



Unannounced Care Inspection Report 18 and 22 July 2019



Oriel House

Type of Service: Residential Care Home
Address: 30 Oriel Road, Antrim BT41 4HP

Tel No: 028 94488161

**Inspectors: Marie-Claire Quinn, Gemma McDermott
and Paul Nixon**

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.

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 registered residential care home which provides care for up to eight residents in the categories of care outlined in section 3.0 below.

3.0 Service details

<p>Organisation/Registered Provider: Oriel House</p> <p>Responsible Individual: Margaret Teresa Thompson</p>	<p>Registered Manager and date registered: Julie Wallace</p> <p>Registration pending</p>
<p>Person in charge at the time of inspection: Julie Wallace</p>	<p>Number of registered places: 8</p> <p>RC- DE for one identified individual RC- PH for one identified individual RC- I for six residents</p> <p>Residents accommodated in the two upstairs bedrooms are suitably assessed in terms of mobility.</p>
<p>Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment</p>	<p>Total number of residents in the residential care home on the day of this inspection: 6</p>

4.0 Inspection summary

An unannounced inspection took place on 18 July 2019 from 12.25 to 17.30 hours. This inspection was undertaken by the care inspector supported by the estate support officer, Gemma McDermott, who joined the inspection from 13.30 to 15.45 hours.

A medicines management inspection took place on 22 July 2019 from 09.45 hours to 11.40 hours.

The inspection assessed progress with all areas for improvement identified in the home during and since the last care, estates and medicines management inspections and 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 staffing, medicines management training, medicine records, the management of controlled drugs, catering arrangements, planning and delivery of person centred care, the culture and ethos in the home, provision of activities, management arrangements and working relationships.

Areas requiring improvement were identified in relation to timely and effective repairs to the home, review of consent records and the completion of monthly monitoring reports by the registered provider.

Residents told us they were very happy living in the home, and that staff were thoughtful and kind. Residents unable to clearly voice their views were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents and staff during the inspection are included in the main body of this report.

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
Total number of areas for improvement	2	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.

4.2 Action/enforcement taken following the most recent inspection dated 8 January 2019

The last inspection of the home was an unannounced care inspection undertaken on 8 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings including estates or medication management issues, registration information, and any other written or verbal information received.

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 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. Two relatives responded and were very satisfied that care in the home was safe, effective and compassionate and that the service was well led.

A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the agreed time frame of two weeks. During the inspection a sample of records was examined which included:

- the home's adult safeguarding policy
- staff duty rota 15 July 2019 to 21 July 2019
- accidents and incidents records from December 2018 to June 2019
- care records of three residents
- feedback questionnaires from residents and relatives
- personal medication records, medicine administration records, medicines requested, received and disposed
- staff medicines management training and competency records
- medicine management audits
- estates records
- legionella risk assessment
- fire risk assessment
- servicing of fire alarm and detection system
- servicing of emergency lighting
- servicing of firefighting equipment
- inspection report for the fixed wiring installation
- PAT testing
- thorough examination report for the bath hoist.

Areas for improvements identified at the last careinspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of theinspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 8 January 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 16.1 Stated: Second time	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	Met
	Action taken as confirmed during the inspection: Review of the home's adult safeguarding policy and procedure confirmed that this had been updated in line with regional operational procedures. This included the details of adult safeguarding teams. We noted that the definitions for adults in need of protection needed further update in line with regional guidelines; the manager confirmed that the required changes had been made following the inspection. This area for improvement is therefore met.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure the safe management of new residents' medicines.	Met
	Action taken as confirmed during the inspection: Two residents' records were examined; in each instance written confirmation of medicines was obtained as part of the admission process. Written medicine records were verified and signed by two trained staff.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that personal medication records are accurately maintained.</p> <hr/> <p>Action taken as confirmed during the inspection: The personal medication records were accurate.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust auditing system which covers all aspects of medicines management is developed and implemented.</p> <hr/> <p>Action taken as confirmed during the inspection: A robust auditing system had been developed and implemented which covers all aspects of medicines management.</p>	Met
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a system is in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.</p> <hr/> <p>Action taken as confirmed during the inspection: A system was in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. The expiry dates were checked by staff every four weeks.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a system is in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.</p> <hr/> <p>Action taken as confirmed during the inspection: A system was in place for recording the reason for and the outcome of administration whenever a medicine was prescribed on a “when required” basis for the management of distressed reactions.</p>	Met

Areas for improvement from the last estates inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2) Stated: Second time	<p>The registered person shall ensure that the action plan associated with the legionella risk assessment is fully implemented and maintained. Suitable records should also be maintained and be available for inspection within the home. Further information on implementing suitable control measures may be obtained from the following guidance issued by the 'Health and Safety Executive, NI.</p> <p>HSG274 Part 2: The control of legionella bacteria in hot and cold water systems (2014). www.hse.gov.uk/pubns/priced/hsg274part2.pdf</p> <p>Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection: Following the inspection the manager confirmed that the Legionella Risk Assessment in place at the home has been confirmed as valid by a specialist contractor. It was also confirmed that suitable measures will be put place for the control of legionella bacteria and records put in place and maintained accordingly.</p>	
Area for improvement 2 Ref: Regulation 27(4) Stated: Second time	<p>The registered person shall ensure that the issue of the manual keypad lock fitted to the main entrance door is addressed without further delay.</p> <p>Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection: The company responsible for the fire risk assessment have confirmed this is not a dedicated fire exit from the home and that the manual keypad lock fitted is acceptable.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 27(2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts. The latest guidance on this issue was issued to all providers on 11 May 2017 and can be found on the RQIA web-site.</p> <p>Ref: 6.7</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>It was confirmed records for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts were in place and up to date at the time of inspection.</p>		
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 29.1</p> <p>Stated: Second time</p>	<p>The registered person shall ensure when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained therein.</p> <p>Ref: 6.4</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>As worded this area for improvement is not met. The registered person advised in the returned QIP of the company providing the fire risk assessment and given this assurance this area for improvement has been assessed as met under standard 29.1</p>		

6.2 Inspection findings

6.3 Is care safe?

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

No concerns regarding staffing levels were raised during the inspection. Additional staff are on duty at times to facilitate one resident's attendance at day centre. Care was delivered in a calm, attentive manner, and calls bells responded to promptly. Residents stated:

- "The care couldn't be better. We are all so happy here. We're spoilt!"
- "The rooms are lovely. Yes, beds are comfortable. We have a buzzer in our room in case we need staff at night time. Staff are always about and come when you need them."
- "Staff keep the home clean. I like wearing my apron at meals to keep my clothes clean. They help us get washed and get our hair done."
- "Yes, there's enough staff. Staff are good. You get on better with some of them, but it's fine."

Overall, the home was clean, tidy and warm. We identified an area where the home could improve its adherence to Control of Substances Hazardous to Health (COSHH) procedures. The manager rectified this immediately.

Staff were knowledgeable and confirmed that mandatory training was in date. Staff were able to correctly describe procedures for the management of falls, adult safeguarding and whistleblowing. Staff commented, "If I had any concerns, you'd (RQIA) would hear about it!" Correspondence with the home prior to and during the inspection confirmed that relevant incidents were reported to relevant agencies in a timely manner.

Review of accidents and incidents records were mostly satisfactory. However, we were concerned regarding two incidents where a resident had been able to break the handle of the fire door. Although the door had been repaired following the first incident, this had been insufficient as the resident had been able to break it again a month later. Inspection of the door on the day confirmed that this had still not been fully repaired. The manager accepted our concerns, and a new door has been ordered; however an area of improvement has been made regarding the need for timely and effective repairs in the home.

Estates findings

The shower chair and over toilet chair in the communal bathroom needed to be replaced. Bathroom light cords also required wipe able sheath covers. The flooring in the communal bathroom and dining area was showing signs of wear and tear. We noted that not all pull cords for window blinds were securely attached to the wall. This was discussed with the manager, who confirmed following the inspection that these issues had been addressed.

One fire exit was observed as being obstructed by a plant pot. It is essential that fire exits should be kept unobstructed at all times.

A current fire risk assessment for the premises was in place and no significant findings were identified. It is recommended the fire risk assessment is undertaken by a company holding professional body registration for fire risk assessors. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained therein. This can be found using the following link :

<https://www.rqia.org.uk/RQIA/files/ca/cade1f28-5b3b-49f5-90d2-dd12d32a775e.pdf>

The servicing of the emergency lighting installation, fire alarm and detection system and firefighting equipment was being undertaken in accordance with current best practice guidance. Extensive user checks were also being documented and maintained.

The homes fixed wiring installation was also being maintained in accordance with current best practice guidance

A risk assessment with regard to the control of legionella bacteria in the premises' hot and cold water systems was in place. It was confirmed following this inspection that the significant findings are being addressed within timescales stipulated by the risk assessor. It was also confirmed that the servicing of these systems and the user checks will be maintained in accordance with current best practice guidance.

Management of medicines

Medicines were managed in compliance with legislative requirements, professional standards and guidelines. Medicines were managed by staff who had been trained and deemed competent to do so. There were procedures in place to ensure the safe management of medicines during a resident's admission to the home. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. There were satisfactory arrangements in place to manage changes to prescribed medicines. The sample of medicines examined had been administered in accordance with the prescriber's instructions. Audits which cover all areas of medicines management were performed regularly, discrepancies investigated and records maintained. There were robust arrangements in place for the management of medicine related incidents.

Medicines records complied with legislative requirements, professional standards and guidelines.

Medicines were safely and securely stored in compliance with legislative requirements, professional standards and guidelines. Medicines were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

The management of controlled drugs was in compliance with legislative requirements, professional standards and guidelines. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the standard of maintenance of the medication records and the management of controlled drugs.

Areas for improvement

One area for improvement was identified in this domain in relation to timely and effective repairs being carried out in the home.

	Regulations	Standards
Total numb of areas for improvement	1	0

6.4 Is care effective?

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

Residents were relaxed, happy and content in the home:

- “We all get on very well here.”
- “I didn’t want to come here and I can’t believe how well I’ve settled in; I was made so welcome and now we’re all great friends. Staff encourage me to walk a little and use my rollator.”
- “Staff help me when I’m in pain and make sure the nurse comes to see me.”
- “I like being in my room, watching T.V. and I like smoking my pipe. The staff keep this safe for me.”

Residents were particularly complimentary about the catering arrangements in the home:

- “The food is gorgeous and we get lots of it!”
- “We had lovely cottage pie and vegetables today. I love all the cakes and puddings she (the cook) makes.”
- “The food is lovely.”

Discussion with the home’s cook evidenced that all meals are freshly prepared in the home. Residents are involved in menu planning and provided with choice; “We don’t have a set menu. I ask them (the residents) every day what they want to eat the next day. They love chilli con carne and chicken curry. Other residents don’t like spicy food so they get another option.” She also confirmed there was good communication in the home; for instance, the cook had liaised with diabetic nurse regarding menu planning to support residents requiring a diabetic diet.

Staff were able to anticipate and appropriately respond to resident’s needs. We saw staff promptly and efficiently supporting any resident who presented as distressed or uncomfortable; staff spoke to residents in a gentle and soothing manner, to good effect. Staff told us, “It’s brilliant to work here. The residents are happy, content and well cared for.”

Review of care records was satisfactory. Care records reflected a clear social model of care being provided in the home, as they were tailored to the specific needs and preferences of each individual resident. Records were person centred, holistic and evidenced the involvement and agreement of residents, relatives and multi-agency professionals. Risk assessments and care plans were regularly reviewed and updated as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to catering arrangements and the planning and delivery of person centred care.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Residents told us that all staff treated them well:

- “Staff are wonderful. Julie (the manager) is awful good; she gave us a hand massage and painted our nails.”
- “I’ve been overwhelmed with the kindness and thoughtfulness of staff. I have attended church every Sunday all my life; when I moved here, the manager arranged for someone to bring me to a local church every week. I’m very grateful.”
- “We get a lie in when we want and can go to bed for a lie down during the day.”

Staff were polite, friendly and cheerful in their interactions with residents and visitors to the home, maintaining a homely and welcoming atmosphere. We saw care being delivered in a kind and compassionate manner; staff treated residents with dignity and respect by knocking bedroom doors before entering, seeking verbal and non-verbal consent before providing care and providing residents with choices throughout the day.

Discussion with staff and observation of practice confirmed that staff encouraged residents’ independence while maintaining their safety. We reviewed practices in the home which may limit or interfere with resident’s rights. This included management of smoking materials and secured entry to the home. Discussion with residents and staff confirmed that this was discussed and agreed with them as necessary for their health and safety.

Written records of consent and relevant care plans were also contained in care records, evidencing the input and agreement of relatives and multi-agency professionals. These had been signed by residents and/or their relatives. Consent for night time checks were in place for some residents. We also noted that consent records did not explicitly reference information sharing arrangements, including RQIA’s access to care records. This was discussed with the manager and an area of improvement has been made.

Each resident had a scrap book of various arts and crafts work they had engaged in while living in the home. The home’s cook told us that baking is another popular activity, “we’ve made scones, cakes and residents like icing buns.” The lounge was decorated with photographs of residents enjoying different events and activities, such as birthday parties. On the day of inspection, residents were asked if they wished to engage in music therapy. Residents told us they liked the entertainment and activities in the home;

- “We had singers in yesterday! I sang along and we had a wee party. It was good, but I’m tired today so I’m resting.”
- “The band were brilliant yesterday. I knew all the songs and I sang along.”

Staff explained that this was a local men’s group, Men’s Shed, and as it was so successful they hope to have them visit again.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the provision of activities.

Areas for improvement

One area for improvement was identified within this domain in relation to review of written records of consent.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

Staff were complimentary about management arrangements in the home:

- “Julie (manager) is approachable, considerate and thoughtful. She talks us through any issues with residents, welcomes our ideas and is open to suggestion. She is on the ball.”
- “I’ve no concerns and I would raise them with management if I needed to.”

Residents were also positive about management:

- “Julie is fantastic, superb!”
- “I’ve never had any complaints. I would speak to the staff if I had any issues, but I have none.”
- “I can’t think of anything they could do better.”
- “I’ve never had any issues, no complaints.”

Open and transparent communication was encouraged in the home. Information displayed at the entrance to the home included Patient and Client Council details, the home’s Statement of Purpose, a suggestions box and a comments book for residents and relatives. Complaints and compliments were managed appropriately.

The views and feedback of residents and relatives were sought formally on a monthly basis. Review of these documents confirmed that no significant issues or concerns were being raised by residents or relatives. Any identified issues were addressed in a timely manner. Overall, the feedback received was very positive.

Discussion with the manager confirmed that the registered provider maintains regular contact with the home, and visits several times a week. The registered provider also inspects and reviews working practices in the home; however no records of this, such as written monthly monitoring reports, have been retained. This has been stated as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management arrangements and working relationships in the home.

Areas for improvement

One area for improvement was identified within this domain in relation to the completion of written monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	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 providers 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 Residential Care Homes Regulations (Northern Ireland) 2005

Area for improvement 1
Ref: Regulation 14 (2) (c)
Stated: First time
To be completed by:
 With immediate effect

The registered person shall ensure as far as is reasonably practicable that unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated. This is in relation to the repair and maintenance of one fire exit door in the home.

Ref: 6.3

Response by registered person detailing the actions taken:
 Identified fire exit door has been repaired.

Area for improvement 2

Ref: Regulation 29 (4) (c)

Stated: First time

To be completed by:
 with immediate effect

The registered person shall prepare a written report on the conduct of the home following their monthly monitoring visit.

Ref: 6.6

Response by registered person detailing the actions taken:
 Monthly monitoring forms have been implemented to ensure a written record of findings.

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

Area for improvement 1

Ref: Standard 7.4

Stated: First time

To be completed by:
 18 August 2019

The registered person shall ensure that completed written consent forms, where used, are maintained within individual case records. This is specifically in relation to information sharing arrangements, including RQIA's access to records.

Ref: 6.5

Response by registered person detailing the actions taken:
 Forms have been updated to ensure consent regarding information sharing is explicit.

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



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