



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

ANNOUNCED ESTATES INSPECTION

Establishment and Inspection No:	INO21228 INO21227 INO1640
Establishment ID No:	1276 1312 1640
Name of Establishment:	Oakridge Clinic
Date of Inspection:	4 February 2015
Inspector's Name:	Mr Gavin Doherty

1.0 GENERAL INFORMATION

Name of Home:	Oakridge Clinic
Address:	14 Magheraknock Road Ballynahinch BT24 8TJ
Telephone Number:	9756 5322
Registered Organisation/Provider:	Four Seasons Health Care
Registered Manager:	Mrs Rachel McCaffrey
Person in Charge of the Home at the time of Inspection:	Mrs Rachel McCaffrey
Other person(s) consulted during inspection:	Mr Stevie McCormick
Type of establishment:	Nursing Home
Number of Registered Places:	1276 – 40 NH-DE 1312 – 18 NH-I, NH-PH, NH-PH(E), NH-TI 1640 - 10 RC-DE
Date and time of inspection:	4 February 2015 from 10:30am – 1:30pm
Date of previous inspection:	11 February 2012
Name of Inspector:	Mr Gavin Doherty

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- Nursing Homes Minimum Standards (DHSSPS, 2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge
- Examination of records
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback.

Any other information received by RQIA about this registered provider has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mr Stevie McCormick, Estates Manager responsible for the premises.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

7.0 PROFILE OF SERVICE

Oakridge Clinic is a 68 bedded purpose built Nursing Home situated in pleasant grounds within a housing development off the Magheraknock Road in Ballynahinch. There are three registered units contained within the building. The general nursing unit is located on the ground floor and is registered to provide nursing care for a maximum of 18 patients. The nursing EMI unit is located on the first floor and is registered to provide nursing care for a maximum of 40 patients. The residential unit is located on the ground floor and is registered to provide residential care to a maximum of 10 residents. There are a number of lounge areas throughout the unit. There is a large dining area adjacent to the kitchen, with a television sitting area located at one end of the room. There is a spacious reception area with comfortable seating which patients and their visitors have access to.

8.0 SUMMARY

Following the Estates Inspection of Oakridge Clinic on 4 February 2015, improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in six requirements. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance and hospitality of Mr Stevie McCormick, and the Home's staff throughout the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is good to note that the issues raised in the report of the previous estates inspection on 11 May 2012 have been fully addressed.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
1	Regulation 27(2)(b)(d)	Suitably clean the external patio area, to ensure it provides a slip resistant surface for patients and staff.	Patio was clean and level at the time of this inspection.	Requirement fulfilled.
3	Regulation 14(2)(a)(c)	Ensure that the homes' maintenance person is fully implementing the control measures flowing from the legionella risk assessment. A new system for the recording of these control measures was being implemented at the time of the inspection.	Risk assessment has been implemented and suitable control measures are currently maintained.	Requirement fulfilled.
No	Standard	Recommendation	Action taken - as confirmed during this inspection	Inspector's Comments
2	Standard 32.1	Closely monitor the bedroom carpets throughout the unit. If patient's incontinence is leading to a malodour (Bedroom 35), consideration should be given to the provision of a suitably slip resistant impervious sheet floor finish.	Flooring closely monitored and replaced with a suitable vinyl floor covering if required.	Requirement fulfilled.

9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 There was good evidence of maintenance activities within the home, and the home appeared clean and well kept. Maintenance procedures for the building and engineering services are in place and appear to comply with this standard. At the time of the inspection many areas of the home had been recently redecorated and this ongoing commitment to the quality of the premises is to be commended. However, several issues were identified for attention by the registered manager. These are detailed below and in the section of the attached Quality Improvement Plan titled '**Standard 32 – Premises and grounds**'.

9.2.2 The light cover was missing from the fitting in the Linen Store adjacent to bedroom 4 in the General Nursing Unit (Tollymore). This cover should be replaced.
(Item 1 in the attached Quality Improvement Plan)

9.2.3 The floor covering and coved skirtings in the following areas of the General Nursing Unit (Tollymore) was in poor condition and should be replaced with suitable slip resistant floor finishes.

- Bedroom En-suites 4, 10, & 10s
- Cleaners Store
- Shower Room

(Item 2 in the attached Quality Improvement Plan)

9.2.4 Mr McCormick stated that the bathroom in the Nursing Dementia Unit (Murlough) is to be upgraded. This is to be commended.
(Item 3 in the attached Quality Improvement Plan)

9.2.5 The worktop and shelf edges in the premises laundry should be suitably sealed in accordance with current infection control best practice.
(Item 3 in the attached Quality Improvement Plan)

9.2.6 The cupboard doors in the staff room were in very poor condition and should be replaced. This room should also be redecorated.
(Item 3 in the attached Quality Improvement Plan)

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 By in large, safe and healthy working practices appear evident in the home in accordance with this standard. The patient hoists and the passenger lift used within the home receive suitable regular 'Thorough Examination' and the premises fixed electrical installation was inspected on 6 September 2010 and is in a 'satisfactory' condition. Portable appliance testing was undertaken on 20 May 2014 and no failures were identified. All gas appliances have been inspected within the last 12 months and confirmed to be in a 'satisfactory' condition. The top score of '5' was awarded by the local council during their most recent inspection by their Environmental Health department in January 2014. However, two issues have been identified for attention by

the registered manager. These are detailed below and in the section of the attached Quality Improvement Plan titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 A new risk assessment is currently being undertaken in relation to the control of legionella bacteria in the home's hot and cold water systems. Whilst it was good to note that many control measures are currently in place, it is essential that all the requirements or recommendations contained within this reviewed document are fully implemented within the stipulated timescales and maintained accordingly.
(Item 4 in the attached Quality Improvement Plan)

9.3.3 The current certificate in relation to the servicing of the thermostatic mixing valves for the home was not available at the time of the inspection. A valid certificate outlining the works undertaken should be forwarded to RQIA for comment and approval.
(Item 5 in the attached Quality Improvement Plan)

9.4 Standard 36: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

9.4.1 Fire safety procedures in the home are, in the main, generally in line with this standard. A fire risk assessment was undertaken on 12 September 2014 and the fire alarm and detection system, emergency lighting installation and fire-fighting equipment are suitably inspected and tested. Records inspected during the inspection demonstrated good attention to fire safety matters. However, one issue has been identified for attention by the registered manager. This is detailed below and in the section of the attached Quality Improvement Plan titled '**Standard 36 – Fire safety**'.

9.4.2 Ensure that the significant findings contained in the recently completed fire risk assessment are fully implemented within the stipulated timescales and maintained accordingly.
(Item 6 in the attached Quality Improvement Plan)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mr Stevie McCormick as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

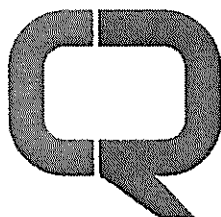
Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Announced Estates Inspection

Oakridge Clinic : EMI Unit (1276)

4 February 2015

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.		✓		<i>[Signature]</i>	24/9/2015
C.	Clarification or follow up required on some items.					

NOTES:

The details of the quality improvement plan were discussed with Mr Stevie McCormick as part of the inspection process.

The timescales commence from the date of inspection.

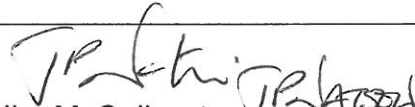
Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Rachel McCaffrey
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall DIRECTOR MANAGING 2/4/15

Announced Estates Inspection to Oakridge Clinic on 04 February 2015

Assurance, Challenge and Improvement in Health and Social Care

Standard 32 – Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 – Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27 (2)(b),(d)	Replace the missing light cover from the fitting in the Linen Store adjacent to bedroom 4 in the General Nursing Unit (Tollymore). (9.2.2 in the Report)	Four weeks	This light cover has now been replaced
2	Regulation 27 (2)(b),(d)	Replace the floor covering and coved skirtings in the following areas of the General Nursing Unit (Tollymore) with suitable slip resistant floor finishes: <ul style="list-style-type: none">• Bedroom En-suites 4, 10, & 10s• Cleaners Store• Shower Room (9.2.3 in the Report)	Program to be forwarded to RQIA for approval	Quotes have been obtained and these will be included in the Q2 refurbishment plan
3	Regulation 27 (2)(b),(d)	The following works should be carried out in a timely manner: <ul style="list-style-type: none">• the planned bathroom upgrade in the Nursing Dementia Unit (Murlough)• sealing of worktop and shelf edges in the laundry• replacing the cupboard doors and redecorating the staff rest room (9.2.4 to 9.2.6 in the Report)	Program to be forwarded to RQIA for approval	MST team to complete staff room and laundry room repairs. Work schedule to commence week commencing 14 April 2015. Awaiting costs for bathroom upgrade

Announced Estates Inspection to Oakridge Clinic on 04 February 2015

Assurance, Challenge and Improvement in Health and Social Care

Standard 35 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 35 - Safe and healthy working practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulation 14 (2)(a),(c)	Ensure that the requirements and recommendations contained in the recently completed risk assessment in relation to the 'control of legionella bacteria in the home's hot and cold water systems' are fully implemented within the stipulated timescales and maintained accordingly. (9.3.2 in the Report)	Timescales stipulated in the risk assessment	All remedial works from 2012 risk assessments have been completed. Ongoing work programme is in place to address works required from 2014
5	Regulation 14 (2)(a),(c)	Forward the current certificate in relation to the servicing of the thermostatic mixing valves for the home to RQIA for comment and approval. (9.3.3 in the Report)	8 Weeks	Current certificate in relation to the servicing of mixing valves has been sent to RQIA

Standard 36 – Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 36 – Fire safety

Item	Regulation Reference	Requirement	Timescale	Details Of Action Taken By Registered Person (S)
6	Regulation 27 (4)(a)	Ensure that the significant findings contained in the recently completed fire risk assessment are fully implemented within the stipulated timescales and maintained accordingly. (9.4.2 in the Report)	Timescales stipulated in the fire risk assessment	All necessary remedial works required following the completion of the fire risk assessment have been completed

Announced Estates Inspection to Oakridge Clinic on 04 February 2015

Assurance, Challenge and Improvement in Health and Social Care