

# Inspection Report

15 June 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> Ms Sabah Abbad, Deputy Manager, 10:15 am to 11:15 am  Mrs Emma Kerrigan, Manager, 11:15 am to 4:55 pm	<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> 41
<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 June 2023 from 10.15 am to 4.55 pm by a care inspector.

This inspection was planned to focus on assessing progress with the 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.

Evidence of good practice was found in relation to staff training, care delivery, the patient dining experience, governance arrangements and maintaining good working relationships.

This inspection resulted in no areas for improvement being identified.

The home was found to be clean, tidy, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the patients.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed 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.

Comments received from patients and staff are included in the main body of this report.

### **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 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 Mrs Emma Kerrigan, Manager, Ms Annette Martin, Regional Manager, Ms Sabah Abbad, Deputy Manager and Mr Ryan Smith, Responsible Individual at the conclusion of the inspection.

#### 4.0 What people told us about the service

Patients and staff provided positive feedback about the nursing unit at Oakmont Lodge Care Home. Patients told us that they felt well cared for; enjoyed the food and that staff were attentive.

Patients spoken with commented: "I've nothing to complain about. All my needs are met and the staff and the cook are very good" and "The staff are nice. There are enough staff on duty if you need them." They confirmed that they had no issues or concerns with the staff or the manager, found them approachable and were confident any issues raised would be addressed.

Staff said that the manager was approachable and that they felt well supported in their role.

A staff member commented: "I like working here. It's hard work but I wouldn't change it as we are a good team."

Following the inspection no responses to questionnaires were received from patients or their representatives and we received no responses from the staff online survey within the timescale specified.

#### 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 15 February 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 10 (1)  <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.  Refer to section 5.2.5 for details.	

<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 21 (1) (b) <b>Stated:</b> Second time	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	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.  Refer to section 5.2.1 for details.	
<b>Area for Improvement 3</b> <b>Ref:</b> Regulation 21 (1) (b) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.  Refer to section 5.2.5 for details.	
<b>Area for Improvement 4</b> <b>Ref:</b> Regulation 30 (1) (d) (f) <b>Stated:</b> First time	The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.  Refer to section 5.2.5 for details.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment. There was evidence to confirm that gaps in employment history had been explored with explanations recorded and that a pre-employment

health assessment had been obtained. Records showed that recruitment information had been reviewed by the manager who signed the pre-employment check list to confirm that everything was in place. The manager confirmed that staff recruitment is currently underway.

Staff said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. The manager's hours, and the capacity in which these were worked, were clearly recorded.

The provision of mandatory training was discussed with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of the staff training and development plan for 2023 evidenced that staff had attended training regarding adult safeguarding, first aid, moving and handling, dementia awareness, dysphagia awareness, food hygiene, control of substances hazardous to health (COSHH), infection prevention and control (IPC) and fire safety. The manager confirmed that staff training is kept under review and that staff had recently attended further training in relation to falls, facilitated by the South Eastern Health and Social Care Trust.

Staff told us they were aware of individual patient's wishes, likes and dislikes. Call bells for patients requiring staff assistance were noted to be within reach and answered in a timely manner. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

### **5.2.2 Care Delivery and The Patient Dining Experience**

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. They were knowledgeable about individual patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly. It was also observed that staff discussed patients' care in a confidential manner.

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

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff had made an effort to ensure patients were comfortable throughout their meal. The daily menu was displayed showing patients what is available at each mealtime. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime.

Patients able to communicate indicated that they enjoyed their meal.

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

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

The treatment room, sluice room and cleaning store were observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of personal protective equipment (PPE).

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

### 5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the noticeboard advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

### 5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change in the management arrangements. Mrs Emma Kerrigan has managed the home since 24 January 2023. Discussion with staff and

patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Review of records and discussion with the manager confirmed that a robust system has been implemented and maintained in regard to monitoring staff registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding complaints, incidents/accidents, the patient dining experience and IPC practices including hand hygiene.

The manager confirmed that patients' needs were assessed at the time of their admission to the home and that daily records were kept of how each patient spent their day and the care and support provided by staff. 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. Care plan audits were observed to be in place. Action plans were noted to be reviewed, signed and dated by the manager on completion.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA. Accidents and incidents were notified, if required, to patients' next of kin, the General Practitioner (GP) and their care manager. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Policies and procedures were noted to be in place and accessible to staff in relation to adult safeguarding and falls management.

Neurological observation charts for an identified patient, who had an unwitnessed fall were reviewed. It was noted that the incident had been appropriately reported to the relevant bodies and observations were recorded for a period of twenty-four hours in line with post fall protocol and current best practice.

Review of records confirmed that systems were in place to ensure that complaints were managed appropriately. Patients and staff said that they knew who to approach if they had a complaint.

Staff confirmed that there were good working relationships, that the management team were supportive and responsive to any suggestions or concerns raised and commented positively about the manager describing her as supportive and approachable.

## 6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Emma Kerrigan, Manager, Ms Annette Martin, Regional Manager, Ms Sabah Abbad, Deputy Manager and Mr Ryan Smith, Responsible Individual at the conclusion of the inspection as part of the inspection process and can be found in the main body of the report.



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