



The Regulation and
Quality Improvement
Authority

Oriel House
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30 Oriel Road
Antrim
BT41 4HP

Inspector: John Mc Auley
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**Unannounced Care Inspection
of
Oriel House**

16 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 16 June 2015 from 10:15am to 2:15pm. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/ Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	2

The details of the QIP within this report were discussed with the Senior Care Assistant Jenny Scott as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/ Registered Person: Margaret Theresa Thompson	Registered Manager: Morag Wylie
Person in Charge of the Home at the Time of Inspection: Jenny Scott	Date Manager Registered: 09 December 2013
Categories of Care: RC-MP, RC-PH, RC-I	Number of Registered Places: 8
Number of Residents Accommodated on Day of Inspection: 5 plus 1 resident at day care placement and 1 resident in hospital	Weekly Tariff at Time of Inspection: £470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/ Process

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

- Prior to inspection we analysed the following records; notification reports and previous inspection report.
- During the inspection we met with all the residents, two care staff and spoke with the registered provider via telephone.
- We inspected the following records; residents' care records, accident/ incident reports, and policies and procedures and aligned guidance available to the standards inspected.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 9 October 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 14 (4)</p>	<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 harm or risk of abuse.</p> <p>Reference to this is made in that;</p> <ul style="list-style-type: none"> • A policy and procedural guidance for staff on how to respond to resident's behaviours and behaviours that challenge must be devised and put in place. • A policy and procedural guidance on restraint and restrictive practices in keeping with good practice guidance and human rights must be devised and put in place, and for the same to be kept under regular review. 	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>This policy and procedure has been revised accordingly.</p>	
Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 2</p> <p>Ref: Regulation 19 (1) (a) Schedule 3 (3)(k)</p>	<p>The registered person shall-</p> <p>(a) Maintain in respect of each resident a record which includes the information, documents and other records specified in Schedule 3 relating to the resident;</p> <p>Schedule 3(3) (K) a contemporaneous note of all care and services provided to the resident, including a record of his condition and any treatment or other intervention.</p> <p>Reference to this is made in that progress record entries that contain statements that the resident was "unsettled". Such terminology needs to be clearly descriptive of the behaviour and account for the treatment/ care given and effect of same.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: A review of residents' progress records found that entries were descriptive.</p>	
Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 3 Ref: Regulation 20(1) (C) (i)</p>	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents-</p> <p>(c) ensure that persons employed by the registered person to work at the home receive-</p> <p>(i) Appraisal, mandatory training and other training appropriate to the work they are to perform.</p> <p>Reference to this is made in that all staff must receive training in dementia and with caring for behaviours that challenge.</p>	<p>Not Met</p>
	<p>Action taken as confirmed during the inspection: Training in dementia and in challenging behaviours has not taken place.</p> <p>This requirement has been stated for a second time.</p>	
Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 4 Ref: Regulation 27 (4) (a)</p>	<p>The registered person shall –</p> <p>(a) Have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Reference to this is made in that the last fire safety risk assessment is dated September 2013 and needs an annual update. Following completion of this assessment the registered provider must submit in writing o the homes aligned estates inspector an action plan with timescales detailing how any recommendations from it will be met.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: A fire safety risk assessment dated 5 November 2015 has been put in place. No recommendations were made from this assessment.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 5 Ref: Regulation 27 (4) (f)	<p>The registered person shall-</p> <p>(f) Ensure by means of fire drills and practices at suitable intervals, that the persons working at the home and so far as predictable, residents are aware of the procedure to be followed in case of fire.</p> <p>Reference to this is made in that a review of the fire safety records evidenced that an evacuation had been last undertaken on September 2013, for which a requirement has been made that the frequency to at least twice yearly for staff.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The frequency of fire safety drills has increased with the last one being on 29 April 2015.</p>	
Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 6 Ref: Regulation 20 (1) (a)	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents-</p> <p>(a) Ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>Reference to this is made in that given the number and needs of residents and the layout of the home the provision of a sole sleep in arrangements on night duty is considered inadequate and needs to be replaced with a wakened member of staff.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The night duty staffing levels has been revised to a wakened member of staff on duty.</p>	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 1.2	Residents' views are taken into account in all matters affecting them, and the home has forums or systems where residents and their representatives can express their views and be consulted about the running of the home. Reference to this is for the frequency of residents' meetings to increase to at least a quarterly basis, as the last meeting was in April 2014.	Met
	Action taken as confirmed during the inspection: The frequency of residents' meetings had increased accordingly.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation Ref: Standard 13.4	The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	Met
	Action taken as confirmed during the inspection: This programme was displayed appropriately.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

Residents can and do spend their final days of life in the home. This is unless there is a documented health care need that prevents this.

In our discussions with staff in respect of this area of care, they advised that they considered care as compassionate. The senior care assistant informed us that the occurrence in the home was very infrequent.

The senior care assistant explained to us that other residents would be informed in a sensitive manner of the death of a resident.

The senior care assistant also explained to us when a death of a resident occurs, their belongings are handled with care and respect.

The room is permitted to be vacant with the resident's next of kin or family take the lead in dealing with the deceased resident's belongings at a sensitive and convenient time after the burial.

The spiritual needs of the resident were assessed. In our discussions with staff we confirmed they had knowledge and understanding of residents' spiritual requests and choices at this time of care.

Is Care Effective? (Quality of Management)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

A care plan is put in place for each resident who is receiving palliative care by district nursing services.

We inspected four residents, care records and could confirm that a care plan was in place pertaining to this need. Details included arrangements with spiritual care, if so wished.

Is Care Compassionate? (Quality of Care)

The home does not have a policy and procedure pertaining to death of a resident. A recommendation has been made for this to be devised and put in place, and for staff to receive training in this.

Staff have received training in this area of care during their induction.

In our discussions with staff they demonstrated that they had knowledge and understanding of how to care for this area of need.

Areas for Improvement

There was one area of improvement identified with this standard inspected. This was in relation to devising and putting a policy and procedure in place and ensuring staff are trained in this area of care. However the overall assessment of this standard considered this standard to be compassionate, safe and effective.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

Staff have received training in continence management. In our discussions with staff they also demonstrated knowledge and understanding of this area of care.

We inspected four residents' care records and found an individualised assessment and plan of care was in place. Issues of assessed need are referred to district nursing services.

The district nurse in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of incontinence aids.

From our observations we found there to be adequate supplies of aprons, gloves and hand washing dispensers.

In our discussions with staff, general observations together with a review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

Is Care Effective? (Quality of Management)

The home has a policy pertaining to continence management. This policy was basic in detail and did not make reference to referral to the appropriate health care professionals. A recommendation was made for this policy to be revised. There are also associated guidance and information available to staff.

Staff have received training in continence management.

Identified issues of assessed need are reported to district nursing services, for advice and direction.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respected when being assisted by staff. Continence care was undertaken in a discreet private manner.

Areas for Improvement

There was one area of improvement identified with this standard inspected. This was in relation to revising the policy and procedure on continence management. However the overall assessment of this standard considered this standard to be compassionate, safe and effective.

Number of Requirements:	0	Number of Recommendations:	1
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Additional Areas Examined

We met with all residents in the home. In accordance with their capabilities, they expressed or indicated that they were happy with their life in the home, their relationship with staff, and the provision of meals.

Some of the comments made included statements such as;

- "This is a lovely place to live"
- "I love it here"
- "The meals are lovely"
- "Everyone is very kind here".

5.5.2 Relatives' Views

There were no visiting relatives at the time of this inspection.

5.5.3 Staff Views

From our discussions with staff on duty, they spoke with positive regard to the provision of care, staffing, teamwork, morale and training.

Five staff questionnaires were distributed for return.

5.5.4 Accident/ Incident reports

A review of these reports from the previous inspection was undertaken. There were a number of incidents of challenging behaviours, dated 31 May 2015, 1 June 2015 and 3 June 2015. These were not notified to RQIA and should have been in accordance with legislation. A requirement was made in relation to notification.

5.5.5 General Environment

We found the home to be clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of a good standard.

Residents' bedrooms were comfortable with many facilitated with personal artefacts and memorabilia.

5.6 Staffing

The staffing levels were recorded in the duty rota as the registered manager and a senior care assistant on duty. However the registered manager was absent from duty and was replaced midday by an extra senior care assistant. The issue in respect of the absence of the registered manager was discussed with us via telephone with the registered provider. A requirement was made for this issue to be managed as per the home's sickness / absence policy.

A further requirement was made for the duty rota to be accurately maintained at all times. This was found to be not the case as the domestic's hours of duty were not recorded and the actual hours worked by the registered manager were not accurately recorded.

5.5.7 Care Practices

Throughout our discreet observations of care practices we noted residents being treated with dignity and respect. Care duties were organised.

Staff interactions with residents were found to be polite, friendly, warm and supportive.

A nice homely atmosphere was in place, with residents being comfortable, content and at ease in their environment and interactions with staff.

An appetising well-presented dinner time meal was provided for in a nice conducive setting.

Due to the absence of the registered manager there was a shortfall of one member of staff on duty until midday. Priority was given with the inspection process for the senior care assistant to attend to residents' needs. .

5.5.8 Fire Safety

Fire safety training including fire safety drills were maintained on an up to date basis.

The home's most recent fire safety risk assessment dated 5 November 2014 was reviewed. There were no recommendations made from this assessment.

Fire safety checks in the environment, such as testing of alarms, were not maintained on an up to date basis. The last recorded check was on 16 December 2014. A requirement was made for these to be maintained on an up to date basis.

No obvious risks within the environment in terms of fire safety, such as wedging opening of doors.

Areas for Improvement

There were four areas of improvement identified with these additional areas inspected. These were in relation to notification of incidents, management of absence, and the duty record and fire safety.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Senior Care Assistant Jenny Scott as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/ manager to ensure that all requirements and recommendations contained 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 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.

6.1 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/ Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (C) (I)</p> <p>Stated: Second time</p> <p>To be Completed by: 16 September 2015</p>	<p>All care staff in the home must be in receipt of training in;</p> <ul style="list-style-type: none"> • Dementia • Challenging behaviour <p>Response by Registered Person(s) Detailing the Actions Taken: Training has been secured with RCN for staff to attend training in Dementia and related Challenging Behaviour on 11th September 2015.</p>
<p>Requirement 2</p> <p>Ref: Regulation 30(1)(d)</p> <p>Stated: First time</p> <p>To be Completed by: 17 June 2015</p>	<p>Any incident of challenging behaviour must be reported without delay to RQIA.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All staff have been made aware of the importance reporting of all incidents relating to challenging behaviour to the RQIA without delay. Previous reports have since been sent through. Also, easier access to the untoward incident forms has been discussed and all staff now have easy access to hard copies for completion when required.</p>
<p>Requirement 3</p> <p>Ref: Regulation 9(1)</p> <p>Stated: First/ time</p> <p>To be Completed by: 17 June 2015</p>	<p>The absence of the registered manager must be managed by the registered provider in accordance with the home's sickness / absence policy.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Registered Manager in this instance had followed the sickness/absence policy and procedure and had informed the Registered Manager on 15/06/15 of her being unfit to work..</p>

Requirement 4 Ref: Regulation 19(2) Schedule 4(7) Stated: First time To be Completed by: 17 June 2015	<p>The duty rota must be maintained accurately at all times.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Duty Rota was immediately ammended and includes staff Surnames as well as the total number of hours worked each week. All staff are aware that if any changes occur to the duty , it must be authorised/sanctioned by either the Registered Manager or Registered Provider and thus ammended on the duty rota..</p>		
Requirement 5 Ref: Regulation 27(4)(b) Stated: First time To be Completed by: 17 June 2015	<p>The fire safety checks in the environment must be maintained and recorded on an up to date basis.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All fire safety checks are up to date and recorded on an up to date basis.</p>		
Recommendations			
Recommendation 1 Ref: Standard 14 Stated: First/Second/Third time To be Completed by: 16 September 2015	<p>A policy and procedure on death and dying needs to be devised and put in place. Staff also need to be trained in this policy and procedure.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A policy and procedure on death and dying needs has been compiled and put into place. Staff will be attending training on this topic in August.</p>		
Recommendation 2 Ref: Standard 21.1 Stated: First time To be Completed by: 16 September 2015	<p>The policy and procedure on continence management needs to be revised and up dated in accordance with good practice guidance.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The policy and procedure on Continence Management has been revised and updated in accordance with good guidance practice as well as support from the Northern Trust Continence Service Team.</p>		
Registered Manager Completing QIP	Morag Wylie	Date Completed	26/07/15
Registered Person Approving QIP	Margaret Teresa Thompson	Date Approved	26/07/15
RQIA Inspector Assessing Response	John McAuley	Date Approved	29/07/15

****Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address****

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.