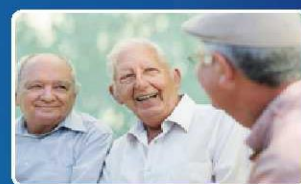




The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report 8 January 2019



Oriel House

Type of Service: Residential Care Home
Address: 30 Oriel Road, Antrim BT41 4HP
Tel No: 028 9448 8161
Inspectors: Bronagh Duggan

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for eight persons in the categories of care cited on the home’s certificate of registration and detailed in Section 3.0 of this report.

3.0 Service details

| | |
|---|---|
| Organisation/Registered Provider: Oriel House Responsible Individual: Margaret Teresa Thompson | Registered Manager: Julie Wallace (acting) |
| Person in charge at the time of inspection: Kate Cahill - carer upon arrival Julie Wallace manager arrived at approximately 12:00 | Date manager registered: Julie Wallace (acting – no application required) |
| Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment | Number of registered places: Total number 8 comprising: RC-I 02 – RC –DE for two identified residents 01 – RC – PH for one identified resident |

4.0 Inspection summary

An unannounced care inspection took place on 8 January 2019 from 11.00 to 17.00.

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 focused on assessing progress with areas for improvement identified during and since the last care inspection on 26 July 2018 and sought 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 staff training, infection prevention and control care reviews, taking account of the views of residents and maintaining good working relationships.

One area requiring improvement has been stated for a second time in the QIP; this related to the review and updating of the homes adult safeguarding policy and procedure to reflect regional guidance and operational procedures.

Residents and their representatives said the staff were very good, the food was lovely and they were kept informed of any changes.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | *1 |

Details of the Quality Improvement Plan (QIP) were discussed with Julie Wallace, 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 care inspection

Following the most recent care inspection on 26 July 2018 information was shared with RQIA aligned estates inspector for the home; this resulted in a premises inspection being completed in August 2018. In addition staff duty rotas were submitted to RQIA on a weekly basis until staffing arrangements stabilised.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, eight residents, three staff, and two residents' visitors/representatives.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Several 'Have we missed you' cards were left on display, inviting anyone to share their views with RQIA. Seven questionnaires were returned by residents within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule and training records
- Two staff files
- Two residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met in twelve areas and partially met in one area.

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 30 August 2018

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector.

6.2 Review of areas for improvement from the last care inspection dated 26 July 2018

| 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 19. (2) Schedule 4 14 Stated: Second time To be completed by: 26 September 2018 | 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 | Met |
| | Action taken as confirmed during the inspection: Discussion with the manager and review of information provided confirmed that fire safety recommendations had been addressed. The manager advised she was aware of the need to maintain all appropriate information on an ongoing basis. | |
| Area for improvement 2 Ref: Regulation 30.(2) Stated: Second time To be completed by: 27 July 2018 | The registered person shall ensure that notifications of accidents, incidents and other reportable events are confirmed in writing within three working days. | Met |
| | Action taken as confirmed during the inspection: Discussion with the manager and review of notifications of accidents, incidents and other reportable events confirmed these were reported to RQIA as required. | |

| | | |
|---|--|-------------------|
| <p>Area for improvement 3</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by:27 July 2018</p> | <p>The registered person shall ensure all relevant information and documentation relating to the recruitment process is obtained prior to working in the home.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of two recruitment records showed all relevant information was obtained prior to new staff working in the home.</p> | <p>Met</p> |
| <p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2018</p> | <p>The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical conditions and subsequent prescribed interventions, as well as current safety guidance.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of two care records showed relevant risk assessment information was in place regarding how to individually support residents who smoke.</p> | <p>Met</p> |
| <p>Area for improvement 5</p> <p>Ref: Regulation 27. (4) (d)</p> <p>Stated: First time</p> <p>To be completed by:27 July 2018</p> | <p>The registered person shall ensure all fire safety checks are completed and maintained on an up to date basis.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of fire safety checks showed that they were completed and maintained on an up to date basis.</p> | <p>Met</p> |
| <p>Area for improvement 6</p> <p>Ref: Regulation 27 (4) (f)</p> <p>Stated: First time</p> <p>To be completed by:26 September 2018</p> | <p>The registered person shall ensure all staff participate in a fire evacuation drill at least once a year and ensure action taken on problems or defects is recorded.</p> | <p>Met</p> |

| | | |
|---|---|---------------------------------|
| | <p>Action taken as confirmed during the inspection: Discussion with the manager and review of records in the home showed arrangements were in place to ensure all staff participate in a fire evacuation drill at least once per year and any actions taken on problems or defects is recorded.</p> | |
| <p>Area for improvement 7 Ref: Regulation 8. (1) (a) Stated: First time To be completed by: 26 September 2018</p> | <p>The registered person shall appoint an individual to manage the residential care home where there is no registered manager in respect of the home.</p> <p>Action taken as confirmed during the inspection: An individual was appointed to manage the residential care home.</p> | Met |
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | | Validation of compliance |
| <p>Area for improvement 1 Ref: Standard 17.3 Stated: Second time (Carried forward) To be completed by: 18 February 2018</p> | <p>The registered person shall ensure the complaints procedure is reviewed and updated in accordance with relevant legislation.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of the complaints procedure showed that the complaints procedure had been reviewed and updated.</p> | Met |
| <p>Area for improvement 2 Ref: Standard 19.3 Stated: Second time To be completed by: 26 September 2018</p> | <p>The registered person shall ensure the documentation relating to recruitment are kept in compliance with the principles of AccessNI's Code of Practice.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of information available showed recruitment documentation was kept in compliance with the principles of AccessNI's Code of Practice.</p> | Met |

| | | |
|---|--|-----------------------------|
| <p>Area for improvement 3</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by:26 September 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> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of the adult safeguarding policy and procedure showed that this had been updated however, it required additional information to reflect regional guidance and operational procedures. This area for improvement has been stated for a second time in the QIP appended to this report.</p> | <p>Partially met</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 12.11</p> <p>Stated: First time</p> <p>To be completed by:27 July 2018</p> | <p>The registered person shall ensure a record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each resident is satisfactory.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of records maintained in the home showed adequate records were maintained regarding meals provided to residents.</p> | <p>Met</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by:26 August 2018</p> | <p>The registered person shall ensure staff meetings take place on a regular basis and at least quarterly.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of records in the home showed staff meetings were being held on a regular basis.</p> | <p>Met</p> |
| <p>Area for improvement 6</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2018</p> | <p>The registered person shall ensure records are kept of all complaints and these include the details of all communication with complainants, the result of any investigations and the action taken.</p> | <p>Met</p> |

| | | |
|--|---|--|
| | <p>Action taken as confirmed during the inspection: Discussion with the manager and review of records maintained in the home showed a system was in place to ensure a record is kept of all complaints. The manager advised there had been no complaints made since the previous inspection.</p> | |
|--|---|--|

6.3 Inspection findings

6.4 Is care safe?

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

The manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. The manager advised the home was working with a full complement of staff.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the manager evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The manager advised that she was currently reviewing induction information used in the home and was aware of the Induction Programme for social care workers developed by the Northern Ireland Social Care Council (NISCC).

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the manager and review of two staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body, NISCC (where applicable).

The need to review and update the homes adult safeguarding policy and procedure was identified as an area for improvement during the previous inspection although some improvements were made additional information was required. This area for improvement has

been stated for a second time in the QIP appended to this report. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed with the manager.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager confirmed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The manager advised there were restrictive practices within the home, for example the use of keypad entry system and management of smoking materials etc. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Staff training records evidenced that all staff had received training in Infection Prevention and Control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

It was established that a number of residents smoked. A review of the care records of these residents identified that risk assessments and corresponding plan of care had been completed in relation to smoking.

The home had a fire risk assessment in place most recently reviewed on 20 July 2018 and recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

One resident’s representative spoken with during the inspection made the following comments:

- “I think it is very safe (in the home), the girls go all out, it’s like home from home.”

Seven completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision, infection prevention and control and the home’s environment.

Areas for improvement

No new areas for improvement were identified during the inspection. One area relating to the review and updating of the homes safeguarding policy and procedures has been stated for a second time.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | *1 |

6.5 Is care effective?

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

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of two care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home. One resident shared their experience with the inspector; this information was passed to the manager with the residents consent and followed up accordingly with relevant trust professionals.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Seven completed questionnaires were returned to RQIA from residents. Six respondents described their level of satisfaction with this aspect of care as very satisfied one was satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews and communication between residents, staff and other interested parties.

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 care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The manager, residents and their representatives advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their

awareness of promoting residents’ rights, independence, and dignity, and explained how confidentiality was protected.

Discussion with staff, residents and their representatives confirmed that residents’ spiritual and cultural needs were met within the home. Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment; for example the daily menu was displayed in the dining room, and residents’ preferred rising and retiring times were reflected in care records.

Discussion with staff, residents, representatives and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. of communication included residents’ meetings, suggestion box, and regular resident questionnaires.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, residents were supported to participate in quizzes, arts and crafts, listening to music. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example visitors are welcome to the home, some residents attend local day centres.

Residents and a resident’s representative spoken with during the inspection made the following comments:

- “Everyone (staff) is very good, no complaints.” (resident)
- “The food is lovely, very nice.” (resident)
- “All is good, have whatever you need.” (resident)
- “Lovely, no problems at all. (The home is) always very clean and welcoming. Had a lovely party at Christmas; families were invited. We are kept well informed if there are any changes. (My relative) is happy and we are happy.” (resident representative)

Seven completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents 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 |

6.7 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

The manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The manager stated that policies and procedures would be systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that there had been no new complaints recorded since the previous inspection. The manager advised a new template had been developed to record and monitor complaints this was available for review.

The home retains compliments received, e.g. thank you letters and cards, and there are systems in place to share these with staff.

A review of accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff, for example information regarding The International Dysphagia Diet Standardisation Initiative (IDDSI) was available in the home and staff were aware of same. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example staff had completed training in dementia awareness and flu awareness.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The manager stated that the registered provider was kept informed regarding the day to day running of the home through regular visits to the home and telephone calls.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open

and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

Seven completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, 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 Julie Wallace, 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 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 DHSSPS Residential Care Homes Minimum Standards, August 2011 | |
| Area for improvement 1 Ref: Standard 16.1 Stated: Second time To be completed by: 8 February 2019 | The registered person shall ensure the adult safeguarding policy and procedure is reviewed and updated to reflect regional guidance and operational procedures. Ref: 6.2 Response by registered person detailing the actions taken: Adult Safeguarding Policy and Procedure has been updated to include more detail on regional guidance and operational procedures. |

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



The Regulation and
Quality Improvement
Authority

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