

# Inspection Report

**11 August 2021**



## Oakridge Care Home

**Type of service: Nursing Home**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Spa Nursing Homes Ltd  <b>Responsible Individual:</b> Mr Christopher Philip Arnold	<b>Registered Manager:</b> Mrs Kelly Kilpatrick  <b>Date registered:</b> 24 June 2016
<b>Person in charge at the time of inspection:</b> Ms. Irene Nazareth – Nurse in Charge and Mrs Linda Graham – regional manager	<b>Number of registered places:</b> 58 A maximum of forty (40) patients in the Dementia Unit. A maximum of eighteen (18) patients in the General Nursing Unit.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 51
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 58 patients. The home is divided in three units over two floors. The Tollymore unit on the ground floor and provides general nursing care and the Murlough and Tyrella which are in the first floor provides care for people with dementia.  There is a Residential Care Home in the same building and the registered manager for this home manages both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 11 August 2021 from 9.40 am to 5.50 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

New areas requiring improvement were identified in relation to falls management, care planning and risk assessment, fire safety practices and infection prevention and control practices.

Further areas identified for improvement included recording keeping, the daily menu, planning of care on admission, the carpet in the Tollymore unit and auditing of care records and infection prevention and control practices.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Oakridge Care Home was provided in a compassionate manner. Addressing the areas for improvement will further enhance the safe, effective and well led domains in the home.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, staff and relatives were asked for their opinion on the quality of the care and their experience of living, visiting or working in Oakridge Care Home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the regional manager at the conclusion of the inspection.

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

We spoke with 11 patients, two relatives and seven staff. No questionnaires were returned and we received no feedback from the staff online survey.

Patients spoke highly of the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff.

Staff acknowledged the challenges of working through the COVID – 19 pandemic but all staff agreed that Oakridge Care Home was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 28 September 2020		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First	The registered person shall investigate the cause of a brown track across the floors in six bedrooms in the Tyrella unit and replace these damaged floors.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time	The registered person shall <ul style="list-style-type: none"> <li>• Replace the three identified bedroom carpets in Murlough unit.</li> <li>• Seal the space between the worktop and the wall in the Murlough dining room.</li> <li>• Raised shower floor tiles in an identified ensuite and in the toilet/shower room in the Tollymore unit to be rectified so as to eliminate a falls hazard.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post. All staff were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. Review of records confirmed all but one of the staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so. The regional manager confirmed this outstanding assessment would be completed prior to the staff member taking charge of the home.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. The majority of training during the COVID-19 pandemic had been completed electronically.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff were able to correctly describe their roles and responsibilities regarding adult safeguarding although some staff confirmed they had not completed training with regards to Deprivation of Liberty Safeguards (DoLS). This was discussed with the regional manager who confirmed this training was planned for October 2021.

Staff said they felt well supported in their role and the level of communication between staff and management. Staff reported good team work and said when planned staffing levels were adhered to they had no concerns regarding the staffing levels. However, staff consulted were not satisfied that there were sufficient staff numbers on occasions when staff sickness was not covered at short notice. The regional manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met and discussed the ongoing staffing challenges within the care home sector. They confirmed ongoing recruitment for nursing and care assistant positions within the home.

Patients spoke highly about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner. Relatives spoken with expressed no concerns regarding staffing arrangements in the home.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning and personal care records evidenced deficits in record keeping. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce that risk were put in place, for example, through use of an alarm mat. Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

However, review of the management of two falls evidenced appropriate actions were not consistently taken following one of the falls in keeping with best practice guidance. Examination of care records confirmed that registered nursing staff did not consistently record clinical and neurological observations after the fall and daily evaluation records did not consistently comment on the patients neurological status. An area for improvement was identified.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used. It was good to note that, where possible, patients were actively involved in the consultation process associated with the use of restrictive interventions and their informed consent was obtained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Plastic tumblers were used at mealtimes for serving drinks to patients; glassware was not available. The regional manager agreed to review the use of plastic tumblers to ensure patients who prefer to use glass are facilitated and to arrange dining audits for each unit.



Patients spoke positively in relation to the quality of the meals provided. Staff attended to patients' dining needs in a caring and compassionate manner. It was noted that a menu showing what is available at each mealtime was not displayed in a suitable format or location consistently in each unit; an area for improvement was identified. Examination of the recording of food and fluid intake records evidenced further deficits in record keeping. An area for improvement was identified.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Review of one identified patient's care records evidenced that some of their care plans had been developed within a timely manner to accurately reflect most of the patient's assessed needs. It was pleasing to note that many of the care plans reviewed were patient centred and evidenced involvement of the patient and/or their family. However, not all care plans had been developed within a timely manner to accurately reflect the patient's assessed needs. An area for improvement was identified.

Examination of care records for an identified patient evidenced their care plans had not been updated to reflect their changing needs. Review of a further patient's care records confirmed that some of their risk assessments had not been reviewed for a period of up to four months. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from and consultations with any healthcare professional was also recorded.

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

Examination of the home's environment evidenced it was generally clean, warm and comfortable. Some deficits in environmental cleaning were identified, although patient equipment was seen to be clean. This was discussed with the regional manager who agreed to address the issues identified.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 7 December 2020. The regional manager confirmed all of the recommendations had been satisfactorily addressed within the requested time frame. It was observed that one recommendation relating to storage which had been previously addressed was not consistently adhered to. An area for improvement was identified.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. It was noted that the carpet in the Tollymore unit dining room and corridor areas was heavily stained.

This was discussed with the regional manager who had identified the issue in her recent monthly monitoring report. This carpet should be replaced. An area for improvement was identified.

The regional manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE although hand sanitiser was not always readily available in some areas of the home, particularly in dining rooms and corridors. This was discussed with the regional manager who agreed to review this.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. An area for improvement was identified.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could go out for a walk when they wanted, remain in their bedroom or go to a communal room when they requested.

Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives. Patients spoke fondly about the activity co-ordinator. One patient told us they were knitting in the garden recently during the good weather while another said they potted plants for the garden and did jigsaws.

The activity co-ordinator said they did a variety of one to one and group activities to ensure all patients had some level of activity. It was pleasing to note that all the patients in the home had been involved in growing many of the flowers seen in the garden of the home. Review of records confirmed a personal activities profile was completed by the activities co-ordinator for patients and shared with registered nursing staff to assist in the planning of care.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

#### **5.2.5 Management and Governance Arrangements**

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.



There has been no change in the management of the home since the last inspection. Mrs Kelly Kilpatrick has been the registered manager in this home since 24 June 2016.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good. However, given the deficits identified in the care records and IPC practice, the regional manager agreed to increase audit activity around care records and the IPC opportunities observed. An area for improvement was identified.

Review of records confirmed that systems were in place for staff appraisal and supervision. There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The regional manager told us that complaints were seen as an opportunity for the team to learn and improve. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the regional manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents, which had occurred in the home. Found that these, records were generally well managed correctly and reported appropriately. Review of records identified one notifiable event which had not been reported. This was submitted retrospectively. Examination of accident and incident records highlighted that staff had inaccurately recorded events regarding a fall in the home. The regional manager agreed to address this through clinical supervision with staff as required.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

## **6.0 Conclusion**

Patients were observed to be comfortable in their surroundings and were attended to by staff in a timely and effective manner. Patients' dignity was maintained throughout the inspection and staff were observed to be polite and respectful to patients and each other.

New areas requiring improvement were identified in relation to falls management, care planning and risk assessment, fire safety practices and infection prevention and control practices. Further areas identified for improvement included recording keeping, the daily menu, planning of care on admission, the carpet in the Tollymore unit and auditing of care record and IPC practices.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing care in a compassionate manner. Compliance with the areas for improvement identified will further enhance the service provided.

## 7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Linda Graham, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection onwards	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            The Registered Person has addressed with nursing staff the importance of carrying out clinical/ neurological observations on all patients following a fall and recording these in the patient's care record.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection onwards	<p>The registered person shall ensure risk assessments and care plans are reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            The Registered Person will ensure that risk assessments and care plans are reviewed and updated in response to the changing needs of the patient and has addressed this with nursing staff.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection onwards	<p>The registered person shall ensure recommendations made in the fire risk assessment are consistently adhered to.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The Registered Person has reviewed the recommendations made in the fire risk assessment and has addressed with all staff the importance of ensuring these are consistently adhered to.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards</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>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene.</li> </ul> <p>Ref: 5.2.3</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards</p>	<p>The registered person shall ensure repositioning, personal care and food and fluid intake charts are completed in full. These should be signed by staff with the accurate time of care delivery recorded.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person has developed a checklist for nursing staff to ensure they oversee the recordings of supplementary charts. The Registered Person has addressed with all staff the need to record accurately the time that care is delivered and signed by staff carrying out this care.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards</p>	<p>The registered person shall ensure a daily menu is displayed in a suitable format and in an appropriate location, showing what is available at each mealtime.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person will ensure that a daily menu is displayed showing what is available at each mealtime The Registered Person has addressed this with her staff and will check this on her daily walkaround.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered person will ensure that an initial plan of care based on the pre- admission assessment and referral information is in place within 24 hours of admisison and then this can be further developed within five days of the admission. The Registered Person has addressed this with nurisng staff.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards</p>	<p>The registered person shall ensure the carpet in dining room and corridor areas of the Tollymore unit is replaced.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person can confirm that this work has commenced and will be completed within one week.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards</p>	<p>The registered person shall ensure a robust audit system is in place to ensure compliance with best practice on infection prevention and control and care records. This should include supplementary care records such as repositioning, food and fluid intake and personal care records.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered person has in place a robust audit system to ensure staff maintain compliance with best practice on infection prevention control and care records. This auditing process includes supplementary charts.</p>

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



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