

# Inspection Report

23 January 2024



## Oakleaves Care Centre

**Type of Service: Nursing Home**

**Address: 42 Racecourse Road, Londonderry, BT48 8DA**

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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

<b>Organisation/Registered Provider:</b> Ann's Care Homes  <b>Registered Person/s OR Responsible Individual</b> Mrs Charmaine Hamilton	<b>Registered Manager:</b> Ms Jennifer Lynch  <b>Date registered:</b> 04 4 July 2022
<b>Person in charge at the time of inspection:</b> Ms Jennifer Lynch	<b>Number of registered places:</b> 42
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia A – Alcohol Dependence	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 42
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 42 patients. Accommodation is on a ground floor level.	

## 2.0 Inspection summary

An unannounced inspection took place on 23 January 2024, from 9.50am to 2.40pm by a care inspector.

The inspection assessed progress with all 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.

Two areas requiring improvement were identified during this inspection. These were in respect of patients' spiritual care needs and genre of music.

RQIA were assured that the delivery of care and service provided in Oakleaves Care Centre was safe, effective and compassionate and that the home was well led. 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 am very happy here. Everyone (the staff) are very good."

Two visiting relatives said that they were very happy with the care and described staff as "excellent."

Staff said that the care provided for was very good and that they felt positive with their roles and duties, training, teamwork and managerial support.

## 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 16 January 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time	The registered person shall ensure that all notifiable events are submitted to RQIA without delay.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this has been met.	
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 4.9  <b>Stated:</b> First time time	The registered person shall ensure that daily progress notes and supplementary recording charts are reflective of the delivery of personal care in accordance with the patients care plan.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The registered person shall ensure that staff use of PPE is in accordance with IPC guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this has been met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

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

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the Manager was not on duty. Any nurse who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

A check was undertaken on a monthly basis to ensure all staff are up-to-date with their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

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 to ensure managerial oversight of staff compliance with their training needs.

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

Staff interactions with patients were observed to be polite, friendly and warm. 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. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Care records were maintained and reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. An area of improvement was made for a detailed assessment of patients' spiritual care needs to be put in place, including contact details of the patient's clergy person.

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. There was choice of meals offered, the food was attractively presented and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphasia.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

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.

Care records were held confidentially. Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded. The outcomes of visits from any healthcare professional were also recorded.

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

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 laundry department was tidy and well organised. Cleaning chemicals were stored safely and securely. The grounds of the home were suitably maintained.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment was dated 19 May 2023. The report of this assessment was not available for review but the Regional Manager gave assurances that all recommendations from it had been addressed.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

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

Observations of care practices 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 genre of music in two areas of home was not in keeping with the patient's age group and tastes. An area of improvement was made in this respect.

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. Records of activities were well maintained. Additional to this, the home produces a monthly newsletter which also details activities and events including photographs of these.

Two patients made the following comments; “I am the best. No complaints.” and “I like it here, very much.”

### 5.2.5 Management and Governance Arrangements

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. Mr. Chris Walsh, the Regional Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients’ next of kin, their care manager and to RQIA.

There was evidence that the Manager ensured that complaints were managed correctly and that records of complaint were suitably maintained.

There was a system of audits and quality assurance in place. These audits included; wound care, infection prevention and control and the dining experience.

The home was visited each month by a representative on the behalf 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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

### 6.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement have been identified where action is required to ensure compliance with The Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Jennifer Lynch, Registered Manager, 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 7 (9)  <b>Stated:</b> First time  <b>To be completed by:</b> 23 February 2024	<p>The registered person shall put in place a detailed assessment of patients' spiritual care needs, including contact details of the patient's clergy person.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>  Care plan commenced for all individual residents detailing their spiritual needs and the named clergy person by either resident or NOK. In the event the resident becomes palliative or end of life, staff will have access to the care plan to inform the appropriate person.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 9 (5)  <b>Stated:</b> First time  <b>To be completed by:</b> 24 January 2024	<p>The registered person shall ensure that the genre of music played for patients is in keeping with the patient's age group and tastes.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>  Discussion with resident on preferred music taste and CD player purchased with preferred music playing in their room.</p>

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



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