

# Inspection Report

17 January 2022



## Oriel House

Type of service: Residential Care Home  
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

<p><b>Organisation/Registered Provider:</b> Oriol House</p> <p><b>Registered Person</b> Mrs Margaret Teresa Thompson</p>	<p><b>Registered Manager:</b> Miss Claire Wilson</p> <p><b>Date registered:</b> 28 September 2020</p>
<p><b>Person in charge at the time of inspection:</b> Miss Clare Wilson - manager</p>	<p><b>Number of registered places:</b> 8</p> <p>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.</p>
<p><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.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 6</p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>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 bedrooms on the ground and first floors and a communal lounge, dining room and bathroom on the ground floor.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 17 January 2022, from 10 am to 5 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.

Staff promoted dignity and well-being of residents and were knowledgeable and well trained to deliver safe and effective care. Staff and the manager worked well together as a team.

Areas requiring improvement were identified and are included in section 7.0.

Residents were positive in their comments about living in the home. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff

RQIA were assured that the delivery of care and service provided in Oriel House was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services provided.

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

### **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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 Manger at the conclusion of the inspection.

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

Six residents spoken with were positive about the care provided in Oriel House. Residents said "I am alright here, they are looking after me" and "the food is really good and I get the papers every day."

Staff said they were well supported by the manager and had a good knowledge of how to report any concerns about the care in the home.

Two visiting professionals were also satisfied with the care in the home stating “there are no problems with the home and we have no concerns about the care.”

No resident or relative questionnaires were returned following the inspection. Three responses were received from the online staff survey confirming staff were either satisfied or very satisfied that residents were receiving safe, effective, compassionate and well-led. Staff commented “Oriel House is a very organised environment to work and staff members and service users are treated with respect and compassion.”

A record of compliments received about the home was kept and shared with the staff team.

## 5.0 The inspection

### 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 7 October 2021		
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 27 (2) (b) (c) (t)  <b>Stated:</b> Second time	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	<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>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met. Equipment was stored in the bathroom and staff were not compliant with being bare below the elbow.	
<b>Area for Improvement 3</b>	The registered person shall ensure that all areas of the home to which residents have	

<p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p>	<p>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><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 31 (1) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that they give notice in writing if the registered manager is absent for a period of 28 days of more without delay.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Regulation 19 (3) (b)</p> <p><b>Stated:</b> First time</p>	<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><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> Second time</p>	<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> There was evidence that this area for improvement was partially met. A record was kept of all staff working over the 24-hour period but it did not reference in what capacity the hours were worked. <b>This area for improvement has been stated for a third time.</b></p>	<p><b>Partially met</b></p>

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 29.4</p> <p><b>Stated:</b> Second 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> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 3</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>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<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> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> Second time</p>	<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> There was evidence that this area for improvement was partially met with audits in place for care records, falls, IPC and the environment, however, audits needed to be put in place for restrictive practices and wound/skin care. <b>This area for improvement has been stated for a third time.</b></p>	<p><b>Partially met</b></p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</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.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 27.5</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the grounds are kept tidy, safe, suitable for and assessable to residents.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A robust system was not in place to ensure staff were recruited correctly to protect residents. All pre-employment checks had not been completed or recorded prior to staff commencing their role. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. An induction was completed to prepare staff for their roles and this was signed and dated in staff records.

A competency and capability assessment had not been completed for staff who take charge of the home in the absence of the manager. This was discussed with the manager and is to be commenced. An area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty; however it did not identify the capacity in which the hours were worked for all staff. This area for improvement has been restated for a third time.

Staff told us that there was enough staff on duty to meet the needs of the residents. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

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

Residents said there were always enough staff if they needed them to provide care and assist with activities during the day. A visiting professional commented that staff were available when they were in the home and able to assist with providing information about residents.

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were observed to identify a deterioration in a residents condition and were prompt in contacting the GP for advice and treatment.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents who are more at risk of skin breakdown were assisted by staff to carry out personal care and skin care. Care records accurately reflected the residents' needs and if required care staff consulted the district nurse and followed the recommendations they made. This was confirmed by a visiting nurse during the inspection.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example residents had a buzzer in place if they needed assistance and a buzzer mat was used beside residents beds and chairs when 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 was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Residents complimented the cook on the meal provided and were observed to enjoy the variety of food. There was evidence that residents' needs in relation to nutrition and the dining experience were being met.



Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet and had a good knowledge of any special dietary requirements.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Condiments were provided and the meal choice was displayed on the menu board.

Residents care records were held confidentially. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.

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

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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

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

On arrival at the home residents were relaxing in the lounge or their own bedrooms. Observation of the home's environment evidenced that the home was tidy, warm and had a homely atmosphere.

For example; residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was evidence throughout the home of 'homely' touches such as newspapers and snacks and drinks available when requested.

Some areas of the home required repair or redecoration including wall paper coming off the wall in the hall and a rusted radiator in the main bathroom. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that not all systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home did not record resident's temperature checks twice daily and did not record details of all visitors to the home and their temperature checks. This was discussed with the manager and an area for improvement was made.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept however not all staff adhered to good practice of being bare below the elbow. This was discussed with the manager and has been stated as an area for improvement for a second time.

Visiting arrangements were managed in line with DoH and IPC guidance and were booked in advance with the home.

#### **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 choose to spend time in the communal lounge or in their own bedrooms, could have family/friends in their room or take part in the activity programme provided in the home.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices.

There was a range of activities provided for residents by staff. As said previously residents had been consulted about their activity programme. The range of activities included movies, art, knitting and pamper sessions.

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 or video calls. Visiting and care partner 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 no change in the management of the home since the last inspection. Miss Claire Wilson has been the manager in this home since 28 September 2020.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents, however not all areas of care were audited including wound/skin care, nutrition and restrictive practices. This area for improvement has been stated for a third time.

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.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

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 completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 6.0 Conclusion

Residents were relaxed and enjoying listening to music and colouring in. Staff were available and responsive to resident's needs. Resident were complimentary about the lunch time meal.

Staff did not raise any concerns about staffing levels or the care provided in the home and residents were satisfied with the availability of staff.

Based on the inspection findings eight areas for improvement were identified. All eight were in relation to safe and effective care. Details can be found in the Quality Improvement Plan included in section 7.0.

## 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>	2*	6*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Claire Wilson, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for Improvement 1</b>	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.
<b>Ref: Regulation 13 (7)</b>	

<p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All staff complete infection control training and read the infection control policies and procedures. Staff are monitored regarding hand washing where they will then use hand sanitizer which is available throughout the home and ensuring that they are not wearing long sleeves which leave them bare below the elbow. For all personal care staff use gloves hand washing and hand sanitizer to minimise the risk of spread of infection.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 21 (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure all staff working in the home are fit to work in the home and the information specified in paragraph 1 to 7 of schedule 2 have been obtained.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Each staff member completes a AccessNI check and registers with NISCC (Northern Ireland Social Care Council) and references are requested.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b></p>	
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>An accurate record is kept of all staff working in the home over a 24-hour period and the capacity in which they work.</p> <p>Ref: 5.1 and 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The rota outlines who is working in the home over a 24hr period if management is working on the floor as a care assistant or in the office, I have also added in when staff are working in the kitchen when the cook is off.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> With immediate effect</p>	<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</p> <p><b>Response by registered person detailing the actions taken:</b> The manager continues to complete health and safety audits, infection control audits, care plan audits, accident and incident audits, call buzzer audits, staff audits every month along with weekly medication audits. We have included pressure cushion audits, floor buzzer mat audits and wound audits as requested.</p>

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 3.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</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>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>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2022</p>	<p>The registered person shall ensure the premises are well maintained and remain suitable for their stated purpose. This is in relation to wall paper coming off the wall and a rusted radiator in the bathroom.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> We are awaiting a new radiator this has been ordered with the plumber and marked as urgent, decorators have been contacted regarding the wallpaper.</p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 25.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that a competency and capability assessment has been completed for all persons in charge of the home in the absence of the manager and this is kept up to date.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Competency and Capability is discussed during staff's supervisions that is completed every 3 months and staff have come to the manager if there is any issues before this time. Competency and Capability assessments has now been completed with staff since the inspection and this will reviewed every 6 months or sooner if necessary.</p>
<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered person shall ensure that procedures are in place to manage and minimise the risk of the spread of infection for staff, residents and visitors. This is in relation to the recording of temperature checks in line with DOH Guidelines for COVID-19.</p> <p>Ref: 5.2.3</p>

With immediate effect	<b>Response by registered person detailing the actions taken:</b> We have received a new thermometer and temperature checks are completed on all visitors to the home including other health professionals. Residents are checked each day and staff are checked before each shift, these temperatures are all documented and recorded.
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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