

Inspection Report

26 May 2021



Oakleaves Care Centre

Type of Service: Nursing Home
Address: 42 Racecourse Road,
Londonderry BT48 8DA
Tel no: 028 7135 4725

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Larchwood Care Homes NI Ltd Responsible Individual: Mr Christopher Walsh	Registered Manager: Ms Jennifer Lynch – not registered
Person in charge at the time of inspection: Mr Christopher Walsh	Number of registered places: 42 Category NH-MP (E) for one named patient only.
Categories of care: Nursing Home (NH) DE – Dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years. A – Past or present alcohol dependence.	Number of patients accommodated in the nursing home on the day of this inspection: 0
Brief description of the accommodation/how the service operates: 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 announced inspection took place on 26 May 2021 from 11.00 am to 2.30pm. The inspection was undertaken by a care and estates inspector.

The inspection was to assess the level of progress with an Urgent Order by the Lay Magistrate served on 22 September 2020 following correspondence from the responsible individual that the refurbishment of the home and relevant works had been completed. Two conditions were imposed as detailed in section 5.2.1 below.

During this inspection we were able to evidence compliance with the conditions imposed on the home's registration. Following due process the conditions were removed from the home's registration on 4 June 2021.

There were no areas for improvement identified as a result of this inspection.

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.

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

Due to the conditions imposed on the registration of the home there were no patients or visitors present during the inspection.

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 12 October 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.	Met
	Action taken as confirmed during the inspection: Observation of the environment, review of governance records and discussion with the management team evidenced that this area for improvement has been met.	
Area for improvement 2	The registered person shall ensure that food thickening agents are stored securely.	Met

<p>Ref: Regulation 14 (2) (a) and (c)</p> <p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the management team evidenced that this area for improvement has been met.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that medicines are stored securely at all times.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the management team evidenced that this area for improvement has been met.</p>	Met
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p>	<p>The registered person shall ensure the staff duty rota clearly identifies the surname of each staff employee, their role and hours worked; and where amendments are made they are legible and signed.</p> <p>Action taken as confirmed during the inspection: Review of a sample of duty rotas and discussion with the management team evidenced that this area for improvement has been met.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>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.</p> <p>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.</p>	Carried forward to the next inspection
<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>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.</p>	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.	
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5.2 Inspection findings

5.2.1 The conditions imposed on the registration of the home on 22 September 2020 were as follows:

1. That appropriate arrangements are made for all current patients, to be re-accommodated to suitable accommodation forthwith and to remain in such accommodation until such times that remedial works required in respect of the water supply, pipework internal repairs and refurbishment (the Works) are completed.
2. That no patient should be permitted to return to the home or admitted into the home until all the Works are completed in full and without prior inspection by RQIA.

Arrangements had been made following the imposing of the conditions to re-accommodate all patients to suitable accommodation. Remedial works in respect of the water supply, pipework internal repairs and refurbishment (the Works) have been completed.

There were no patients in the home during the inspection.

5.2.2 Other areas examined.

Environment

The home had been fully refurbished since the last inspection and tastefully decorated throughout. Entrance to the units situated on the ground floor was via a key pad lock system. A nurse's station located inside the entrance area at reception and within one of the units had adequate lockable storage space available to ensure that patients' care records are stored securely.

Communal corridors were spacious and bright with clear signage to lounges and a dining area. An activity schedule was displayed within the unit and seating was available for patients to sit and rest within the main reception area between lounges.

The outdoor garden area was enclosed with areas for patients to sit and enjoy the plants and fresh air. The manager said that the garden had been designed to suit patients with dementia and hand rails had been installed to enable patients to mobilise safely.

The home's domestic water system was replaced including distribution pipework, appliances, boilers and storage tanks.

A fire risk assessment review was completed by an accredited fire risk assessor on 24 May 2021 and the risk to patients from fire in the premises was assessed as 'tolerable'.

Building services maintenance certificates and other records examined provided evidence that suitable control measures were being implemented in accordance with good practice to ensure that the building, soft furnishings, furniture and patient equipment was monitored and safe for patients, staff and visitors.

Infection prevention and control (IPC)

There was a good supply of personal protective equipment (PPE) and hand sanitising gel throughout the home.

The manager said that cleaning schedules included frequent touch point cleaning and that this would be carried out by both domestic and care staff on a regular basis. The manager also said that any issues observed regarding IPC measures or the use of PPE would be immediately addressed. A system for regular auditing of hand hygiene and IPC was in place. The manager advised that these would be carried out by the management team on a scheduled basis and reviewed by her monthly.

Visiting and care partner arrangements in line with the Department of Health (DoH) and IPC guidance were in place and would be reintroduced as patients were re-admitted. Policies regarding visiting and the care partner initiative had been developed and reflected the most recent guidelines.

Orientation and way finding for patients

There were good examples of a dementia friendly environment evidenced in relation to the contrast of furniture against back ground walls, visual colour contrast of toilet seats and grab rails and signage. The responsible individual also stated that specialist clocks with the date and time combined had been ordered for numerous areas throughout the home and would be installed once received.

Dining arrangements

There were designated areas for dining within each unit and pictorial menus were on display within the main dining room.

Statement of Purpose & Service User's Guide

Prior to the inspection the Statement of Purpose and the Service User Guide were submitted to RQIA. A number of amendments were required and discussed in detail with the management team. These have been suitably updated and were assessed as satisfactory.

Policies and Procedures

The responsible individual advised that policies and procedures are reviewed three yearly minimum and more frequently if required. Policies and procedures were held electronically and available to staff at each nurses station.

Staff training records

Records examined evidenced that a training schedule was in place for all staff and attendance at mandatory training was monitored by the manager. The training completed had been delivered by the trainer 'face to face' with a number of dates for further training.

Admission planning

A discussion with the management team confirmed that the arrangements for re-admission of patients to the home were being co-ordinated with the Health and Social Care Trusts. Admissions to the units were to proceed on a 'phased' basis ensuring that adequate time is given to allow staff to get to know the patients and for patients to become familiar with their new surroundings. The management team were also knowledgeable regarding the DoH's Mental Capacity Act (Northern Ireland) 2016 Deprivation of Liberty Safeguards (DoLS) and advised that relevant referrals to the Trust would be requested prior to admission to ensure that patients were admitted in accordance to legislation.

Staffing

Review of one recruitment folder evidenced that there were systems in place to ensure staff were recruited correctly to protect patients as far as possible. The manager agreed to ensure that the date of professional registration check is included within the recruitment section of the employees' files going forward.

The manager provided a template orientation pack for staff returning to work in the home which included relevant updated policies and procedures, adult safeguarding procedures and fire safety requirements.

Review of a template for recording the staff duty rota confirmed that it was in keeping with legislation and Care Standards for Nursing Homes, 2015. The manager outlined the proposed staffing structure and that this would be reviewed regularly to ensure that the health and welfare needs of the patients were met by the numbers of staff on duty. The staffing arrangements will be reviewed and monitored at subsequent care inspections.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC). The manager agreed to enhance these records further by including for example; the date of fee renewal and revalidation.

6.0 Conclusion

Evidence was available to indicate that Larchwood Care Homes NI Ltd had achieved full compliance with the conditions which were imposed by the Urgent Order approved by the Lay Magistrate on 22 September 2020.

There were examples of good practice evidenced in relation to the governance and management arrangements; staff development and training; and the phasing of planned admissions to the home. The home's environment was clean, tidy, tastefully decorated and comfortably warm throughout.

We also saw that fire safety measures and infection prevention and control (IPC) measures were in place to ensure patients and visitors to the home were safe.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes 2015.

	Regulations	Standards
Total number of Areas for Improvement	0	2*

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Jennifer Lynch, manager, Christopher Walsh, responsible individual and Nuala Green, managing director, as part of the inspection process and can be found in the main body of the report.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

Quality Improvement Plan	
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.

<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>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.</p> <p>Ref: 5.1</p>
	<p>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.</p>

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