



# Unannounced Follow-up Care Inspection Report 14 January 2020



## Oakridge Care Home

**Type of Service: Nursing Home**

**Address: 14 Magheraknock Road, Ballynahinch BT24 8TJ**

**Tel No: 028 9756 5322**

**Inspector: Michael Lavelle**

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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.

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

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 58 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Spa Nursing Homes Ltd <b>Responsible Individual(s):</b> Christopher Philip Arnold	<b>Registered Manager and date registered:</b> Kelly Kilpatrick – 24 June 2016
<b>Person in charge at the time of inspection:</b> Kelly Kilpatrick	<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. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 51

### 4.0 Inspection summary

An unannounced inspection took place on 14 January 2020 from 11.40 hours to 17.40 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection on 16 May 2019 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 the culture and ethos of the home, maintaining patient's dignity and privacy, fire safety and governance arrangements.

One new area for improvement was identified in relation to record keeping and evaluation of care.

The following areas were examined during the inspection:

- staffing levels
- management of falls, wounds and care delivery
- the environment
- consultation
- activity provision
- governance arrangements.

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
<b>Total number of areas for improvement</b>	*1	*2

\*The total number of areas for improvement includes one under regulation and one under the care standards which each have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Kelly Kilpatrick, registered manager, and Linda Graham, regional 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 16 May 2019

The most recent inspection of the home was an unannounced care and finance inspection undertaken on 16 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 13 January 2020
- three patient care records
- a sample of governance audits/records
- environmental and equipment cleaning records
- a sample of reports of visits by the registered provider
- evidence of fire drills
- RQIA registration certificate

- a sample of patients' treatment records, patients' personal monies authorisations and a sample of patient property records.

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 previous inspection dated 16 May 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.  This area for improvement is made in reference to the issues highlighted in 6.3.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of practice, examination of records and review of the environment evidenced this area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> First time	The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.  This area for improvement is made with specific reference to the issues highlighted in 6.3.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Observation of the environment confirmed patients did not have access to chemicals and sluice and office doors were locked when not in use.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (1) (a) (b) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that nursing staff carry out clinical and 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. Care plans should accurately reflect what actions are required to be taken post fall for patients on anticoagulant therapy.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager confirmed care plans now accurately reflect what actions are required to be taken post fall for patients on anticoagulant therapy. Review of records evidenced that although clinical and neurological observations were taken post fall there was no evidence that the observations were considered when evaluating daily care. This is discussed further in 6.2.2.</p> <p><b>This area for improvement has been partially met and has been stated for a second time.</b></p>	<b>Partially met</b>
<p><b>Area for improvement 4</b> <b>Ref:</b> Regulation 16 <b>Stated:</b> First time</p>	<p>The registered person shall ensure care plans have been developed within 5 days of admission and are reviewed and updated in response to the changing needs of patients.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records confirmed care plans were developed in a timely manner for patients recently admitted to the home.</p>	<b>Met</b>



<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (10)</p> <p><b>Stated:</b> First time</p>	<p>The registered person is required to ensure that a record is made of the furniture and personal possessions which each patient has brought to their rooms.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of a selection of personal possessions records evidenced this area for improvement is now met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the programme of activities is displayed in a suitable format in each unit of the home. Arrangements for the provision of activities should be in place in the absence of the patient activity leader. Activities must be integral part of the care process with care plans reviewed by registered nurses as required.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with staff and patients and review of records confirmed there had been some improvement with this area for improvement but it was not fully met. This is discussed further in 6.2.</p> <p><b>This area for improvement has been partially met and has been stated for a second time.</b></p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the duty rota clearly identifies the first and last name of all staff working in the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of the duty rota confirmed this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 14.10</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a standard financial ledger format is used to clearly and accurately detail transactions for residents. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or</p>	<p><b>Met</b></p>

	<p>withdrawal; the amount; the running balance of the resident's cash total held; and the signatures of two persons able to verify the entry on the ledger.</p>	
	<p><b>Action taken as confirmed during the inspection:</b> Review of the records confirmed two signatories on the financial ledger. This area for improvement has been met.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 14.13 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of records evidenced the person providing the service and an appropriate staff member sign the treatment record after they have delivered their service.</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 14.26 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of a selection of records evidenced the inventory records are reconciled on at least a quarterly basis.</p>	
<p><b>Area for improvement 6</b> <b>Ref:</b> Standard 14.6, 14.7 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that where a home is responsible for managing a patient's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each patient or their representative to spend the patient's personal monies to pre-agreed expenditure limits.</p>	<b>Met</b>



	<p><b>Action taken as confirmed during the inspection:</b> Review of records confirmed written authorisation is obtained from each patient or their representative to spend the patient's personal monies to pre-agreed expenditure limits.</p>	
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There were no areas for improvement identified as a result of the last medicines management inspection.

## 6.2 Inspection findings

The inspection sought to validate the areas for improvement identified at the last inspection on 16 May 2019

### 6.2.1 Staffing levels

On arrival at the home we were greeted by the manager who welcomed the inspector to the home. They 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. The manager confirmed ongoing recruitment for registered nurses.

A review of the duty rota for week commencing 13 January 2020 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

We saw that there was sufficient staff on duty to meet the needs of residents. All the care staff we spoke with expressed no concerns regarding staffing levels in the home.

### 6.2.2 Management of falls, wounds and care delivery

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.

We examined the management of patients who had falls. Review of one patient's records evidenced that although clinical and neurological observations were taken post fall there was no evidence that the observations taken were considered when evaluating daily care. In addition, it was unclear if the patient's next of kin and general practitioner had been notified regarding the fall. Management of falls was identified as an area for improvement during the inspection on 16 May 2019. This is stated for a second time.

Wound care, which was being provided to one identified patient, was also considered. A body map was in place and there was evidence of assessment and treatment of the wound. Review of documentation evidenced gaps in recording of up to and including seven days. In addition, the evaluation of care was not in keeping with best practice guidance and contained meaningless statements. Further deficits in evaluation and record keeping were identified on review of additional care records.

This was discussed with the manager who confirmed this had been identified and addressed with staff during a recent staff meeting. An area for improvement was made.

### 6.2.3 The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and fresh smelling throughout. We noted the painting that had taken place since the previous care inspection. Discussion with staff confirmed ongoing painting throughout the home. We observed the library in the home to have poor lighting. This was discussed with the manager for action as required.

Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. Compliance with infection prevention and control had been generally well maintained. Review of records confirmed a robust system was in place to record cleaning of patient equipment and the environment. We observed a small number of environmental deficits including inappropriate storage in an identified bathroom. These were discussed with the manager for action as required. These will be reviewed at a future care inspection.

As we walked around the home we observed one food and fluid thickening agent to be unsupervised in a dining area. We asked the manager to ensure these are stored securely throughout the home.

During the previous care inspection on 16 May 2019 we noted that patients were served drinks in plastic tumblers and cups. We received assurances at the time that the dining experience would be reviewed. We were disappointed that patients were not spoken with during review of the dining experience although staff were. Some heavily stained plastic tumblers had been replaced although no glassware had been purchased for patients to drink from. We asked the manager to ensure a comprehensive review of the patient dining experience is undertaken to ensure patients are consulted with and are offered a choice with regards to how they are provided drinks. This will be reviewed at a future care inspection.

### 6.2.4 Consultation

During the inspection we consulted with eight patients, four patient's relatives/visitors and five staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. Patients said:

"I couldn't say a bad word, they are very good to me in here."

"I like it here. No complaints."

"I am getting on well."

"The care in here is excellent. It is the best care home in the country."

"I can't complain."

"The staff are lovey."

"The lunch was good."

"I am very content here."

The relatives and visitors consulted spoke positively in relation to the care provision in the home. They said:

"This is a very good home."

“Things are good. I have had to complain about a few small things but I am happy with how it was dealt with.”

“Nothing is too much bother for the staff. You only have to ask.”

Comments from five staff consulted during the inspection included:

“I love to work in Oakridge. There is good teamwork and management are very approachable. Sometimes the handover is not very robust. It depends on the staff.”

We reviewed the compliments file within the home. Some of the comments recorded included:

“The family would like to thank you for all the care and attention you provided to our relative.”

“Thank you so much for the wonderful care you gave to our relative. You always treated them with dignity and made their time with you as happy and comfortable as possible.”

### **6.2.5 Activities provision**

The staff we spoke with had a good knowledge and understanding of the need for social and leisure opportunities to support patients’ health and wellbeing. We commended the home on the new quality initiative they have received lottery funding for called “Food for Life” which will develop intergenerational links between patients in the home and the local community.

The manager confirmed that a new activity co-ordinator had been appointed in December 2020. Review of care records confirmed that the home had recently commenced implementing individualised activity planners for patients. Activity planners were on display and patients commented positively on the knitting club that has started recently.

While we acknowledge the positive improvements regarding activity provision in the home, there was limited documented evidence that patients were being supported to engage in meaningful activities on a consistent basis. Review of the daily progress notes for identified patients did not evidence evaluation of activity or meaningful engagement. In addition, no care plan for hobbies and interests had been completed for a patient who was recently admitted to the home. Activity was identified as an area for improvement during the inspection on 16 May 2019. This is stated for a second time.

### **6.2.6 Governance arrangements**

Questionnaires were left for patients and their relatives to give them an opportunity to provide feedback to RQIA following the inspection. A poster was also provided detailing how staff could complete an online survey to provide feedback. No responses were received by RQIA.

There was evidence of management oversight of the day to day working in the home. A number of audits were completed to assure the quality of care and services; areas audited included the environment, hand hygiene, care records and accidents and incidents. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were addressed as required.

Records confirmed the manager has a robust system in place to ensure all staff participate in a fire evacuation drill at least once a year.

Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with the relevant regulations and standards. We commended the home on the quality of the monthly monitoring reports.

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**

Areas of good practice were identified in relation to the culture and ethos of the home, maintaining patient's dignity and privacy, fire safety and governance arrangements.

### **Areas identified for improvement:**

One new area for improvement was identified in relation to record keeping and evaluation of care.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 Kelly Kilpatrick, registered manager, and Linda Graham, regional manager, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that nursing staff carry out clinical and 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. Care plans should accurately reflect what actions are required to be taken post fall for patients on anticoagulant therapy.</p> <p>Ref: 6.1 and 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered manager will carry out further supervision and training for nursing staff on Post Fall Management, including specifically, the meaningful evaluation of post falls observations/actions taken and the accurate recording of persons notified.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> Second time  <b>To be completed by:</b> 10 February 2020	<p>The registered person shall ensure the programme of activities is displayed in a suitable format in each unit of the home. Arrangements for the provision of activities should be in place in the absence of the patient activity leader. Activities must be integral part of the care process with care plans reviewed by registered nurses as required.</p> <p>Ref: 6.1 and 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            The Registered Manager has carried out a review of activity and recording processes. Staff meetings have been held to reiterate individual staff roles in relation to activities and the accurate, meaningful evaluation of resident's daily activity and engagement in their records. The Registered Manager will continue to monitor this area of improvement and will address any deficits seen with staff concerned.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time  <b>To be completed by:</b> 10 February 2020	<p>The registered person shall ensure contemporaneous records are maintained in keeping with NMC guidance. All evaluations of care should be meaningful and patient centred.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            The Registered Manager has carried out further supervision and training for nursing staff on person centred record keeping to</p>

	ensure meaningful and worthwhile resident records in line with NMC. This area will be monitored by the registered manager and deficits further addressed with staff concerned.
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***\*Please ensure this document is completed in full and returned via Web Portal\****





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