



Unannounced Care Inspection Report 28 September 2020



Oakridge Care Home

Type of Service: Nursing Home

Address: 14 Magheraknock Road, Ballynahinch BT24 8TJ

Tel No: 028 9756 5322

Inspector: Gerry Colgan

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.

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

<p>Organisation/Registered Provider: Spa Nursing Homes Ltd</p> <p>Responsible Individual: Christopher Philip Arnold</p>	<p>Registered Manager and date registered: Kelly Kilpatrick – 24 June 2016</p>
<p>Person in charge at the time of inspection: Kelly Kilpatrick</p>	<p>Number of registered places: 58</p> <p>A maximum of forty (40) patients in the Dementia Unit. A maximum of eighteen (18) patients in the General Nursing Unit.</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 50</p>

4.0 Inspection summary

An unannounced inspection took place on 28 September 2020 from 08.00 to 15.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

The inspection assessed progress with all areas for improvement identified in the home 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.

During this inspection we identified evidence of good practice in relation to the management of infection prevention and control, notifiable events, adult safeguarding, falls management, team work, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

Areas for improvement were identified in relation to the environment

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) and personal protective equipment (PPE)
- care delivery
- care records
- dining experience
- governance and management arrangements
- the environment

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Kelly Kilpatrick, 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.

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 and medicines management inspections
- the registration status of the home
- written and verbal communication received since the previous care and medicines management inspections
- the returned QIP from the previous care inspection
- the previous care inspection reports

The following records were examined during the inspection:

- staff duty rota from 21 September to 11 October 2020
- four care records
- four patients' repositioning charts
- notifications of accidents and incidents
- a sample of monthly monitoring reports
- audits of accidents and incidents
- the minutes of staff meetings
- the certificate of registration

During the inspection the inspector met with eight patients and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients’ representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or carried forward to the next care inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection dated 14 January 2020

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 13 (1) (a) (b) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: A review of care records and discussion with the registered manager confirmed that nursing staff now carry out clinical and neurological observations, as appropriate, for all patients following a fall and all observations/actions taken post fall are appropriately recorded in the patient’s care record. Care plans accurately reflect what actions are required to be taken post fall for patients on anticoagulant therapy.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 11 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with staff confirmed that the programme of activities is displayed in a suitable format in each unit of the home. Arrangements for the provision of activities are in place in the absence of the patient activity leader. Activities are an integral part of the care process with care plans reviewed by registered nurses as required.	
Area for improvement 2 Ref: Standard 4.9 Stated: First time	The registered person shall ensure contemporaneous records are maintained in keeping with NMC guidance. All evaluations of care should be meaningful and patient centred.	Met
	Action taken as confirmed during the inspection: A review of four care records confirmed that contemporaneous records are maintained in keeping with NMC guidance and all evaluations of care are meaningful and patient centred.	

6.2 Inspection findings

6.2.1 Staffing

Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 21 September to 11 October 2020 were reviewed. The rota reflected the nurse in charge arrangements and staff on duty during the inspection. A competency assessment was completed by the manager with any nurse who is given the responsibility of being in charge of the home in their absence. Staff confirmed that staffing levels were maintained to ensure the needs of patients could be met. There were no concerns raised by staff regarding staffing levels in the home. Staff stated that normal staffing levels were maintained throughout the peak of the Covid-19 outbreak.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns.

Observation of staff practice showed they were kind and courteous to patients and responded to call bells or requests for assistance in a timely manner. Staff spoken with confirmed there was a good sense of teamwork in the home and demonstrated an awareness of the individual needs of patients. Staff spoken with felt supported by their manager.

Comments received from staff include:

- “Everyone works together as a team. I am happy working here.”
- “Our managers couldn’t be any more supportive during this terrible time.”
- “It is a good home to work in. I like the fact that there is a good cleaning regime and plenty of PPE.”

6.2.2 Infection prevention and control (IPC) and personal protective equipment (PPE)

We were advised that during the current pandemic all patients and staff had their temperature taken daily. PPE supplies and hand sanitization was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Staff were observed using PPE appropriately in accordance with the current guidance. We were advised that management completed regular observations of staff donning and doffing PPE and staff handwashing practices. Signage outlining the seven steps to handwashing was displayed throughout the home.

Discussion with staff evidenced they were aware of how to reduce or minimise the risk of infection in the home. Staff confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home.

Dementia friendly décor and furnishings were in place to help patients navigate their surroundings as appropriate. Patients spoken with confirmed they were happy with the home environment.

6.2.3 Care delivery

We observed staff practice in the home and interactions with patients were warm and kind. Staff showed good knowledge and understanding of patients’ individual needs. Patients were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Some patients were observed relaxing in their bedrooms while others were in communal sitting rooms. Patients appeared comfortable, staff were available throughout the day to meet their needs and call bells were observed to be in easy reach for patients who were in their bedrooms.

Comments received from patients included:

- “You wouldn’t get any better but sure there’s no place like home.”
- “It’s a good place. I am very happy in here.”
- “I am very happy here. I look forward to meal times. The food is great.”

6.2.4 Care records

Four care records were reviewed; these had been completed upon patients' admission to the home. Records included an up to date assessment of needs, care plans, risk assessments as necessary and daily evaluation records. We viewed the care records for identified patients in relation to recurring infection, risk of falling, catheter care and leg ulcers. The care records included all relevant information and evidenced regular review and evaluation.

6.2.5 Dining experience

We observed the serving of lunch during the inspection. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for patients due to risks during the Covid-19 pandemic. A number of patients made their way to the dining rooms for lunch; others were supported with lunch in their bedrooms or the lounge areas. We observed patients were provided with appropriate clothing protectors. Reviews of the menu choice evidenced patients were given a choice at each mealtime; this included patients who required a modified diet. Feedback from patients indicated that they were happy with the food provided in the home. Drinks were made easily available and staff provided assistance as necessary. Meals provided looked appetising and were of a good portion size. We were advised the dining arrangements were subject to ongoing review. Staff were observed providing drinks and snacks to patients at intervals throughout the day.

6.2.6 Governance and management arrangements

The manager outlined the line management arrangements for the home and confirmed she felt well supported in the recent months of the Covid-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately. The audits of accidents and incidents within the home were reviewed; these were completed monthly and were used to identify any potential patterns or trends. We reviewed a sample of monthly monitoring reports from March 2020 to September 2020. The monthly monitoring reports evidenced oversight had been maintained with regards to the running of the home. Actions plans were included within the reports. The infection prevention and control audits were all completed and cleaning schedules were in place.

We reviewed the minutes of staff meetings, we were advised the manager was available for staff if they had any issues or concerns and there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

6.2.7 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, clean and tidy. There were no malodours detected. Communal areas including lounges, dining areas and bathrooms were viewed; these were found to be well maintained. Bedrooms were personalised with items that were meaningful to individual patients.

Dementia friendly décor and furnishings were in place to help patients navigate their surroundings as appropriate. Patients spoken with confirmed they were happy with the home environment. 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. However, we observed a number of environmental deficits including a brown track across the floors in six bedrooms in the Tyrella unit. This may be caused by underfloor heating pipes and should be investigated and made good. An area for improvement is given. Three identified bedroom carpets should be replaced in Murlough unit. There is a space between the worktop and the wall in the Murlough dining room that cannot be adequately cleaned and in Tollymore the shower tiles are raised in an identified ensuite and in the toilet/shower room. An area for improvement is given under the standards.

The home's certificate of registration was displayed appropriately in a central part of the home.

Areas of good practice

During this inspection we identified evidence of good practice in relation to infection prevention and control, the management of notifiable events, adult safeguarding, falls management, team work, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

Areas for improvement

Areas for improvement were identified in relation to the environment

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

On the day of the inspection we observed that PPE was appropriately worn by staff. Patients appeared comfortable, and staff treated them with kindness and compassion. The staff were timely in responding to their individual needs.

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, 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.

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	
Area for improvement 1 Ref: Standard 44 Stated: First To be completed by: 30 November 2020	<p>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</p> <p>Ref: 6.2.7</p> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed the damaged flooring and has discussed this with estates. The floors have been measured for replacement and we are just awaiting dates from the contractor for replacement. Floors will be replaced 2 per month.</p>
Area for improvement 2 Ref: Standard 44 Stated: First time To be completed by: 30 November 2020	<p>The registered person shall</p> <ul style="list-style-type: none"> • Replace the three identified bedroom carpets in Murlough unit. • Seal the space between the worktop and the wall in the Murlough dining room. • 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. <p>Ref: 6.2.7</p> <p>Response by registered person detailing the actions taken: The Registered Manager can confirm that Bedroom 42 carpet has been replaced and the two other bedrooms identified have been measured for replacement. These will be done on a rolling programme of two floors per month.</p> <p>The Registered Manager can confirm that the space between the worktop and the wall in Murlough dining room has been sealed.</p> <p>The Registered Manager has reviewed the shower floor tiles in the identified ensuite and the toilet/ shower room in the Tollymore unit and a risk assessment has been undertaken. The Registered Manager can confirm that there is always staff accompanying residents for showering so risks are low . The Registered Manager can confirm that there has been no trips or falls due to these tiles. The Registered Manager is awaiting the estates team advice on this.</p>

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



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