

Inspection Report

6 December 2021



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

Organisation/Registered Provider: Dunluce Healthcare Bangor Ltd Responsible Individual: Mr Ryan Smith	Registered Manager: Mrs Juliet Green Date registered: 25 June 2018
Person in charge at the time of inspection: Mrs Juliet Green – Registered Manager	Number of registered places: 41 There shall be a maximum of 12 residents in Category NH-DE.
Categories of care: 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.	Number of patients accommodated in the nursing home on the day of this inspection: 40
Brief description of the accommodation/how the service operates: 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 further 12 bedded unit which care is provided 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 6 December 2021 from 9.05 am to 4.30 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 and this is discussed within the main body of the report and Section 7.0. One area for improvement was stated for a second time.

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 were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Oakmont Lodge Care Home Nursing Unit was provided in an effective and compassionate manner by staff who 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 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 registered manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with eight patients and seven staff. No questionnaires were returned and we received no feedback from the staff online survey.

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.

Staff acknowledged the challenges of working through the COVID – 19 pandemic but all staff agreed that Oakmont Lodge Care Home Nursing Unit was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

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 3 March 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 16 (1) Stated: First time	<p>The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for Improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 3 Ref: Regulation 16 (1) (2) (b) Stated: First time	<p>The registered person shall ensure care plans are implemented and reviewed by registered nurses in consultation with the patient or patient's representative.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met partially met.</p> <p>This area for improvement has not been fully met and has been stated for a second time.</p>	<p>Partially met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure monthly care plan review and daily evaluation records are meaningful and patient centred. Topical medicine administration records should be fully completed and daily progress notes should reflect on patient activity and meaningful engagement with patients.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post. All staff were provided with a comprehensive induction programme to prepare them for providing care to patients.

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, discussion with the manager confirmed that a registered nurse had worked for a period of time in the home whilst not holding an active registration with the Nursing and Midwifery Council (NMC).

The manager confirmed that once this was identified immediate action was taken to ensure that the identified staff member was no longer working in this role. Written assurances were provided following the inspection that oversight of NMC registration had been reviewed and will be monitored by the manager. An area for improvement was identified.

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.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. However, review of staff training records confirmed that all staff were not up to date with mandatory training. This was discussed with the manager who agreed to arrange for outstanding training to be completed. An area for improvement was identified.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good teamwork and had no concerns regarding the staffing levels.

Patients spoke highly about the care that they received and confirmed that staff attended to them in a timely manner; patients also 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.

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 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 were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

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

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. However, review of documentation confirmed a more robust system was required to ensure analysis of patterns and trends. This was discussed with the manager who agreed to review the falls audit. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Where a patient was at risk of falling, measures to reduce that risk were put in place, for example, use of an alarm mat to alert staff the patient requires assistance. Review of records relating to the management of falls evidenced appropriate actions were consistently taken by staff following falls.

Management of wound care was examined. Review of one identified patient's care records confirmed that wound care was managed in keeping with best practice guidance. Evaluations were completed when wounds were redressed although they did not consistently evaluate the condition of the wound. This was discussed with the manager who agreed to address with the registered nursing staff.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of a selection of patients' records and discussion with staff confirmed that the correct procedures were consistently followed if restrictive equipment was used; however there was no evidence that these practices were audited on a regular basis. This is discussed further in Section 5.2.5.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need support with meals ranging from simple encouragement to full assistance from staff.

Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and portions were generous. A variety of drinks were served with the meal. Staff attended to patients' dining needs in a caring and compassionate manner and maintained written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

Review of patient's records evidenced that these were generally well maintained; however, some deficits in recording were noted. For example, some patient's fluid intake recorded the fluids given rather than the fluids taken by the patient. Minor gaps were also noted in completion of topical medicine administration records. Details were discussed with the manager who arranged for these issues to be addressed with the staff concerned.

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 include any advice or recommendations made by other healthcare professionals. Review of care records of a patient recently admitted to the home evidenced that care plans had been developed within a timely manner to accurately reflect the patient's assessed needs.

Daily records were kept of how each patient spent their day and the care and support provided by staff. 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.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed in 24 September 2021. Actions identified by the assessor had been addressed by the manager. Examination of records confirmed a number of staff had not participated in a fire drill within the appropriate timeframe. This was discussed with the manager who gave assurances that identified staff would receive a fire drill within two weeks.

Issues were observed which posed a potential risk to patients' health and wellbeing. These included food and fluid thickening agents stored in areas accessible to patients and a domestic cleaning trolley was unsupervised allowing potential patient access to substances hazardous to health. These incidents were discussed with staff who took necessary action to mitigate any risk. An area for improvement was identified.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Posters demonstrating the correct method for applying and removing of PPE were not frequently displayed at PPE stations. This was discussed with the manager who agreed to have these put in place. There was an adequate supply of PPE and hand sanitiser.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff were not familiar with the correct procedure for the donning and doffing of PPE, while other staff were not bare below the elbow in keeping with best practice guidance. Inappropriate storage of some patient equipment in the patient's ensuite areas was noted and some storage cupboards were cluttered. This was discussed with the manager and an area for improvement was stated for a second time.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals and socialise in the lounge. Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV.

There was evidence that some planned activities were being delivered for patients within the home. An activity planner displayed in the home confirmed varied activities were delivered which included Christmas reminiscence, crafts, pampering, music and bingo. Staff said the activity co-ordinator did a variety of one to one and group activities to ensure all patients had some activity engagement. On patient said they enjoyed a recent visit to the Bangor yacht club with other patients from the home.

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

Staff 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.

There has been no change in the management of the home since the last inspection. Mrs Juliet Green has been the registered manager since 25 June 2018. RQIA were notified appropriately.

Review of the home's governance systems and processes evidenced a number of areas that required to be reviewed to ensure these systems identified and addressed areas needing to be improved. For example, audit of falls management, restrictive practices and wounds, IPC practices and PPE use, supervision and appraisal and staff training. RQIA acknowledged the management of Covid -19 had impacted the governance arrangements. RQIA were satisfied that the manager understood their role and responsibilities in terms of governance and needed time to address the areas for improvement identified as a result of this inspection. An area for improvement in this regard was identified.

Discussion with staff confirmed that systems were in place for staff supervision and appraisal. Review of records evidenced that twice yearly supervisions and annual appraisals had not been completed for all staff. This was discussed with the manager who confirmed that completion of supervisions and appraisals would be prioritised. To ensure supervision and appraisal requirements are met an area for improvement was identified.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Discussion with the manager confirmed an annual quality report had not been completed for 2020. Following discussion with the manager it was agreed that these should be completed on an annual basis and that a report would be prepared for 2021 which includes follow-up actions to be taken. This will be reviewed at a future inspection.

Staff commented positively about the manager and the management team 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.

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

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. These are available for review by patients, their representatives, the Trust and RQIA. Minor deficits in recording were identified and it was noted that most of the visits took place on a weekend. This was discussed with the manager who agreed to have this reviewed to ensure that monitoring visits are being completed at various times in order to meet with a wide selection of staff and visitors to the home.

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) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	4*	2

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Juliet Green, 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: The registered manager commenced an infection prevention and control observational tool where staff are going to be asked about 5 moments of hand hygiene and 7 steps of handwashing. This tool will also consist of observation of staff if they have taken opportunities to do 5 moments of hand hygiene as well as 20 seconds using 7 steps of handwashing. This tool will also reflect staff compliance of bare below the elbow principle. The registered manager also facilitated supervision with staff in Donning and Doffing of Personal Protective Equipment, 5 moments of hand hygiene and bare below the elbow principle. The registered manager also ensure that staff working on shift has completed infection prevention and control training provided by the company. The registered manager also appointed staff to attend face to face training which will be facilitated by IPC officer of SE Trust as part of supportive measures because of active outbreak in the care home.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 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 Nursing and Midwifery Council at all times.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The registered manager has commenced an audit tool where nurses' NMC pin are checked on a monthly basis. A report will be made and analyse to provide opportunity and support for the manager to facilitate performance review/appraisal/supervision with nurse who are due for revalidation.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</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>Ref: 5.2.3</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>Response by registered person detailing the actions taken: The registered manager has conducted a supervision session with appropriate staff in relation to proper storage of thickening agents and cleaning chemicals. The observational tool that the registered manager has put in placed also provided opportunity for manager to ask and observe appropriate member of staff of correct dilution of disinfectants. The registered manager ensures all staff that are working has completed COSHH training the company has provided.</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>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The registered manager has recommenced monthly fall analysis to provide oversight of monthly accident/incident in both general nursing and Dementia care units. The registered manager has commenced restrictive practices register to have oversight of any restrictive practices within the nursing home. The registered manager commenced Resident at Risk report as a working tool for each month that consist of the following: 1. Pressure damage and non pressure related wound 2. Unintentional weight loss/resident with nutritional risk 3. Resident infection/Outbreak 4.Unexpected event/incident/accident 5. Safeguarding & Protection of Vulnerable Adults 6.All concerns expressed/complaints 7.New admission checklist The registered manager has updated the Appraisal/Supevision Matrix and diarised dates for staff annual appraisal and twice yearly supervision for 2022.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 39.9 Stated: First time To be completed by 31 January 2022	The registered person shall ensure that mandatory training requirements are met. Ref: 5.2.1
	Response by registered person detailing the actions taken: The registered manager has allocated staff to complete all essential training provided by the company with specific timeline of completion. Staff who are working are expected to be up to date with all essential training. A monthly audit will be carried out by manager to ensure that all staff has up to date training expected as per company policies and procedures.
Area for improvement 2 Ref: Standard 40.2 Stated: First time To be completed by: 31 January 2022	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. Ref: 5.2.5
	Response by registered person detailing the actions taken: The registered manager has updated the Appraisal/Supervision Matrix and diarised dates for staff annual appraisal and twice yearly supervision for 2022.

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



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