

Unannounced Care Inspection Report 4 and 5 October 2017



Oakridge Care Home

Type of Service: Nursing Home (NH)

Address: 14 Magheraknock Road, Ballynahinch, BT24 8TJ

Tel no: 028 9756 5322

Inspectors: Dermot Walsh and Michael Lavelle

www.rgia.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 58 persons.

3.0 Service details

Organisation/Registered Provider: Spa Nursing Home Ltd Responsible Individual: Mr Christopher Philip Arnold	Registered Manager: Mrs Kelly Kilpatrick
Person in charge at the time of inspection: Kelly Kilpatrick (4/10/17 – All day) (5/10/17 – 08.00 – 13.00 hours) Laura Patterson (Nurse in Charge) (5/10/17 – 13.00 – 20.00 hours)	Date manager registered: 24 June 2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 58

4.0 Inspection summary

An unannounced inspection took place on 4 October 2017 from 09.35 to 16.35 hours and on 5 October 2017 from 09.30 to 15.30 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 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.

Evidence of good practice was found in relation to staff recruitment, training and development, adult safeguarding, record keeping, 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 and governance arrangements.

Areas requiring improvement were identified under regulation in relation to compliance with best practice in infection prevention and control (IPC) and compliance with control of substances hazardous to health (COSHH) regulations. Areas requiring improvement were identified under standards in relation to safe use of equipment, serving of food and traceability within auditing records.

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.

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	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Laura Patterson, Nurse in Charge, 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 21 and 22 February 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 21 and 22 February 2017. 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspectors met with 14 patients, 10 staff and two patients' representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for week commencing 25 September 2017
- 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 staff recruitment and induction file
- three patient care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 21 and 22 February 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 21 and 22 February 2017

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: Regulation 16 (1) (2) (b) (c) (d) Stated: First time	The registered persons must ensure that care plans are reviewed to confirm that they reflect the current care needs of patients.	Met
	Action taken as confirmed during the inspection: A review of three patients' care records evidenced that care plans had been updated to reflect the current care needs of patients.	
Area for improvement 2 Ref: Regulation 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K) Stated: First time	The registered person must ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.	Met
	Action taken as confirmed during the inspection: A review of one patient's records pertaining to wound management evidenced that this area for improvement has now been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 47 Criteria (3) Stated: Second time	The registered manager should observe staffs moving and handling of patients within the home to ensure training is embedded into practice.	Met
	Action taken as confirmed during the inspection: A review of staff moving and handling practices during a review of the environment evidenced that this area for improvement has now been met.	

<p>Area for improvement 2</p> <p>Ref: Standard 44 Criteria (1)</p> <p>Stated: First time</p>	<p>The registered person should ensure that the schedule for cleaning patients' rooms includes the dusting of high areas such as the tops of patients' wardrobes.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the current cleaning records maintained in the home evidenced that this area for improvement has now been met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person should ensure that the patients' mealtime experience is reviewed to ensure that it is in accordance with DHSSPS Care Standards for Nursing Homes 2015 and best practice guidance.</p> <p>The following areas should be reviewed:</p> <ul style="list-style-type: none"> • storage of drinks • medicine rounds conducted during mealtimes • availability of condiments • use of worn drinking glasses <hr/> <p>Action taken as confirmed during the inspection: A review of the mealtime experience evidenced that the areas listed above had been managed appropriately. However, a further area for improvement in relation to mealtimes was identified during this inspection. See section 6.6 for further information.</p>	<p>Met</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 a regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 25 September 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients and patients' representatives evidenced that there were no concerns regarding staffing levels. Three staff consulted confirmed concerns with the staffing arrangements in the home. One respondent in a staff questionnaire indicated that they were not satisfied with the staffing arrangements.

These concerns were passed to the registered manager for review and action as appropriate. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection. Records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI 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. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures. Discussion with staff and the registered manager confirmed that where agency nursing and care staff were employed, the same staff were employed to ensure consistency of care. The registered manager confirmed that agency staff received a recorded induction in the home prior to commencing their first shift.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Staff consulted confirmed that the training provided was relevant to their roles and responsibilities. The registered manager confirmed that all staff training provided was through face to face training.

Discussion with the registered manager and staff and a review of records evidenced that staff supervision and appraisals had been conducted appropriately and a system was in place to ensure completion.

Competency and capability assessments for the nurse in charge of the home in the absence of the registered manager had been completed appropriately.

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 and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager confirmed that recent training had been conducted with staff in regard to adult safeguarding. An adult safeguarding champion had been identified.

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. A review of accident records evidenced that the appropriate actions were taken following the accident and that the records had been maintained appropriately. RQIA had been suitably notified of accidents.

This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

During the review of the environment, the pressure setting on an airwave mattress was observed to have been incorrectly set for the patient. This observation was discussed with the nurse in charge and identified as an area for improvement.

The following issues were identified which were not managed in accordance with best practice guidelines in IPC:

- pull cords not covered
- inappropriate storage on the floors of storage areas
- signage not laminated
- use of tape to secure notices to walls
- cracked tiles
- flooring not secured to floor
- shower chairs and toilet aids not cleaned effectively after use
- unclean toilet roll holder
- bin frames not cleaned effectively
- radiators not cleaned
- fan fastened by cable ties and unclean
- flooring to identified communal room requiring review

The above issues were discussed with the registered manager and nurse in charge and identified as an area for improvement.

During the review of the environment, two doors leading to rooms containing harmful substances were observed accessible to patients. This was discussed with the registered manager and identified as an area for improvement in regard to compliance with control of substances hazardous to health (COSHH) legislation.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development and adult safeguarding.

Areas for improvement

Areas were identified for improvement under regulation in relation to compliance with best practice in IPC and compliance with COSHH regulations.

An area was identified for improvement under standards in relation to the safe use of equipment.

	Regulations	Standards
Total number of areas for improvement	2	1

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 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.

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

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

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

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. Staff confirmed that they received appropriate information at the handover to meet the needs of patients.

Discussion with staff and a review of minutes of staff meetings confirmed that regular staff meetings for registered nurses and care assistants had been conducted. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made.

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 their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The registered manager confirmed that they operate an ‘open door policy’ and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake daily walks around the home and would avail of the opportunity to engage with patients and relatives at this time. Two noticeboards were maintained for relatives’/representatives’ attention and displayed at the reception area and the entrance to the home. Patient/relative meetings were conducted twice yearly and a monthly bulletin was published to update patient/relatives of any information pertaining to Oakridge Care Home.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified 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.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 14 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. 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.

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

The serving of lunch was observed in the dining room on the Murlough Unit. Lunch commenced at 14.00 hours. Patients were seated around tables which had been appropriately laid for the meal. Food was served from a heated trolley. However, one meal was observed on a tray uncovered for eight minutes prior to being served. Food was also not covered when transferred from the dining room to the patients' preferred dining area. This was discussed with the registered manager and identified as an area for improvement. The food served appeared nutritious and appetising. The mealtime was well supervised. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Ten staff members were consulted to determine their views on the quality of care within Oakridge Care Home. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Two of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

- “It’s very good. Everything is excellent.”
- “I like working here.”
- “It’s fine. There’s a nice team here.”
- “Bar the staffing, it’s fine here.”
- “Can be stressful at times but I do love working here.”
- “I enjoy it here.”
- “I like here.”

Fourteen patients were consulted during the inspection.

Some patient comments were as follows:

- “If I can’t live at home, I can’t think of anywhere better to stay.”
- “It’s very nice here.”
- “It’s very good here.”
- “It’s alright. I am very comfortable.”
- “The staff are nice.”
- “I really like it here. The staff are marvellous.”

Eight patient questionnaires were left in the home for completion. None of the patient questionnaires were returned.

Two patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. One of the relative questionnaires was returned within the timeframe for inclusion in the report. The respondent indicated that they were very satisfied with the care provided in the home.

Some patient representative comments were as follows:

- “I have no grumbles. I’m happy with the care and feel opinions are valued.”
- “The care is great and the girls are lovely. I’m always made feel welcome. The home is always fresh and clean.”

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 action 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

An area was identified for improvement under standards in relation to the serving of meals.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

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.

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 within its registered categories of care.

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 Care Standards for Nursing Homes 2015. A copy of the complaints procedure was displayed at the reception area in the home.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

"I can never thank you enough for all the care and attention you have given to dad."

"Oakridge has a lovely welcoming feel both from staff and content residents."

"Staff in any nursing home should be caring, kind and patient. Your staff certainly meet those criteria and they should know what a significant role they perform."

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. Infection prevention and control audits were reviewed. The audits were conducted monthly and actions taken to address shortfalls were identified within the auditing records. However, identification of the rooms/areas reviewed during the audit was not recorded within the auditing records. This was discussed with the nurse in charge and identified as an area for improvement.

Staff consulted confirmed that when they raised a concern, the home's management would take their concerns seriously.

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.

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 monthly monitoring reports were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

Areas for improvement

An area was identified for improvement under standards in relation to the identification of rooms/areas audited within IPC auditing records.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Laura Patterson, Nurse in Charge, 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2017</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>Robust systems must be in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Remedial actions were commenced on day 2 of this inspection to address infection control issues identified on day 1. Systems are in place to monitor compliance with infection control and prevention measures.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Storage of chemicals has been reviewed to ensure residents are protected from these hazards, A staff meeting has been held with all the staff highlighting the importance of adherence to COSHH legislation. The housekeeper and Manager will monitor this daily along with the normal auditing process.</p>
<h3>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</h3>	
<p>Area for improvement 1</p> <p>Ref: Standard 45</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that equipment used within the home is used safely and in accordance with the manufacturer's guidelines.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Equipment used is in accordance with manufacturers instructions and safely. The one identified pressure relieving mattress which was set incorrectly was immediately addressed on the day of inspection, All other mattresses in use in the home were all at correct setting. A staff meeting has been held with all the staff highlighting the importance of correct mattress settings as per each individual resident's requirements. The Senior Nurses and Manager will monitor this daily along with the normal auditing process.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2017</p>	<p>The registered person shall ensure that food is served only when the patient is ready to eat or be assisted with their meal and food transferred from the dining room is covered on transfer.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Staff serve meals only when residents' are ready to eat and all the meals served on trays are suitably covered for transfer. This will be monitored through the auditing process.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 November 2017</p>	<p>The registered person shall ensure that areas audited within infection prevention and control audits are identified within the auditing records.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The infection prevention and control audit will be updated to include specific rooms/areas audited to maximise traceability.</p>

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



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