



The Regulation and
Quality Improvement
Authority

Oriel House
RQIA ID: 11119
Oriel House
30 Oriel Road
Antrim
BT41 4HP

Inspector: John Mc Auley
Inspection ID: IN023789

Tel: 028 94488161
Email: residentialoriel8@yahoo.co.uk

**Unannounced Care Inspection
of
Oriel House**

29 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced inspection took place on 29 September 2015 from 10:30am to 1:30pm. 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 and The DHSSPS Residential Care Homes Minimum Standards (2011).

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	2	0

The details of the QIP within this report were discussed with the Theresa Thompson the Registered Person as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/ Registered Person: Theresa Thompson	Registered Manager: Hazel Rice (registration pending)
Person in Charge of the Home at the Time of Inspection: Theresa Thompson	Date Manager Registered: Registration pending
Categories of Care: RC-MP, RC-PH, RC-I	Number of Registered Places: 8
Number of Residents Accommodated on Day of Inspection: 5 plus 2 residents at day care and 1 resident on home leave	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.

4. Methods/ Process

Specific methods/ 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 staff members and the registered person.

We inspected the following records; two residents' care records, fire safety records, duty rotas, staff training records and policies and procedures from the previous quality improvement plan.

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 16 June 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
Requirement 1 Ref: Regulation 20 (1) (C) (I)	All care staff in the home must be in receipt of training in; <ul style="list-style-type: none"> • Dementia • Challenging behaviour 	Met
	Action taken as confirmed during the inspection: Staff had received training in dementia and challenging behaviour on 11 September 2015.	
Requirement 2 Ref: Regulation 30(1)(d)	Any incident of challenging behaviour must be reported without delay to RQIA.	Not met
	Action taken as confirmed during the inspection: A review of one resident's care records identified incidents of challenging behaviours. These behaviours had an impact on the well-being of other residents. The incidents had not been reported to RQIA.	
Requirement 3 Ref: Regulation 9(1)	The absence of the registered manager must be managed by the registered provider in accordance with the home's sickness / absence policy.	Met
	Action taken as confirmed during the inspection: Discussions with the registered provider confirmed that this had been done. The previous registered manager has since resigned with a new manager appointed in September 2015.	
Requirement 4 Ref: Regulation 19(2) Schedule 4(7)	The duty rota must be maintained accurately at all times.	Met
	Action taken as confirmed during the inspection: The duty rota was found to be maintained accurately.	

Requirement 5 Ref: Regulation 27(4)(b)	The fire safety checks in the environment must be maintained and recorded on an up to date basis.	Met
	Action taken as confirmed during the inspection: Fire safety checks were found to be maintained on an up to date basis.	
Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 14	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.	Met
	Action taken as confirmed during the inspection: This policy and procedure had been devised accordingly with staff trained in this.	
Recommendation 2 Ref: Standard 21.1	The policy and procedure on continence management needs to be revised and up dated in accordance with good practice guidance.	Met
	Action taken as confirmed during the inspection: This policy and procedure had been revised accordingly with staff trained in this.	

Additional Areas Examined

5.3.1 Residents' Views

We met with all the residents in the home. In accordance with their capabilities all 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;

“I love it here”

“They are all good to us”

“The meals are lovely”

“No complaints”

“Everyone is very kind to us”.

5.5.2 Relatives' Views

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

5.5.3 Staff Views

We met with two staff of various grades, as well as the registered provider.

Both staff spoke on a positive basis about the teamwork, morale, workload, training and managerial support. Staff informed us that they felt a good standard of care was provided for.

5.5.4 Staffing

The staffing levels at the time of this inspection consisted of;

- The registered person
- A senior care assistant
- A domestic / maintenance man.

These levels were found to be appropriate to meet the residents' needs, taking account of the layout of the home, at the time of this inspection.

5.5.5 General Environment

We found the home to be clean and tidy. The general décor and furnishings were of a good standard.

5.5.6 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.

5.5.8 Care Records

Two residents' care records were inspected. One of these records was maintained on an up to date, informative basis.

The other record although was maintained on an up to date basis, was found to be disorganised.

The record found that it did not clearly how the resident was admitted to the home. There was also found to be number of incidents of challenging behaviours with this resident that had impact on the well-being of other residents. To date this resident had not received a care review from their aligned social worker.

Evidence was recorded that the newly appointed manager had made contact to arrange this. Discussions with the resident during inspection revealed that he / she requested a care review with the social worker regarding the placement in the home. A requirement has been made for a care review to be arranged with the aligned social worker in consultation with the resident and their representative.

Areas for Improvement

There was one area of improvement identified with these additional areas inspected. This was in relation to putting in place a care review for a resident. However the overall assessment of these additional areas examined considered these to be compassionate, safe and effective.

5 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Theresa Thompson the Registered Provider 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.

5.3 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.

5.4 Recommendations

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

5.5 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.

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.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 30(1)(d) Stated: Second time To be Completed by: 30 September 2015	Any incident of challenging behaviour must be reported without delay to RQIA.		
	Response by Registered Person(s) Detailing the Actions Taken: The report for the individual who presented a challenging behaviour has been compiled and emailed to RQIA		
Requirement 2 Ref: Regulation 14 Stated: First time To be Completed by: 30 October 2015	A care review meeting must be put in place with the identified resident, and aligned social worker.		
	Response by Registered Person(s) Detailing the Actions Taken: I have arranged a care review with the named social worker and this took place 13/10/2014. The individual concerned was pleased with the outcome from the care review meeting. In contrast to this another meeting was arranged with her NOK and social worker to plan a package of care for the individual changed needs and wishes. This took place on 28/10/2015 all reports can be accessed in the individual's personal file.		
Registered Manager Completing QIP	Mrs Hazel Rice	Date Completed	30/10/2015
Registered Person Approving QIP	Mrs Teresa Thompson	Date Approved	30/10/2015
RQIA Inspector Assessing Response	John McAuley	Date Approved	25/11/15

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