



Unannounced Care Inspection Report

14 January 2019



Oakmont Lodge Care Home

Type of Service: Nursing Home (NH)
Address: 267 - 271 Old Belfast Road, Bangor BT19 1LU
Tel no: 028 91465822
Inspector: Linda Thompson

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 29 persons.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individual(s): Amanda Celine Mitchell	Registered Manager: Juliet Green
Person in charge at the time of inspection: Juliet Green	Date manager registered: 25 June 2018
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.	Number of registered places: 29

4.0 Inspection summary

An unannounced inspection took place on 14 January 2019 from 09.45 to 13.45 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

This was a focused inspection to review the management and delivery of activities provision in the home. We also reviewed and assessed compliance with the two areas of improvement identified following the last care inspection.

There was clear evidence of a robust management and governance structure within the home. Ms Mandy Mitchell, responsible person, attended the inspection for feedback. The registered manager has established sound management systems in the home and is developing a strong staff team.

The management and delivery of activities was of a high standard and the home is commended for the community involvement being progressed.

There were no areas of improvement required as a consequence of this inspection.

Patients were very praiseworthy of the home and staff. A number of comments are detailed:

- “I am very happy here, there is always something that I can do.”
- “I enjoy the lunch club and going out in the new mini bus.”
- “This is a great place. It is the next best thing to being at home.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

4.1 Inspection outcome

	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 Mandy Mitchell, responsible person and Juliet Green, registered manager as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 25 July 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 25 July 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of any serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing. Nil were received since date of last inspection.
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 15 patients, five patients' relatives and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 7 January 2019 to 20 January 2019

- three patient care records
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the responsible person and the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 July 2018

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 25 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed by: 24 August 2018	The registered person shall ensure that alcohol hand gel or foam and appropriate PPE is available in the corridor areas throughout the home for use by staff. Ref: section 6.4	Met
	Action taken as confirmed during the inspection: Inspector confirmed that alcohol gel and appropriate PPE was available throughout the home.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 2 Ref: Standard 44 Stated: First time To be completed by: 24 August 2018	The registered person shall ensure that <ul style="list-style-type: none"> the carpet to stairs and back corridors is deep cleaned appropriately the identified patient's bedroom carpet is deep cleaned and/or replaced as required Ref: section 6.4	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the flooring to the back stairs and corridors was appropriately clean.	

6.3 Inspection findings

6.3.1 Staffing Arrangements

The registered manager confirmed the daily staffing provision for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 7 January 2019 to 20 January 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that this only happened occasionally and that shifts were "covered."

We also sought staff opinion on staffing via the online survey. Unfortunately no responses were received within the required time frame.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Oakmont Care Home. Some comments received included:

- "The staff are great and always polite when I ask for help."
- "I couldn't ask for better the staff are so good."
- "This is a great place and the food is great."

We also sought the opinion of patients on staffing via questionnaires. Five patient questionnaires were returned. All five patients indicated that they were very satisfied or satisfied with the care they received and indicated there was "enough staff available to care".

Five relatives were in the home during the inspection; some comments are detailed below:

“I am very happy with the care my receives.”

“I appreciate that no home is perfect but I do believe that Oakmont comes close.”

“I feel I could certainly bring any concerns to the manager Juliet.”

No areas for improvement were identified within this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Activities and Events

We arrived in the home at 09.30 hours and were greeted by staff that were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

Whilst the activity coordinator was not on duty at the time of the inspection, records examined detailed what activities were available and who had taken part.

Patients confirmed that they are involved in the activity planning and that their opinion of what they would like to be involved in is sought. Review of patients’ care records evidenced that patients were individually assessed for their likes and dislikes in regards to activities. There was evidence that the care plans were regularly reviewed and updated as required.

The staff on duty at the time of the inspection were observed to use every interaction as an opportunity for engagement with patients. There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. This was particularly evident for those patients who were unable to participate in group activities/communal events.

A programme of activities has been developed that is enjoyable, purposeful and age and culturally appropriate. The activities take account of patients’ physical and emotional needs and interests. Aside from the normal activities expected in a home such as board games, bingo, reminiscence therapy, hairdressing and manicures, pet therapy is provided. This has been extended into visits from a local petting farm with various farm animals such as lambs, hens and

a Shetland pony visiting the home. Life story work is ongoing and is also a valuable reminiscence tool for patients and their families.

The activities planned and maintained are responsive to patients' changing needs and strongly promote social inclusion with the local community.

The home is commended for the provision of transport for patient use. Two mini-buses are available to facilitate excursions into the community at no additional charge to users. The buses are in regular use, providing trips out to a Wednesday lunch club in Donaghadee, trips to the local garden centres, the local cinema, trips for patients out shopping and pleasure drives in the local coastal area.

Further development of community work is ongoing and the home is developing links with the local college beauty therapy training school, local church groups with organisations such as Boy Scouts, Girls Brigade, and Girl Guides. There are also links being developed with local nursery groups to try to bring small groups of pre-school children into the home on a regular basis. Contact with the local community to this level of engagement will have a significant positive impact on the mental health and well-being of the patients in the home.

Review of patients' care records evidenced that patients were individually assessed for their likes and dislikes in regards to activities. There was evidence that the care plans were regularly reviewed and updated as required.

Some comments from patients in regards to activities provision are detailed below:

- "It is great here, I love to get out to the Wednesday lunch club."
- "It's good to be able to get out and about in the bus."
- "I am always able to pass my day."
- "The staff are very good and are always chatty."
- "The craic here is great."

The registered manager advised that patient and/or relatives meetings were held on a regular basis. Minutes were available. The next meeting was scheduled for 24 January 2019.

Patients and their representatives confirmed that they attended meetings/were aware of the dates of the meetings in advance.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

No areas for improvement were identified in this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Governance Arrangements

Oakmont Lodge Care Home has come under new ownership in the past year. The previous care inspection was undertaken shortly after this transfer and was designed to seek assurances that this had been a seamless transition for all concerned. Now some seven months later the new management structures have been sustained and the senior management support is evidenced to be robust. There are plans at present to extend the home with a two storey extension. This will provide a number of additional nursing and residential beds. This application to extend the home has been processed through RQIA and further close working will be maintained. The registered individual has given an assurance that the building plans will cause minimal disruption to patients in the home.

The certificate of registration issued by RQIA was appropriately displayed in the front office of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Discussion with staff/patients/representatives evidenced that the registered 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 registered manager.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/ The Care Standards for Nursing Homes 2015.

Staff confirmed that there were good working relationships in the home and that management were supportive and responsive to any suggestions or concerns raised. It was commendable that the registered individual attended the home for formal feedback of the inspection.

No areas for improvement were identified in this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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