

# Inspection Report

3 June 2024



## Oakleaves Care Centre

Type of service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Ann's Care Homes  <b>Responsible Individual</b> Mrs Charmaine Hamilton	<b>Registered Manager:</b> Ms Jennifer Lynch  <b>Date registered:</b> 4 July 2022
<b>Person in charge at the time of inspection:</b> Stephen Wright Deputy Manager	<b>Number of registered places:</b> 42
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia. A – Past or present alcohol dependence.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 40
<b>Brief description of the accommodation/how the service operates:</b> This is a registered Nursing Home which provides nursing care for up to 42 persons. The home is divided into three units situated on the ground floor. Patients have access to communal lounges, dining rooms and a garden.	

## 2.0 Inspection summary

An unannounced care inspection and announced estates inspection took place on 3 June 2024 from 09.30 to 5.30 pm by an estates inspector and a care inspector.

The inspection assessed progress with recent refurbishment to an existing corridor within the home. The inspection also sought to review the 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.

There was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

It was evident that staff promoted the dignity and well-being of patients. Staff provided care in a compassionate manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas for improvement identified can be found in section 6.0 of this report. Addressing the areas for improvement will further enhance the quality of services in the home.

### 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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 were provided to give patients 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 management team at the conclusion of the inspection.

### 4.0 What people told us about the service

In accordance with their capabilities patients confirmed / indicated that they were happy with their life in the home, their relationship with staff and the provision of meals. One patient said; "I like it here. The staff are very good I get anything I want."

Staff said that they enjoyed working in the home and care provided was very good. They told us they were satisfied with the staffing levels and that they felt well supported in their roles.

### 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 23 January 2024**

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 7 (9)  <b>Stated:</b> First time	The registered person shall put in place a detailed assessment of patients' spiritual care needs, including contact details of the patient's clergy person.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 9 (5)  <b>Stated:</b> First time	The registered person shall ensure that the genre of music played for patients is in keeping with the patient's age group and tastes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation on the day of inspection evidenced this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of recruitment records, confirmed evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

Checks were made to ensure that staff maintained their registration with the Nursing and Midwifery Council (NMC) or with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. Review of records confirmed all of the staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and they worked well as a team.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training was maintained on an up-to-date basis. A matrix of mandatory training was maintained. It was observed however, not all staff had attended their manual handling update.

The deputy manager advised us that there had been more training dates booked. The manager confirmed staff attendance following the inspection. Training will be further reviewed during the next inspection.

### **5.2.2 Care Delivery and Record Keeping**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients spoke positively in relation to the quality of the meals provided.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Management of wound care was examined. Review of a selection of care records confirmed that wound care was provided however, in one record the care plan had not been updated to reflect the dressing in use or required frequency of dressing change. This was discussed with the deputy manager and an area for improvement was identified.

Care plans reviewed for those patients living with dementia lacked detail and were not patient centred. This was discussed with the deputy manager and an area for improvement was identified.

For patients who required bespoke one to one care there was no detailed care plan in place to direct the care and support for that patient. This was discussed with the deputy manager and an area for improvement was identified.

The daily evaluations of care reviewed lacked oversight by the registered nurses of the supplementary care records for example food and fluid intake charts particularly if the patient had a low intake, nor detailed how the patient spent their day. This was discussed with the deputy manager and an area for improvement was identified.

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

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm and comfortable. Patients' bedrooms were tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The environment throughout the home lacked methods to promote and orientate patients to their surroundings and a lack of visual aids to assist patients to find their way from room to room in the course of their daily routines. This was discussed with the deputy manager and responsible individual who provided assurances that this was a particular area of focus and said that they have plans to make the home more dementia friendly. Given these assurances and to provide the manager with sufficient time to fully address the works required, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

There were laminated posters displayed at hand washing points to remind staff of good hand washing procedures. Hand sanitisers were available throughout the home.

Discussion with staff confirmed that training on IPC measures and the use of PPE (personal protective equipment) had been provided.

### **5.2.4 Quality of Life for Patients**

Observations confirmed that patients were able to choose how they spent their day.

It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff. A planned programme of activities was in place and was enjoyed by those patients who choose to partake.

### **5.2.5 Management and Governance Arrangements**



Staff members 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 patients, care practices or the environment.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

There has been no change in the management of the home since the last inspection. Ms Jennifer Lynch has been the registered manager since 4 July 2022.

Review of records confirmed that systems were in place for staff supervision and appraisal.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were analysed on a monthly basis. The manager confirmed they would review their current systems for recording of complaints to ensure accurate records are maintained.

A review of the records of accidents and incidents which had occurred in the home found that these were well managed and reported appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. However, a small number were not dated or signed by the person completing them and others lacked evidence of oversight by the manager. This was discussed with the deputy manager and responsible individual who agreed to address this and shall be further reviewed at the next inspection.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

### **5.2.6 Building engineering services & environment assurances**

The building services maintenance certificates and associated risk assessments reviewed were compliant with the current Nursing Homes Minimum Standards.

The alterations to access/egress arrangements satisfied the 'fitness of the premises' requirements of the Minimum Standards.

The alterations specified within the variation to registration application VA012538 were evaluated and found to comply with the required standards from an estates inspector's perspective.

Final variation to registration approval is subject to care inspector evaluation and RQIA registration procedures.

There were no areas for improvement listed as a result of the estates inspection.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Stephen Wright, Deputy Manager and Charmaine Barnes, Responsible Individual as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 21  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2024	<p>The registered person shall ensure wound care plans details of the dressing regime required.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            A discussion held around review of wound charts and ensuring when a dressing regime has been changed- the care plan reflects the new regime. As part of care file audits a review of wound charts and care plans will be analysed. All staff nurses have signed a memo detailing this instruction.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 24  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2024	<p>The registered person shall ensure meaningful and patient centred care plans are in place for those patients living with dementia.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            All distressed reaction and dementia care plans have been reviewed to detail specific details to each individual resident. This identifies how their diagnosis effects them and what will support them in times of distress.</p>



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2024</p>	<p>The registered person shall ensure detailed and patient centred care plans are in place for those patients who require bespoke one to one care.</p> <p>Ref:5.2.2</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2024</p>	<p><b>Response by registered person detailing the actions taken:</b> Residents who require bespoke one to one care will have a detailed care plan in future. At present the residents at Oakleaves do not require a 1-1. Within the care plan it will detail the reason for the 1-1, the risks/ triggers and how the 1-1 will best support the resident throughout their day.</p> <p>The registered person shall ensure the daily evaluations of care are meaningful, patient centred and include oversight of the supplementary care records. This is stated in reference but not limited to the food and fluid records.</p> <p>Ref:5.2.2.</p> <p><b>Response by registered person detailing the actions taken:</b> The nursing staff have been instructed and advised in regards to the standards of daily progress note inputs expected and the categories of notes that should be recorded; this includes the reference of diet, diet fluids, elimination, significant events, mental and cognitive presentation. There are also RAP sheets in place and daily huddles or safety briefings to ensure good communication between nursing and care staff.</p>

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



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