



Unannounced Care Inspection Report 25 July 2018



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.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: Ms Juliet Green - Manager | 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 25 July 2018 from 06.30 to 13.30. On this occasion the inspector was joined for a brief period, by the Director of Assurance RQIA. This allowed the Director insight into the early morning routines of the home, to review the facilities provided and meet a number of patients.

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.

The inspection assessed progress with any areas for improvement identified 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. This inspection also considered the recent change of ownership of the home and the impact that this has had on the services delivered to patients in Oakmont Lodge Care Home.

Evidence of good practice was found in relation to the early morning routines of the home, recruitment and selection of staff, staff meetings, relatives meetings, the management of audits, management of complaints, the management of care records, the hygiene of the general environment and the overall management of the home.

It was positive to note that the responsible person Ms Mandy Mitchell, representing Healthcare Ireland (Belfast) Ltd, attended the home to support the inspection and to hear feedback.

Patients described living in the home in positive terms. 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.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

Details of the Quality Improvement Plan (QIP) were discussed with Ms Mandy Mitchell Responsible Person and Ms Juliet Green, 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.

4.2 Action/enforcement taken following the most recent inspection dated 23 February 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 23 February 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.

There were no further actions required to be taken following the most recent 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 serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 17 patients, four staff, and two patients' representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

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 16 July 2018 to 30 July 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one/two staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- 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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 February 2018

The most recent inspection of the home was an unannounced medicines management inspection.

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

6.2 Review of areas for improvement from the last care inspection dated 28 June 2017

| Areas for improvement from the last care inspection | | |
|---|---|--------------------------|
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 39 Stated: First time | The registered person shall ensure that further training is provided to staff to ensure the needs of two identified patients are met. | Met |

| | | |
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| | <p>Action taken as confirmed during the inspection: It was confirmed that training required has been delivered.</p> | |
| <p>Area for improvement 2 Ref: Standard 11 Stated: First time</p> | <p>The registered person shall ensure that an in depth individual activity and social care plan is developed for one identified patient.</p> | Met |
| | <p>Action taken as confirmed during the inspection: It is confirmed that an in depth activity plan has been developed to meet the needs of the identified patient. .</p> | |
| <p>Area for improvement 3 Ref: Standard 11 Stated: First time</p> | <p>The registered person shall ensure that activities provision is reviewed to improve the activities provided so that they are meaningful to the patient and reflect their life story.</p> | Met |
| | <p>Action taken as confirmed during the inspection: We can confirm that there has been significant work undertaken to develop the activities provision to ensure that they are meaningful to the patient group.</p> <p>The new providers also agreed to recruit an additional activity leader to ensure that there are sufficient hours dedicated to the delivery of the activity program.</p> | |
| <p>Area for improvement 4 Ref: Standard 12 Stated: First time</p> | <p>The registered person shall ensure that the provision of food is reviewed to facilitate patient choice.</p> | Met |
| | <p>Action taken as confirmed during the inspection: It was confirmed that the current menu has been reviewed and that there is adequate choice of meals provided.</p> | |
| <p>Area for improvement 5 Ref: Standard 35.1 Stated: First time</p> | <p>The registered person shall ensure, in conjunction with the commissioning Trust, if the current placement of the identified patient is appropriate.</p> <p>RQIA should be informed of the outcome.</p> | Met |

| | | |
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| | <p>Action taken as confirmed during the inspection: We are aware of the ongoing review of this placement and that the home and the Trust are working together to meet the specific needs of the identified patient.</p> | |
| <p>Area for improvement 6 Ref: Standard 35 Stated: First time</p> | <p>The registered person shall ensure that audit activity is increased and the results of audits are analysed to ensure that appropriate actions are taken to address any shortfalls identified and ensure that any necessary improvements could be embedded into practice.</p> | Met |
| | <p>Action taken as confirmed during the inspection: We are able to validate that audit activity is well maintained and appropriate. Improvements made are clearly evidenced to be embedded into practice.</p> | |

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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 from 16 July 2018 to 30 July 2018 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. No responses were received within the required timeframe.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Oakmont Lodge Care Home. We also sought the opinion of patients on staffing via questionnaires. Seven patient questionnaires were returned. Overall patients indicated that they

were very satisfied or satisfied with the care they received and three patients indicated there was “enough staff available to care.”

One relative spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives’ opinion on staffing via questionnaires. No questionnaires were returned within the required time frame.

As stated previously, 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. Details of comments made/received via questionnaires in relation to staffing were discussed with the registered manager prior to the issuing of this report.

Review of three staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. 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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records. 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. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the all staff and the registered manager, confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients’ care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from June 2017 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual’s monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining room/s and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. A lack of alcohol gel dispensing units and personal protection equipment (PPE) was noted in the corridors. This was discussed with the registered manager and an area for improvement is stated in accordance with the DHSSPS Care Standards for Nursing Homes 2015.

The carpet on the stairwell areas was noted to be stained in a number of places. The registered manager agreed to arrange for these to be deep cleaned as soon as possible. One identified patient's bedroom carpet was also noted to be worn and in need of cleaning/replacement. The responsible person agreed to proceed with a replacement of this carpet as soon as was possible. We also noted a lack of availability of alcohol hand gel available for staff use between direct care. This was discussed with the registered persons during feedback and an assurance was given that this would be sourced and made available immediately.

An area for improvement is stated in accordance with the DHSSPS Care Standards for Nursing Homes 2015.

Patients/representatives/staff spoken with were complimentary in respect of the home's environment.

We discussed the plans that the new provider may have for the general environment with the responsible person, and were advised that significant improvements are planned to be undertaken in the next number of months.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were consistently adhered to. The registered manager had an awareness of the importance to monitor the incidents of HCAI's and/or when antibiotics were prescribed.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. There was also evidence of consultation with relevant persons.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

The following areas were identified for improvement in relation to the availability of alcohol gel/foam, PPE and the deep cleaning and/or replacement of carpets.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

We observed the handover between night staff and day staff at 07.45. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

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 or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

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.

The registered manager advised that patient and/or relatives meetings were held on a two monthly basis. Minutes were available.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

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

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 06.30 and were greeted by staff who were helpful and attentive. Most patients were still sleeping whilst others were being assisted to wash and dress or toilet as was their personal preference. The care records of those patients being washed and dressed were examined and evidenced that early rising was their choice and was appropriately documented through the care plans.

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.

Discussion with patients and staff and review of the activity programme displayed evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

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.

We observed the serving of breakfast and the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. 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.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

'Dear Juliette, your positive attitude and experience makes the home a very pleasant place.'

'The care my father received was second to none.'
 'Special thanks to all the care staff they are great'

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 12 patients individually, and with others in smaller groups, confirmed that living in Oakmont Lodge Care Home was a good experience.

Patient comments included ...

'The staff here are all very good'
 'The food is good and there is always plenty to eat.'
 'I would rather be at home but I think this is the next best thing'

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.

Staff were asked to complete an on line survey, we had nil responses within the timescale specified. However staff who met with the inspector during the inspection did comment positively on the care delivered and the working relationships within Oakmont Lodge Care Home.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and actioned as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

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

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 0 |

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Oakmont Lodge Care Home ownership transferred to Healthcare Ireland (Belfast) Ltd on 31 May 2018. The transfer of ownership appears to have had a positive effect on the home. Plans are being made for a number of improvements and the registered manager is being supported by the responsible individual.

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

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. 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.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure 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.

Discussion with the registered 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 accidents/incidents, infection prevention and control (IPC) practices, care records, catering arrangements. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections, and wounds, occurring in the home.

We confirmed with the registered manager 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 documentation maintained was examined and evidenced to be well maintained.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

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

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Juliette Green, Registered Manager and Mandy Mitchell, Responsible Person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

| | |
|---|---|
| <p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2018</p> | <p>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.</p> <p>Ref: section 6.4</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The registered manager obtained the service of a company that will install hand foam sanitizer along the corridor throughout the Home. The registered manager ensure that appropriate PPE is available for use by staff in accordance with the DHSSPS Care Standards for Nursing Homes 2015. Hand sanitizers have been installed on 4th September 2018</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2018</p> | <p>The registered person shall ensure that</p> <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 <p>Ref: section 6.4</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The registered manager will oversee the compliance of deep cleaning system in place in the home. The registered manager obtained the service of a company which provide deep cleaning for hard to clean surfaces/stubborn stains where appropriate.</p> |

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



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