

Inspection Report

4 November 2021



Oakleaves Care Centre

Type of service: Nursing Home
Address: 42 Racecourse Road,
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Larchwood Care Homes NI Ltd Responsible Individual: Mr Christopher Walsh	Registered Manager: Ms Jennifer Lynch – registration pending
Person in charge at the time of inspection: Ms Jennifer Lynch	Number of registered places: 42
Categories of care: Nursing Home (NH) DE – Dementia. A – Past or present alcohol dependence.	Number of patients accommodated in the nursing home on the day of this inspection: 35
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 42 patients. The home is divided into two units situated on the ground floor. Patients have access to communal lounges, dining rooms and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 4 November 2021, from 9.50 am to 5.20 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 7.0. Two areas for improvement from a previous inspection relating to medicines management have been carried forward for review at the next inspection.

Based on the inspection findings and discussions held RQIA were assured that compassionate care was being delivered in Oakleaves Care Centre and that the management team had taken relevant action to ensure the delivery of safe, effective and well led care.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' 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.

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 patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with 11 staff, eight patients individually and others in groups during the inspection. Patients told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. There were no questionnaires returned.

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "good support from Jenny (Manager)." There was no feedback from the staff online survey.

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 carried forward from the last inspection on 26 May 2021

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: First time	The registered person shall review the care plans pertaining to distressed reactions, to ensure that where patients are prescribed medicines this is clearly detailed in a care plan, including the regime if more than one medicine is prescribed to manage the distressed reaction.	Carried forward to the next inspection
	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.	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall make the necessary arrangements to ensure that disposal of medicines records clearly indicate that all controlled drugs in Schedules 3 and 4 (Part 1) have been denatured prior to disposal by two trained staff.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Training on infection prevention and control (IPC) was also taking place within the home during the inspection.

Review of training statistics evidenced that some topics were below the required percentage of staff having received training. This was discussed with the Responsible Individual who advised that training was ongoing and would be monitored closely to ensure improved compliance. Following the inspection the Manager provided written confirmation that additional mandatory training dates had been scheduled for staff to attend.

Safe staffing begins at the point of recruitment. Review of two employee recruitment records evidenced that gaps in employment had not been explored and the registration status with the Northern Ireland Social Care Council (NISCC) had not been reviewed prior to an offer of employment. This was discussed in detail with the management team and an area for improvement was identified.

Review of a sample of monthly monitoring checks evidenced that appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with NISCC.

Staff said teamwork was good and that whilst they were kept busy, the number of staff on day duty was satisfactory but that night duty was not always staffed in accordance to the needs of the patients. Staff also said that short notice absenteeism was also having an effect on staff morale with a turnover of staff making it difficult to carry out their role effectively on occasions. These comments were shared with the management team to action where necessary.

Review of the staff duty rota evidenced a number of short notice absenteeism. The Manager advised that shifts were 'covered' where possible and that recruitment was ongoing for suitably skilled staff. Staff stated that they were aware of the homes recruitment drive and welcomed the addition of new employees to enhance the availability of cover during short notice absence.

Patients said that they felt well looked after and that staff were attentive. One patient commented "very happy here" and a further patient referred to the staff as "great people".

5.2.2 Care Delivery and Record Keeping

The Manager advised that staff meet at the beginning of each shift to discuss any changes in the needs of the patients. Staff confirmed the importance of good communication and in addition to handover meetings at the start of each shift, a daily staff 'huddle' was also carried out to discuss patient care.

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. This is good practice.

Patients who were less able to mobilise require special attention to their skin care. Whilst there was evidence recorded within care records that patients were being repositioned regularly, the recommended frequency of repositioning within two patients recording charts was not reflective of the care plans. This was discussed in detail with the Manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the lunchtime dining experience was observed to be calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available. Patients told us they very much enjoyed the food provided in the home.

Review of patient records evidenced that the recommended dietary/fluid type as per the International Dysphagia Diet Standardisation Initiative (IDDSI) terminology and speech and language therapist (SALT) recommendations were not accurately recorded throughout all relevant care records. Discussion with staff also evidenced that they were not providing the correct diet as recommended by SALT for two patients. This was brought to the immediate attention of the Manager and an area for improvement was identified. Following the inspection the Manager provided written confirmation that relevant action had been taken to address these issues.

The inspector also observed one staff member standing whilst assisting a patient with their meal; this was discussed with the Manager who acknowledged that this was not good practice and agreed to action accordingly.

Prescribed thickening agents and a food supplement were easily accessible to patients within a cupboard in the main dining room. The food supplement had been signed by a registered nurse as having been administered a number of days prior to the inspection. This was discussed with the management team who agreed to investigate and action as necessary. This information was shared with the pharmacy inspector and an area for improvement was identified. Following the inspection the Manager provided written confirmation that satisfactory action had been taken to address the above issues.

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

Review of three patient care records evidenced that the majority of care plans were person centred and reviewed regularly. A small number of deficits were identified and discussed with the management team some of which were amended prior to the completion of the inspection. Following the inspection the Manager provided written confirmation that all other deficits had been suitably amended.

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. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. The home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient and outdoor spaces were well maintained with areas for patients to sit and rest.

The inspector observed a number of unnecessary risks to patients. For example; potential trip hazards from crash mats observed on a number of bedroom floors; fridges within an identified unit were unlocked with food/fluids easily accessible to patients and a cleaning chemical was observed within a drinking glass beside a sink in one of the units. The associated risks were discussed with the management team and an area for improvement was identified.

The Manager told us that 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 participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the Department of Health and IPC guidance.

The majority of staff were observed wearing PPE correctly and adhering to IPC best practice with the exception of two staff who were not bare below the elbow. This was discussed in detail with the Manager who agreed to address with relevant staff and to monitor during daily walk arounds. Following the inspection the manager provided written confirmation that relevant action had been taken to address this issue with ongoing monitoring to ensure sustained compliance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

The activity co-ordinator was very enthusiastic in her role and a range of activities were taking place during the inspection including, art therapy, reminiscence, knitting, playing cards and music. We also observed patients engaged in their own activities such as; watching TV, sitting in the lounge or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The Manager said they felt well supported by the Responsible Individual in their role.

There were systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The audit process included an action plan with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements had been made.

The home was visited each month by a representative of the Responsible Individual 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 and available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Patients were seen to be content and settled in the home and in their interactions with staff. Care was provided in a caring and compassionate manner. Staff treated patients with respect and kindness.

Five new areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 7.0. Two areas for improvement from a previous inspection relating to medicines management have been carried forward for review at the next inspection.

Based on the inspection findings and discussions held RQIA were assured that compassionate care was being delivered in Oakleaves Care Centre and that the management team had taken relevant action to ensure the delivery of safe, effective and well led care.

7.0 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 (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3*	4*

* The total number of areas for improvement includes two standards that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Jennifer Lynch, Manager and Christopher Walsh, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: With immediate effect	The responsible individual shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment. This is particularly relevant to documentary evidence of: <ul style="list-style-type: none"> • pre-employment registration with an appropriate professional regulatory body where necessary • written explanation of any gaps in employment. Ref: 5.2.1

	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect	The responsible individual shall ensure that prescribed thickening agents and food supplements are securely stored and that the administration of prescribed food supplements is monitored to ensure it is in accordance with the NMC Code. Ref: 5.2.2
	Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	The responsible individual shall ensure that all areas of the home to which patients have access are free from hazards to their safety. With specific reference to ensuring that: <ul style="list-style-type: none"> • crash mats are stored away safely when not in use • a risk assessment is completed on fridges within the identified unit to determine if they need to be locked with an ongoing system for review • the practice of decanting chemicals into a drinking glass is immediately ceased and chemicals are stored securely • all grades of staff are aware of their responsibility to report and action any actual or potential hazards. Ref: 5.2.3
	Response by registered person detailing the actions taken:
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: 8 October 2020	The registered person shall review the care plans pertaining to distressed reactions, to ensure that where patients are prescribed medicines this is clearly detailed in a care plan, including the regime if more than one medicine is prescribed to manage the distressed reaction. Ref: 5.1

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: Immediate and ongoing	The registered person shall make the necessary arrangements to ensure that disposal of medicines records clearly indicate that all controlled drugs in Schedules 3 and 4 (Part 1) have been denatured prior to disposal by two trained staff. Ref: 5.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.
Area for improvement 3 Ref: Standard 35 Stated: First time To be completed by: With immediate effect	The responsible individual shall ensure that a robust governance oversight of care records is implemented to ensure that the frequency of repositioning within supplementary recording charts is reflective of the care plan. Ref: 5.2.2 Response by registered person detailing the actions taken:
Area for improvement 4 Ref: Standard 4 Stated: First time To be completed by: With immediate effect	The responsible individual shall review the management of patients' nutritional care needs to ensure that: <ul style="list-style-type: none"> • SALT recommendations are consistently and accurately recorded within the patients' care records and supplementary recording charts • relevant staff are aware of patients' dietary needs as per SALT and IDDSI terminology. Ref: 5.2.2 Response by registered person detailing the actions taken:

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



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