

Unannounced Care Inspection Report 31 August 2016



Oakmont Lodge Care Home

Type of Service: Nursing Home
Address: 267 – 271 Old Belfast Road, Bangor, BT19 1LU
Tel No: 028 9146 5822
Inspector: Linda Thompson

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Oakmont Lodge Care Home took place on 31 August 2016 from 09.30 to 17.00 hours. On this occasion the inspector was supported by Denise Lyons bank inspector.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

The inspection confirmed that the registered manager reviewed staffing availability on a regular basis and adjusted the staff compliment as required. A review of recruitment and selection processes evidenced that legislative requirements were adhered to. A review of a competency and capability assessment completed for a registered nurse in charge of the home in the absence of the registered manager required improvement in the level of detail records. Notifiable events were evidenced to be forwarded to RQIA as required. However some weakness was identified in the management of actual or potential head injuries. Some improvements are required to the availability of personal protective equipment such as aprons/gloves for specific tasks. One requirement and two recommendations are stated, to drive improvements within the safe domain.

Is care effective?

There was evidence of positive outcomes for patients and that the planned delivery of care was designed to meet the needs of the patients. Frequent adhoc 'flash' meetings were evidenced to be held to address issues arising however improvements are required to the planning and delivery of quarterly staff meeting and to ensure that minutes of such meetings are disseminated to all staff unable to attend. A recommendation is stated in this regard.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were very praiseworthy of staff and a number of their comments are included in the report. On the day of the inspection a number of patients were going out to a local lunch club. The patients were looking forward to this event and Oakmont are commended for their continued development of this and other activities.

Is the service well led?

Discussion with the nursing sister and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

There was evidence of robust governance systems within the home to ensure the home delivers services effectively on a day-to-day basis.

The registered manager however, must ensure that only patients who have care needs within the current registered categories of care are admitted. A requirement is made in this regard.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Lyndsey Paul, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 26 May 2016. Other than those actions detailed in the QIP there were no further actions required to be taken.

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

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Maria Mallaband (9) Limited Victoria Craddock	Registered manager: Lyndsey Paul
Person in charge of the home at the time of inspection: Lyndsey Paul	Date manager registered: 4 December 2015
Categories of care: NH-I, NH-PH, NH-PH(E)	Number of registered places: 29

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection we met with 40 patients, four registered nurses, eight care staff and two domestic staff.

Questionnaires for patients (10), relatives (10) and staff (10) to complete and return were left for the nursing sister/registered manager to distribute. Four patients and four relatives completed and returned questionnaires within the required time frame.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable events records
- sample of audits
- complaints and compliments records
- nurse competency and capability assessments (one only available)
- minutes of staff meetings
- minutes of patient/relatives meetings
- monthly monitoring report

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 May 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 19 January 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15 (2) (a) (b) Stated: Second time	The registered person shall ensure that the assessment of patient's needs is kept under review and revised as necessary.	Met
	Action taken as confirmed during the inspection: The inspectors confirmed that the assessments of patient's needs were maintained under regular review and updated as required.	
Requirement 2 Ref: Regulation 16 (2) (a) Stated: Second time	The registered person shall ensure that the patient's plan is kept under review.	Met
	Action taken as confirmed during the inspection: The inspectors confirmed that patient care plans are updated on a regular basis and were reflective of patient need.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 46, criterion 2 Stated: Second time	It is recommended that a system should be established to ensure that deep cleaning of the home environment is carried out to ensure compliance with best practice in infection prevention and control.	Met
	Action taken as confirmed during the inspection: The inspectors can confirm that all areas of the home were evidenced to be clean and well maintained. No malodours were noted in any areas.	

<p>Recommendation 2</p> <p>Ref: Standard 19 and Standard 20</p> <p>Stated: First time</p>	<p>Staff should receive training/supervision on the content of the policies in relation to breaking bad news and end of life care once completed to ensure they are knowledgeable regarding best practice in this aspect of care.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspectors can confirm that there has been training delivered to staff in respect of policies and procedures associated with breaking bad news and end of life care.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 20, criterion 2</p> <p>Stated: First time</p>	<p>End of life care and death arrangements should be discussed with the patient and their representatives and documented in a personalised care plan as appropriate. This should include the patient's wishes, cultural and spiritual preferences and their preferred place of care/ death.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspectors can confirm that end of life and death arrangements are now well managed and patient's decisions are included in care plans.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 41, criterion 2</p> <p>Stated: First time</p>	<p>The registered manager should ensure that at all times suitably qualified, competent and experienced staff are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Staffing levels noted at the time of inspection confirmed that sufficient suitably qualified staff were available to meet the needs of the patients.</p>		

Recommendation 5 Ref: Standard 4, criterion 9 Stated: First time	Contemporaneous nursing records should be kept of all nursing interventions and procedures carried out in relation to each resident. The outcome of these actions should be recorded and any variance from the care plan should be documented. In particular, instances in which personal care or repositioning is refused should be appropriately documented.	Met
	Action taken as confirmed during the inspection: The inspectors can confirm that nursing care records were maintained contemporaneously. Patient repositioning records and fluid intake / output charts were well maintained.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels 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 for week commencing 1 August 2016 - 4 September 2016 evidenced that the planned staffing levels were adhered to.

Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels.

Staff consulted confirmed that staffing levels met the assessed needs of the patients.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One newly recruited member of care staff discussed her experience of induction and confirmed that she felt fully prepared and skilled to meet the needs of the patients.

A review of the competency and capability assessment for one identified registered nurse who had responsibility for the home in the absence of the registered manager, identified weakness in the quality and detail recorded. A recommendation is stated in this regard.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager regarding staff training evidenced that a robust system was in place to ensure staff attended mandatory training.

Staff in discussion with the inspectors clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care also evidenced that training had been embedded into practice.

Whilst staff clearly understood their responsibilities in regard to infection prevention and control concerns were raised in respect of the use of personal protective equipment (PPE). Staff involved in the serving of meals to patients did not all wear plastic aprons. Staff working in the laundry area was not evidenced to wear plastic aprons. A recommendation is stated in this regard to minimise the potential spread of infection to staff and other patients.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. However it was evidenced that there has been a failure to recognise any potential or actual head injury as a notifiable event and therefore a number of events had not been notified to RQIA. The registered manager should refer to guidance available on the RQIA website. A requirement is stated in this regard.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room/s and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, their representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas for improvement

All actual or potential head injuries must be reported to RQIA in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

All competency and capability assessments completed in respect of the registered nurse in charge of the home in the absence of the registered manager, should be completed fully and with sufficient detail.

All staff involved in the serving of meals or working in laundry must wear appropriate PPE.

Number of requirements	1	Number of recommendations	2
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Observation of the shift handover meeting confirmed that communication between all staff grades was effective. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and Language teams (SALT), dietician, and tissue viability nurse (TVN).

Discussion with the registered manager confirmed that formal staff meetings were held infrequently and there was a culture of preference for adhoc flash meetings. Whilst these flash meetings may be of great benefit, it is recommended that regular quarterly staff meetings are maintained to ensure that general opinions can be sought with minutes disseminated to all as required. A recommendation is stated in this regard.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager.

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

Areas for improvement

The use of PPE should be encouraged especially in high risk situations such as when serving meals to patients or when working in areas such as with laundry or domestic duties.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives.

The provision of activities was discussed with the registered manager and the administrator. We were informed that a number of patients go out each Wednesday to a local lunch club. This trip was already planned for the day of the inspection and it was commendable that such a high number of patients are keen to attend.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with eight patients individually, and with others in smaller groups, confirmed that living in Oakmont Lodge Care Home was a positive experience.

Individual comments received from patients and their representatives are detailed below:

Patient comments

"The girls are all very good and kind."

"The care is excellent."

"I'm being well looked after."

"I can approach staff at any time, especially nurses, so far so good."

"I enjoy going out in the bus on a Wednesday."

"Have been in four different care setting and agree that Oakmont is the best and the most well managed."

Representatives’ comments

“The staff are always good and keep me informed of any health concerns as they occur.”
 “My is very well looked after and I feel assured that the home can meet her needs.”
 “This is the next best place to being at home.”
 “I know I can always contact the manager if there were any concerns.”

A number of written compliments from family members were also reviewed.

Some comments recorded are detailed below:

“On behalf of my family I want you to know how much I appreciate the skill, care, attitudes and devotion bordering on love, which you have bestowed on my dear over the past number of months.”

“Thank you so much for all the care and support given to ... during his time in Oakmont.”

“With thanks to each of you for your support and attention given to our and in addition for being there for our family. Your support was very much appreciated.”

A number of patient questionnaires were disseminated by a staff member during the inspection. It was of concern that patient’s views and opinions were misrepresented in the returned documentation. The inspector discussed the returned questionnaires with the registered manager and requested that the questionnaires be recirculated to the identified patients. This was undertaken on 08 September 2016 by a representative of the registered person. The completed questionnaires were then forwarded to RQIA. Comments recorded in these questionnaires represented a more accurate view of the patients experience in the home as described to inspectors on the day of inspection.

Senior management have advised that they will investigate this misrepresentation as required.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. Patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager evidenced that the home was operating outside its registered categories of care in respect of one identified residential patient. This matter was discussed at length with the registered manager and an urgent application to vary the registration categories of care for the home was required to be submitted. A requirement is stated.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis.

Staff confirmed that they had access to the home’s policies and procedures.

Discussion with the registered manager and review of the home’s complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Patients and representatives spoken with confirmed that they were aware of the home’s complaints procedure. It was further confirmed by patient representatives that they were confident that staff/management would manage any concern raised by them appropriately. Patients and their representatives were aware of who the registered manager was.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. Audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that unannounced monthly monitoring visits were completed in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Areas for improvement

The registered provider must ensure that the home is operating within its registered categories of care at all times.

Number of requirements	1	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Lyndsey Paul, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: the date of inspection and ongoing</p>	<p>The registered provider must ensure that any actual or potential head injury is identified as a notifiable event and that RQIA are advised accordingly.</p> <p>Ref: section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: All accidents are reviewed by the manager, any sustained head injury accidents are reported as a notifiable event to RQIA, the individual is monitored by the Nurse post accident and referral to necessary professionals is made when deemed appropriate and necessary.</p>
<p>Requirement 2</p> <p>Ref: Regulation 3</p> <p>Stated: First time</p> <p>To be completed by: 7 September 2016</p>	<p>The registered provider must ensure that the home is operating within its agreed statement of purpose and must submit an application to vary the registered categories of care in Oakmont nursing home for one identified residential care patient.</p> <p>Ref: section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: The individual identified is no longer a resident at Oakmont, Registration has been approved for a Residential Unit which is seperately managed and regulated. Those residing on the Nursing unit are assessed as requiring that level of need and are appropriately placed, as needs may change there is ongoing assessment and review to ensure we remain within registration guidelines.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2016</p>	<p>The registered provider should ensure that a detailed, comprehensive competency and capability assessment is undertaken with any registered nurse who has responsibility of the home in the absence of the registered manager. Records should be available for inspection.</p> <p>Ref: section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The Nurses have a Nurse in Charge competency assessment to evidence their competency at being responsible for the unit in the absence of the Registered Manager, as the Home is now two separate units of registration with two managers responsible for their own unit the Nurse would oversee the Nursing unit but should they need to manager the entire home would be capable of doing so.</p>

<p>Recommendation 2</p> <p>Ref: Standard 42</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2016</p>	<p>The registered provider should ensure that staff meetings are maintained at least quarterly. The date of the meeting, names of all attending, minutes of discussions and any actions agreed should be recorded and disseminated to staff.</p> <p>Ref: section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Staff meetings will be routinely held and have been held following the inspection, the current acting manager holds Monthly staff meetings and these are minuted using the company template which indicates for those present and any apologies to be recorded, and all staff are given the opportunity to read the minutes which are reviewed at the following meeting.</p>
<p>Recommendation 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: the date of inspection and on going</p>	<p>The registered provider should review and improve the availability of PPE for staff;</p> <ul style="list-style-type: none"> • staff should wear appropriate aprons when serving meals / snacks to patients • domestic staff working in laundry and other high risk areas should have easy access to, and be encouraged to wear appropriate PPE. <p>Ref section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: There is appropriate provision of supplies of PPE available for all staff to use within their role and this is an area discussed at meetings, supervisions etc to ensure that individuals are following appropriate use. There is also an infection control audit which is part of the Company Quality system to monitor use of PPE by staff and availability.</p>

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