

# Inspection Report

**15 February 2023**



## Oakmont Lodge Care Home Nursing Unit

**Type of service: Nursing Home**

**Address: 267 - 271 Old Belfast Road, Bangor BT19 1LU**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Dunluce Healthcare Bangor Ltd  <b>Responsible Individual:</b> Mr Ryan Smith	<b>Registered Manager:</b> Mrs Emma Kerrigan – not registered
<b>Person in charge at the time of inspection:</b> Mrs Emma Kerrigan – acting manager	<b>Number of registered places:</b> 41 There shall be a maximum of 12 residents in Category NH-DE.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years DE – Dementia.	<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 home is a registered nursing home which provides nursing care for up to 41 patients. The home is divided in two units; the McKee unit located on the first floor in which patients receive general nursing care; and a 12 bedded unit which provides care to people living with dementia.  There is also a registered Residential Care Home located within the same building.	

## 2.0 Inspection summary

An unannounced inspection took place on 15 February 2023 from 8.45 am to 5.30 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 requiring improvement were identified during this inspection are discussed within the main body of the report and Section 6.0.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them. Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Oakmont Lodge Care Home Nursing Unit was provided in a compassionate manner by staff that knew and understood the needs of the patients.

The findings of this report will provide the manager 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 Oakmont Lodge Care Home Nursing Unit. 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 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 manager at the conclusion of the inspection.

### 4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "It's a good home, I like everything about it" while another patient said, "I am more than well looked after. I am very happy in this home. I have a lovely room and a good outlook." Comments received from one patient were discussed with the manager at the end of the inspection for follow up as required.

Staff spoken with said that Oakmont Lodge Care Home Nursing Unit was a good place to work. 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.

No questionnaires were returned by patients or relatives and no responses were received 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 from the last inspection on 18 October 2022		
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 13 (7)  <b>Stated:</b> Third and final time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.  A more robust system should be in place to ensure compliance with best practice on infection prevention and control.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and of staff practice evidenced that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 21 (1) (b)  <b>Stated:</b> Second time	The registered person shall ensure that a robust system is implemented and maintained in regard to monitoring staff registration with the Nursing and Midwifery Council at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of selection of audit records evidenced this area for improvement was met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of thickening agents and cleaning chemicals.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.</p> <p><b>Action taken as confirmed during the inspection:</b> Given the recent changes in management arrangements, action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 21 (1) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that before making an offer of employment any gaps in employment are explored and explanations recorded and that a pre-employment health assessment is obtained.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records evidenced some improvements against this area for improvement. However, further work is required to achieve compliance.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p><b>Partially met</b></p>

<b>Area for improvement 6</b> <b>Ref:</b> Regulation 13 (1) (a) (b) <b>Stated:</b> First time	<p>The registered person shall ensure that nursing staff manage falls in keeping with best practice. All actions taken post fall should be appropriately recorded in the patient's care record.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<b>Area for improvement 7</b> <b>Ref:</b> Regulation 27 (4) (d) (v) and (f) <b>Stated:</b> First time	<p>The registered person shall make adequate arrangements for fire detection &amp; alarm test activation on a weekly basis.</p> <p>All staff must participate in a fire evacuation drill at least once per year.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<b>Area for improvement 8</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> First time	<p>The registered person shall ensure that the Regulation 29 monitoring visits are completed on a monthly basis. These reports should be robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 39.9 <b>Stated:</b> Second time	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p><b>Action taken as confirmed during the inspection:</b> Examination of training compliance records evidenced that this area for improvement was met.</p>	<b>Met</b>

<b>Area for improvement 2</b> <b>Ref:</b> Standard 40.2 <b>Stated:</b> Second time	<p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>          There was evidence that this area for improvement was met.</p>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 39.4 <b>Stated:</b> First time	<p>The registered person shall ensure staff complete training in relation to Deprivation of Liberty Safeguards.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>          There was evidence that this area for improvement was met.</p>	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> First time	<p>The registered person shall review the provision of wound care to ensure that:</p> <ul style="list-style-type: none"> <li>• to ensure that wounds are dressed in accordance with the prescribed frequency</li> <li>• Wound assessments must be completed each time wounds are dressed</li> <li>• Wound care evaluations must comment on the progress or condition of the wound.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>          There was evidence that this area for improvement was met.</p>	



<b>Area for improvement 5</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	The registered person shall ensure nutritional screening assessments are completed monthly or more frequently depending on assessed need.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure where patients have the potential to resist support with personal care, a care plan is in place detailing their behaviours and interventions required to support them.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time	The registered person shall ensure contemporaneous repositioning and food and fluid intake records are maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that not all pre-employment checks had been completed prior to each staff member commencing in post. This was discussed with the manager and an area for improvement identified at the previous care inspection was stated for a second time.

Checks were made to ensure that staff maintained their registrations with both the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC). However, it was unclear from the records reviewed if all staff were appropriately registered with NISCC. This was discussed with the manager who provided assurances that oversight of NISCC registration had been reviewed and will continue to be monitored. RQIA received additional written assurances following the inspection that NISCC registration for all staff had been progressed. An area for improvement was identified.



Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety.

The staff duty rota accurately reflected the staff working in the home on a daily basis.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and said when planned staffing levels were adhered to they had no concerns regarding the staffing levels.

Patients spoke positively about the care that they received. They confirmed that staff attended to them in a timely manner and said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner. Comments received from one patient were discussed with the manager at the end of the inspection for follow up as required.

### 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.

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 the recording of repositioning evidenced these were generally well completed although some shortfalls in recording were identified. This was discussed with the manager who agreed to meet with identified staff and monitor the completion of repositioning records through their audit systems.

Management of wound care was examined. There was evidence that wound care was managed in keeping with best practice guidance.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring.

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 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.

Patients' needs should be 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.

Review of care records evidenced that assessments and associated care plans had been developed within a timely manner to accurately reflect their assessed needs.

Daily records were kept regarding the care and support provided by staff to each patient. The outcome of visits from and consultations with any healthcare professional was also recorded.

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

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy. Ongoing refurbishment works were noted to the servery area in the nursing unit and staff confirmed that plans were in place for painting of some identified areas.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Posters regarding the correct method for applying and removing of personal protective equipment (PPE) were frequently displayed at PPE stations. There was an adequate supply of PPE and hand sanitisers were always readily available throughout the home.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly. A small number of shortfalls in individual staff practice were discussed with the manager who agreed to address this through supervision.

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

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room for meals.

Patients were observed enjoying listening to music and watching TV, while others enjoyed a visit from relatives.

An activity planner displayed in the home highlighted recent events and activities; these included a Valentine's Day party, the Belvoir players, one to one activities, arts and crafts along with church services. Staff said they did a variety of one to one and group activities to ensure all patients had some activity engagement.

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

There has been a change in the management of the home since the last inspection. Mrs Emma Kerrigan has been the acting manager in this home since 24 January 2023.

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 the manager.

There was a system in place to manage complaints. Discussion with the manager confirmed they had plans to develop the current complaints form that was in use. It was pleasing to note the manager's use of resources from the University of Ulster's "My home life" programme to capture compliments received about the care delivered in the home.

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. The quality of the audits had improved since the previous care inspection, although further improvements were required in the development of audits for falls, wound care and care records.

RQIA acknowledged that the recent change in management arrangements may have impacted the governance arrangements. Assurances were provided by the manager that they have plans to improve the governance arrangements in the home. RQIA were satisfied that the manager understood their role and responsibilities in terms of governance and needed a period of time to address this area of work. Given these assurances and to provide the manager with sufficient time to fully address and embed these changes into practice, an area for improvement relating to the governance arrangements in the home was carried forward for review at the next care inspection.

Review of accident and incident records and information received by RQIA evidenced that at least three notifiable events had not been reported to RQIA in keeping with regulation. This was discussed with manager who agreed to audit the accidents and incidents and arrange for retrospective notifications to be submitted. An area for improvement was identified.

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.

## 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.

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

\*The total number of areas for improvement includes one that has been stated for a second time and one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Emma Kerrigan, 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 Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned.</p> <p>Ref: 5.1 and 5.2.5</p>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 21 (1) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that before making an offer of employment any gaps in employment are explored and explanations recorded and that a pre-employment health assessment is obtained.</p> <p>Ref: 5.1 and 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All staff with gaps in employment not explained retrospectively now addressed to a secure safe level. An internal review of all recent applications completed, resulting in minor revisions therein. This resulted in an additional question following the employment history section that specifically asks the applicant to detail and explain any potential gaps in employment history. If any such gaps exist and this section is completed then this will also be cross referenced if the applicant is shortlisted for interview with a follow up specific question to be asked at interview regarding any potential gaps in employment history. A pre-employment check list has been implemented with immediate effect to prevent occurrence of missed information eg employment gaps. Employer health questionnaires are part of the application process and the manager will ensure all forms are completed.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 21 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that a robust system is implemented and maintained in regard to monitoring staff registration with the Northern Ireland Social Care Council at all times.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All current staff required to be registered with NISCC audited to ensure active registration. New robust system incorporating monthly check which is evident in a matrix and registration with NISCC incorporated into staff induction. This regulation 21 (1) (b) was actioned with immediate effect.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30 (1) (d) (f)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively.</p> <p>Ref: 5.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A retrospective review of all notifiable incidents from the previous inspection has taken place with all notifications reported to RQIA. The manager will ensure all notifiable incidents are reported in a timely and efficient manner which is effective immediately.</p>

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



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