on 7 October 2021, from 9.45 am to 2.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

It was evident from observations and discussions that staff knew the residents well and promoted their dignity and well-being. Staff demonstrated the delivery of care in a compassionate manner and were seen chatting easily with residents as they went about their routines.

A number of new areas for improvement were identified. Details can be found in the Quality Improvement Plan (QIP) attached.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff said residents were well looked after and they had no concerns about their care.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

RQIA were assured that the delivery of care was safe, effective and compassionate and that the service was well led.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the Health Care Assistant in charge at the conclusion of the inspection.

#### 4.0 What people told us about the service

Residents told us they were very satisfied with the care in Oriel House. Residents said "we are getting on well here"; "they clean our clothes and look after us". One resident told us "there are not enough staff" this was a comment made in relation to staff answering call bells in a timely manner. However another resident said "there are enough people to look after us".

A relative who wished to remain anonymous contacted RQIA after the inspection. They were not satisfied that there were safe staffing levels in the home. Staffing levels are discussed further in section 5.2.1.

Two residents' questionnaires were received within the time frame and recorded that the residents were very satisfied that care provided in Oriel House was safe, effective, compassionate and well-led.

No feedback was received from the on-line staff survey.

#### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 17 December 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 29 (4) (c)  <b>Stated:</b> Third time	The registered person shall prepare a written report on the conduct of the home following their monthly monitoring visit.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b>	The registered person shall ensure that the premises and equipment to be used in the	

<b>Ref:</b> Regulation 27 (2) (b) (c) (t)  <b>Stated:</b> First time	<p>home are kept in a good state of repair, and that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation evidenced that the premises and equipment were in a good state of repair. However, the person in charge did not have access to the health and safety risk assessments for the home therefore; this area for improvement is partially met and is stated for a second time.</p>	<b>Partially met</b>
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 29 (5) (a)  <b>Stated:</b> First time	<p>The registered person shall ensure that monthly monitoring reports are forwarded to RQIA by the fourth day of each month, for a period of at least three months</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time	<p>An accurate record is kept of all staff working in the home over a 24-hour period and the capacity in which they worked.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the staff rota evidenced that all staff employed were named on the rota and the hours they worked were also recorded. However, the capacity in which they worked and the name of the person in charge of the home when the manager was off duty was not included.</p> <p>This area for improvement is partially met and stated for a second time.</p>	<b>Partially met</b>
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> First time	<p>The registered person shall ensure that all staff employed in the home adheres to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA) Specifically that staff are bare below the elbow and not wearing jewellery when on duty. Please refer to the following</p>	<b>Met</b>

	<p>link for details:  <a href="https://www.niinfectioncontrolmanual.net/hand-hygiene">https://www.niinfectioncontrolmanual.net/hand-hygiene</a></p> <p><b>Action taken as confirmed during the inspection:</b>          There was evidence that this area for improvement was met.</p>	
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 29.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person will ensure that all staff have training in the fire precautions to be taken or observed in the home, including the action to be taken in case of fire. This training is provided by a competent person at the start of employment and is repeated at least twice every year.</p> <p><b>Action taken as confirmed during the inspection:</b>          Training records were not available for inspection as the person in charge of the home, in the absence of the manager, could not access this information nor did they contact any senior staff who could access/confirm this information. This is now stated for a second time.</p>	<b>Not Met</b>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 8.6</p> <p><b>Stated:</b> First time</p>	<p>The resident's care records contain a recent photograph of the resident.</p> <p><b>Action taken as confirmed during the inspection:</b>          There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 3.4</p> <p><b>Stated:</b> First time</p>	<p>The manager ensures that a referral form providing all necessary information, including any risk assessment relating to the resident and the delivery of their care and services, is completed before the resident is admitted. Any documents from the referring Trust are dated and signed when received.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<b>Carried forward to the next inspection</b>
<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Standard 6.6</p>	Care plans for the management of epilepsy and fluid intake are kept up-to-date and reflect the resident's current needs.	<b>Met</b>

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 7</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time	<p>The home contributes to or organises care reviews of residents' placement in the home.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of a residents care record evidenced that the Trust had not carried out a care review since 2019. The person in charge of the home was unable to access any other records to support the evidence that this area for improvement had been met. After the inspection the registered manager confirmed that reviews had been completed "each and every month", This monthly review relates to the care staff completing a care review and not the Trust. Therefore this area for improvement has been carried forward to the next inspection.</p>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 8</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time	<p>Working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records and discussion with the person in charge evidenced that this area for improvement has not been met. This is stated for a second time. Refer to sections 5.2.2 and 5.2.5.</p>	<b>Not met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

The person in charge was responsible for the care duties and cleaning duties throughout the day and supported by a cook until 2.00 pm. In the afternoon the person in charge was also responsible for completing preparation and serving of the evening meal. Staff said there was good team work and that they felt well supported in their role. Staff also said that they were satisfied with the staffing levels and the level of communication between staff and management.



Staff told us that the residents' needs and wishes were important. It was observed that staff responded to requests for assistance in a caring and compassionate manner.

As stated previously one resident said, "there are not enough staff" and a relative contacted us after the inspection and expressed dissatisfaction with staffing levels, the time their loved one had to wait for staff to assist them and that there was little opportunities for physical exercise. This was brought to the attention of the manager following the inspection for her to review the staffing arrangements. RQIA will follow this up at subsequent inspections.

### **5.2.2 Care Delivery and Record Keeping**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. A detailed record of the hand over reports was kept at each shift change.

Staff communicated well with residents; they were respectful, understanding and sensitive to residents' needs. Staff respected residents' privacy by their actions such as knocking on doors before entering bedrooms and by offering personal care to residents discreetly.

Residents who are less able to mobilise require special attention to their skin care. These residents were assisted with the use of mobility aids as required.

Examination of care records confirmed that the risk of falling and falls was well managed. Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, residents who required assistance were reminded not to get up without support from staff and buzzer mats to alert staff were in place where required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience observed was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. Residents were seen enjoying their meal and staff had made an effort to ensure residents were comfortable and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented, smelled appetising and portions were generous. There was a variety of drinks available. Residents chatted to staff and complimented the chef on the meal provided.

Staff told us how they were made aware of residents' nutritional needs and discussion confirmed they had a good knowledge of individual residents' dietary requirements and preferences.

Residents' needs were assessed at the time of their admission to the home. Residents care records were held confidentially. Resident care records were generally well recorded however; records had not been updated for all resident's monthly weight and the new recommendations for the use of a splint. Following the inspection the manager agreed to address the deficits in the care records. An area for improvement was identified. Following the inspection the manager informed RQIA by email that care records were updated by the manager "at the first opportunity". However, in the absence of the manager any staff providing care should update



residents care records as required; and in particular the person in charge in the absence of the manager.

Residents' individual likes and preferences were reflected throughout the records. Care plans contained specific information on what or who was important to residents.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

On arrival at the home the home was warm and tidy and residents were spending time in the communal lounge or their own bedrooms. However, the outside area of the home had a large amount of weeds and moss over the driveway and footpath and cobwebs over a large area of the entrance. An area for improvement was identified.

Observation of the home's environment evidenced that residents' bedrooms were personalised with items important to them and pieces of furniture and ornaments from their homes.

Generally the home was neat and tidy however a number of issues relating to infection prevention and control measures were observed. Details were discussed with the manager after the inspection and areas for improvement were identified.

A fire risk assessment was in place for safety and fire checks were well managed to ensure residents, staff and visitors to the home were safe.

The home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Observation evidenced that there was a potential risk to residents in that they could easily access electrical equipment and cleaning chemicals. This was brought to the attention of the person in charge for immediate action. An area for improvement was identified.

### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or get up early if they preferred and could have family or friends in their room to visit.

Residents told us that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff. The range of activities included pampering sessions, relaxation, games, jigsaws, sewing and knitting.

There was evidence throughout the home of snacks and drinks available when residents choose and magazines, music and a television were available in the lounge area.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

### **5.2.5 Management and Governance Arrangements**

There has been a change in the management arrangements of the home since the last inspection. Mrs Margaret Teresa Thompson has been the acting manager in this home since 6 September 2021.

During this inspection the manager was on leave therefore the robustness of the home's governance arrangements were difficult to evidence. However, in the absence of the registered manager any person in charge of the home should be able to access records for inspection; with the exception of staff personnel records as these are required to be held confidentially. An area for improvement has been stated for a second time. Refer to section 5.1.

The manager was on a period of extended leave from the home. This had not been notified to RQIA in a timely manner. An area for improvement was identified.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

A number of documents were not available for inspection and an area for improvement was identified.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were forwarded after the inspection for review and were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

## **6.0 Conclusion**

Residents were well presented and attention had been paid to personal care. The lunch meal appeared and smelled appetising and residents were very complimentary to the chef.

The manager and deputy manager were not available on the day of inspection. Records were not made available for inspection and to validate actions from the previous quality improvement plan.

Based on the inspection findings seven new areas for improvement were identified. Five were in relation to safe and effective care and two were in relation to the service being well led. Details can be found in the quality improvement plan included.

## 7.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards August 2011 (version 1.1)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5*	7*

\*The total number of areas for improvement includes three that have been stated for a second time and two which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Kate Cahill, Health Care Assistant in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (b) (c) (t)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that the premises and equipment to be used in the home are kept in a good state of repair, and that a risk assessment to manage health and safety is carried out and updated when necessary</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b>            Health and safety risk assessments are completed on a monthly basis to ensure the safety of residents, staff and visitors. This was not seen by the inspector as those who have access to it were not on duty that day.            This evidence has since been sent as proof.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Any infection prevention and control issues that were raised by the inspector regarding the storage in the main bathroom has been resolved. Each member of staff has read and signed the policies and procedures for Infection Control. This related to one small bathroom in the home in which storage was used when some supplies arrived in bulk. This action has now been resolved.</p>

<b>Area for improvement 3</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect.	<p>The registered person shall ensure that all areas of the home to which residents have access to are free from hazards to their safety. This is in relation to an open cupboard with electrical equipment and cleaning chemicals.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>          All staff have read and signed the policies and procedures for Health and Safety and COSHH and it has been explained the dangers and it is been monitored by the manager and deputy manager.</p>
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 31 (1) (b) <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect.	<p>The registered person shall ensure that give notice in writing if the registered manager is absent for a period of 28 days or more without delay.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>          This has been completed on 11<sup>th</sup> October.</p>
<b>Area for improvement 5</b> <b>Ref:</b> Regulation 19 (3) (b) <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect.	<p>The registered person shall ensure the documents referred to in schedule 1, schedule 2 and schedule 4 of The Residential Care Homes Regulations (Northern Ireland) 2005 are at all times available for inspection in the home by and person authorised by the RQIA to enter and inspect the home.</p> <p>Ref: 5.1 and 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>          RQIA is able to enter and inspect the home. Documents are made available, unfortunately staff who have access to the confidential information requested were not on duty. To ensure confidentiality is followed not all staff have access to these documents, which is why some of the documents were unavailable. They have since been since as evidence</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	

<b>Area for Improvement 1</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> Second time <b>To be completed by:</b> With immediate effect	<p>An accurate record is kept of all staff working in the home over a 24-hour period and the capacity in which they worked.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b>          The rota is completed with staff members full name and the hours that they work. Their roles are now added to this rota.</p>
<b>Area for Improvement 2</b> <b>Ref:</b> Standard 29.4 <b>Stated:</b> Second time <b>To be completed by:</b> With immediate effect	<p>The registered person will ensure that all staff have training in the fire precautions to be taken or observed in the home, including the action to be taken in case of fire. This training is provided by a competent person at the start of employment and is repeated at least twice every year.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b>          Fire training is completed every year by Paul Berry Training it was completed in August 2021 by all staff and any new staff this training has been arranged and we also have regular fire drills with all staff. Therefore, this information is factually incorrect, and certificates have been provided.</p>
<b>Area for Improvement 3</b> <b>Ref:</b> Standard 3.4 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	<p>The manager ensures that a referral form providing all necessary information, including any risk assessment relating to the resident and the delivery of their care and services, is completed before the resident is admitted. Any documents from the referring Trust are dated and signed when received.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for Improvement 4</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	<p>The home contributes to or organises care reviews of residents' placement in the home.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 5</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> Second time	<p>Working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary.</p> <p>Ref: 5.1, 5.2.2 and 5.2.5.</p>

<p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> Audits are completed on a monthly basis and any areas for improvement or review is documented and reviewed within a timeframe, and where necessary, support and training is provided.</p>
<p><b>Area for improvement 6</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that care records are kept up to date and reflect accurately residents' current needs and the care provided.  Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Any changes to a resident's needs is discussed during shift hand over on the handover and documented, the social worker is also updated and this is then completed at the managers first opportunity to update the care plan. It is also then reviewed monthly to ensure that everything is up to date.</p>
<p><b>Area for improvement 7</b>  <b>Ref:</b> Standard 27.5  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the grounds are kept tidy, safe, suitable for and assessable to residents.  Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> A gardener has been arranged to come and remove any leaves from the outside of the home, to ensure safety for residents who wish to go out. However due to COVID we have struggled to obtain their services when booked and they often change the dates upon which we have booked their services</p>

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



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