

# Unannounced Care Inspection Report 17 December 2020



## Oriel House

**Type of Service: Residential Care Home**  
**Address: 30 Oriel Road, Antrim, BT41 4HP**  
**Tel No: 028 9448 8161**  
**Inspector: Marie-Claire Quinn**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home registered to provide care for up to 8 residents.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Oriel House</p> <p><b>Responsible Individual(s):</b> Margaret Teresa Thompson</p>	<p><b>Registered Manager and date registered:</b> Claire Wilson 28 September 2020</p>
<p><b>Person in charge at the time of inspection:</b> Claire Wilson</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. Approved 1 named resident under 65 years.</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 home on the day of this inspection:</b> 6</p>

### 4.0 Inspection summary

This unannounced care inspection took place on 17 December 2020 from 10.30 to 15.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan. The following areas were examined during the inspection:

- staffing arrangements
- care delivery
- the home's environment
- recording of care
- governance and management arrangements.

Residents told us that the staff and the manager are very good to them.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*3	8

Areas for improvement include one Regulation which has been stated for a third time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Claire Wilson, manager and Margaret Teresa Thompson, responsible individual, 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the last medicines management inspection
- the registration status of the home
- written and verbal communication received since the last medicines management inspection
- the last medicines management inspection report and returned QIP.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Tell Us' cards were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received at the time of issuing this report.

The following records were examined during the inspection:

- staff duty rota from 16 November 2020 to 22 November 2020 and from 30 November 2020 to 6 December 2020
- one staff recruitment, induction, competency and capability assessment and supervision record
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- a sample of staff training records
- a sample of fire safety records
- care records for five residents

- progress notes for two residents
- a sample of audits
- monthly monitoring reports dated 19 September 2019, 18 December 2019, 15 January 2020 and 5 February 2020.

Areas for improvement identified at the last medicines management inspection were reviewed and an assessment of compliance recorded as partially met.

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 last medicines management inspection on 5 December 2019**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 29.- (4) (c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 4 January 2020</p>	<p>The registered person shall prepare a written report on the conduct of the home following their monthly monitoring visit.</p> <p>Ref: 6.6</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Written monthly monitoring reports had been completed December 2019, January 2020 and February 2020; however none had been recorded from March 2020 until December 2020. The manager advised this was due to the need for reduced footfall in the home, in line with COVID-19 guidance. The manager advised that the responsible individual remained accessible and was highly supportive. This included daily check-ins and regular telephone contact with the home, including speaking with the residents and staff. However no written records of this monitoring were retained. Management agreed to consider alternative methods of monitoring, including use of technology and/or identifying another suitable person to complete these visits on behalf of the responsible individual. This area for improvement is therefore only partially met and is stated for a third and final time.</p>	<p><b>Partially met</b></p>

## 6.2 Inspection findings

### 6.2.1 Staffing arrangements

Observation of care delivery and discussion with residents and staff confirmed staffing levels were sufficient to meet residents' needs.

The duty rota reflected the planned staffing arrangements as outlined by the manager. However an area for improvement was made regarding the need to ensure that only the manager can approve changes to the rota and that staff's full names are recorded.

Review of one staff recruitment record confirmed staff were recruited safely, in line with legislation. Staff were registered with NISCC and management maintained oversight of the registration process.

An area of good practice was identified regarding the robustness of the induction programme and competency and capability assessments conducted in the home. These were detailed and included observations of staff's listening and communication skills, as well as competence in more practical skills. Staff supervision and annual appraisals were also up to date.

Staff training records were maintained electronically and there was a good system in place to monitor this. The manager confirmed that all staff had completed online Deprivation of Liberty Safeguard (DoLS) training. Currently, no resident in the home is subject to a DoLS. Management confirmed that the need for Mental Capacity Assessments remained under review as required.

### 6.2.2 Care delivery

Residents looked well cared for and it was clear staff had taken time to support residents with maintaining their personal appearance, including nail care and hair styling.

The residents we spoke with told us they were happy living in the home and felt well looked after. Specific comments included:

- "They (staff) are awful good to me here. Claire (manager) is just marvellous. We are well looked after."
- "Staff got me new knitting patterns and wool; I like to stay occupied. I like doing the dishes to keep my hands busy!"
- "The food is brilliant, just beautiful. Every morning at 10am I get a cup of tea and a wee bun warm from the oven. You can set your watch to it! The staff are so good, especially the manager."
- "I'm happy here, the staff are good. I like painting and getting my nails done."

The serving of the lunch time meal was an organised and unhurried experience for residents. There was a lovely atmosphere in the dining room, with residents chatting and laughing with each other and staff. Residents told us the food was lovely; they had enjoyed a meal of mince pie and chips, followed by sponge and custard. The planned evening meal was cheese and ham toasties, with a supper of muffins and fruit loaf. All food was prepared from fresh in the home, including baked goods.

Residents were offered choice and flexibility and encouraged to maintain their independence where possible. Residents' activities varied depending on their interests, ranging from knitting, watching Christmas movies, putting up Christmas cards and reading. After lunch, some residents enjoyed colouring in and singing Christmas songs in the dining room, while others preferred to rest in the lounge or their bedrooms.

Visiting arrangements were in place in line with COVID-19 guidance and management confirmed this would remain under review to ensure robust adherence to the guidelines. Some residents were delighted to be having visits from their loved ones during the inspection. Residents told us they missed more frequent visits with their families, and knew Christmas would be different, but that they understood staff were trying to keep them safe. Residents were pleased to be receiving the vaccine within the week.

### **6.2.3 The home's environment**

The home was generally clean and tidy and had been tastefully decorated for Christmas. Residents had helped staff with painting Christmas decorations on the windows of the home.

Enhanced cleaning, including touch points, was completed throughout the inspection. Detailed cleaning schedules were in place to guide staff which were monitored by management. Management also agreed to laminate essential information displayed in the home, particularly the staff office, so that it can be more effectively cleaned.

Staff wore Personal Protective Equipment (PPE) as required and there was an ample supply of PPE available to staff. We asked the manager to ensure clinical waste bags were available in staff and communal bathrooms.

Staff encouraged and practiced good hand hygiene. An area for improvement was made regarding staff adherence to IPC guidance; specifically in relation to the wearing of long sleeves, nail varnish and jewellery. This was discussed with the manager in accordance with the Northern Ireland Regional Infection Prevention and Control (IPC) Manual.

During the inspection, several deficits were identified in relation to the home's environment. This included:

- the hot water tap in the communal bathroom and in the staff bathroom was not working
- the communal bathroom was cluttered which meant it could not be effectively cleaned; this included a need to risk assess the storage of toilet roll, toiletries and paper towels.
- shower equipment including a shower chair showed signs of rusting
- one commode showed signs of wear and tear
- one identified bedroom was cluttered, and presented as a potential fire hazard
- a radiator cover in an identified bedroom to be repaired
- a vanity unit in one bedroom required repainting
- ensure that medication records are securely stored when not in use.

This was discussed with the manager and responsible individual for immediate action. The manager provided written confirmation shortly after the inspection that all required remedial action had been taken. A comprehensive action plan was also submitted by the home, detailing how and when the above deficits would be addressed. Review of this was to be incorporated into monthly monitoring visits, which are to be submitted to RQIA; see section 6.2.5 for further information. An area for improvement under Regulation was made.



The home's most recent fire risk assessment was not available for inspection. Management later confirmed this had been completed on 21 August 2020 and no remedial actions were required.

We were unable to confirm whether staff had attended a fire evacuation drill within the last twelve months. This was discussed with the manager for immediate action and management confirmed that all staff completed a fire drill on 22 December 2020 following the inspection. We were also unable to confirm that staff had completed their mandatory twice annual fire safety training; an area for improvement was made.

#### **6.2.4 Recording of care**

Care records were personalised and holistic. A range of assessments and corresponding care plans to guide staff on the care required for each resident. Resident's social and emotional needs were detailed and used to clearly direct staff on how to promote and improve resident's wellbeing.

Resident's dietary and nutritional needs were well managed, with weights monitored, and referrals made to dietitians or Speech and Language Therapists as required. Progress notes were well maintained and evidenced regular communication with resident's families and multi-agency professionals.

However some deficits were identified regarding care records. Some care records did not include a recent photograph of the resident. Pre-admission assessments lacked sufficient detail. One care plan regarding the management of epilepsy required updating and further detail. Fluid intake records for one resident, which were no longer required, were to be archived. Annual care reviews were overdue; management agreed to implement a system to better monitor this and evidence their attempts to arrange these reviews. This feedback was discussed with the manager and is incorporated into the action plan referenced in section 6.2.3. Four areas for improvement were made.

#### **6.2.5 Governance and management arrangements.**

Staff confirmed there was good training and communication in the home; staff felt well supported and kept up to date by the manager. One staff member commented, "The home is better because of the manager Claire. She is on the ball; everything is sorted. It's been hard because of lockdown, but residents are happy."

We discussed the home's current registration. The manager confirmed the resident requiring care under RC-DE and the one identified resident under 65 years had now left the home. We advised that these registrations were not transferable and were specific to the identified residents. Following the inspection, the manager provided written information updating the home's registration.

There was evidence that management maintained oversight of working practices in the home, through comprehensive monthly care evaluations and falls audits. However completed audits lacked detail and analysis, to ensure learning from incidents and contribute to quality improvement in the home. There was no systematic audit programme in place, or written records of the manager's daily environmental walkabouts in the home. This was discussed in detail with the manager, particularly in light of the inspection findings. An area for improvement was made.



As discussed in section 6.1, robust monthly monitoring arrangements were not in place. This may also have contributed to the deficits identified during the inspection, particularly regarding the home's environment. Following the inspection, adequate verbal and written assurances were provided by the manager and the responsible individual about how these deficits would be addressed and governance systems improved. To monitor compliance with this, an area for improvement was made regarding the submission of monthly monitoring reports to RQIA.

### Areas of good practice

Areas of good practice were identified in relation to staffing arrangements and care delivery. Residents and staff were positive about management arrangements and support in the home.

### Areas for improvement

Areas for improvement were identified in relation to the home's environment, care recording and governance arrangements.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	8

## 6.3 Conclusion

Residents looked well cared for and were positive about their experiences living in the home. Residents described staff and the manager as kind and helpful.

There were cheerful, friendly and respectful interactions between residents and staff throughout the inspection. Care delivery was provided in an organised and unhurried manner. Residents were supported to maintain regular contact, including visiting, with their loved ones, in line with COVID-19 guidance.

Staff were positive about working in the home and the support provided by the manager.

Several areas for improvement were identified and are to be managed through the QIP included below.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Claire Wilson, manager and Margaret Teresa Thompson, responsible individual, 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 29.- (4) (c)</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> immediate and ongoing</p>	<p>The registered person shall prepare a written report on the conduct of the home following their monthly monitoring visit.</p> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> The monthly monitoring visit will take place at different times during the month, this will be completed by either video call or a visit. During this staff will be spoken with along with residents and any visitors to the home. It will detail what or if there is any changes to be made or any improvements that can be made.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27.- (2) (b) (c) (t)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediate and ongoing</p>	<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: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Risk assessments are been completed and updated when required, this involves health and safety, bathroom risk, covid-19 risks and visitor risks as well as any risks involving the residents in their day to day health. They will be monitored and changed when appropriate.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 29.- (5) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediate and ongoing</p>	<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>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Each month the Monthly Monitoring Forms will be completed and emailed to RQIA over the next months to be reviewed. To ensure it is been completed and to monitor the changes that are been made.</p>

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediate and ongoing</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>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The rota has full information with each member of staff full name and the hours in which they worked. The rota is completed on a 4 week basis with any changes been appoved and changed by the manager. The rota has in detail what staff member works what shifts and the hours in which they worked.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 28.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediate and ongoing</p>	<p>The registered person shall ensure that all staff employed in the home adhere 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 link for details: <a href="https://www.niinfectioncontrolmanual.net/hand-hygiene">https://www.niinfectioncontrolmanual.net/hand-hygiene</a></p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Each member of staff has completed and upto date infection control training, this is completed on a yearly basis and more frequent if it is needed. There is a new Infection Control Audit that has been put in place monthly to ensure policies and procedures are been followed and up to date. Extra infection control has been put in place due to Covid-19 which has been advised and implemented regular cleaning of touch points, regular cleaning in bathrooms, lounge and dinning rooms which all had been effective in keeping everyone safe.</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><b>To be completed by:</b> immediate and ongoing</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>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Each member of staff are to complete a fire drill twice a year where they will not be told when it is going to happen to assess their reaction and identify any training needs within this. Fire Training is completed once a year with an appropriate trainer, this is to provide information and enusure staff are aware of the dangers and how to react to a fire.</p>

<p><b>Area for improvement 4</b></p> <p>Ref: Standard 8.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediate and ongoing</p>	<p>The resident's care records contain a recent photograph of the resident.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Each care record has an updated photograph of the resident to be able to identify the resident along with the medication kardex and the care plan.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 3.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediate and ongoing</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: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> A new Pre-Assesment form has been actioned to be used when necessary for a new resident before entry to the home, where it has all the necessary questions and information required to ensure we can met the client's needs before entry to the home.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 January 2021</p>	<p>Care plans for the management of epilepsy and fluid intake are kept up-to-date and reflect the resident's current needs.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> These have been completed and added into the care plans where necessary and will be reviewed with the G.P.</p>
<p><b>Area for improvement 7</b></p> <p>Ref: Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 May 2021</p>	<p>The home contributes to or organises care reviews of residents' placement in the home.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Social Workers have been contacted to require a review of residents, awaiting a response. The Care Management Review Form has been completed by management in waiting for a response from the social worker team to arrange a time for it to be completed.</p>

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First 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>Ref: 6.2.5</p>
<p><b>To be completed by:</b> immediate and ongoing</p>	<p><b>Response by registered person detailing the actions taken:</b> Audits have been improved and put in place, the medicine audit is completed weekly, the falls audit completed monthly, infection control and health and safety audit completed monthly, changes to care plans or residents needs completed when required and audited monthly. These audits have a new more detailed form to be filled in.</p>

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



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