



# Unannounced Care Inspection Report 3 February 2021



## Oakridge Residential Unit

**Type of Service: Residential Care Home**  
**Address: 14 Magheraknock Road, Ballynahinch BT24 8TJ**  
**Tel No: 028 9756 5322**  
**Inspector: Sharon McKnight**

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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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to 10 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Spa Nursing Homes Ltd  <b>Responsible Individual:</b> Christopher Philip Arnold	<b>Registered Manager and date registered:</b> Kelly Kilpatrick  23 January 2020
<b>Person in charge at the time of inspection:</b> Kelly Kilpatrick	<b>Number of registered places:</b> 10
<b>Categories of care:</b> Residential Care (RC) RC-DE	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 8

### 4.0 Inspection summary

This unannounced care inspection took place on 3 February 2021 from 11:30 to 15:45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to assess progress with issues raised in the previous quality improvement plan and to establish if the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures
- environment
- leadership and governance.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Linda Graham, regional manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with five residents and two staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell us' cards to be placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for week commencing 1 February 2021
- staff registration with the Northern Ireland Social Care Council (NISCC)
- a selection of audits
- monthly monitoring reports
- complaints and compliments records
- incident and accident records
- two residents' care 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

The most recent inspection of the home was an unannounced care inspection undertaken on 27 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 13.7 Stated: First time	The registered person shall ensure staff are compliant with being bare below the elbow and hand hygiene.	Met
	<b>Action taken as confirmed during the inspection:</b> Observation on the day of inspection confirmed that staff were compliant with bare below the elbow and hand hygiene.	
<b>Area for improvement 2</b> Ref: Regulation 30 Stated: First time	The registered person shall ensure that all accidents and incidents in the home are notified to RQIA in accordance with regulations.	Met
	<b>Action taken as confirmed during the inspection:</b> A review of the accidents and incidents recorded in the home confirmed that RQIA were appropriately notified.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> Ref: Standard 6.6 Stated: First time	The registered person shall ensure risk assessments for use of oxygen and care plans for specific care needs are included in care records were required and kept up to date.	Met
	<b>Action taken as confirmed during the inspection:</b> There were no residents in receipt of oxygen at the time of the inspection. The manager was knowledgeable of the need for risk assessments and care plans.	

## 6.2 Inspection findings

### 6.2.1. Staffing

We saw that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support. There was an activities co-ordinator on duty to ensure that planned activities took place.

We spoke with the senior care assistant and care assistant on duty; both staff displayed commitment and empathy towards the residents; they had a good knowledge and understanding of residents' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, residents and relatives. Staff told us that they felt well supported in their roles and were satisfied with the staffing levels.

We discussed the registration of staff with NMC and NISCC. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were appropriately registered or, for recently appointed care staff, in the process of registering.

### 6.2.2. Care delivery

New flooring was being laid throughout the corridors of the home when we arrived. Arrangements were in place for the residents to spend their day in the reception area and large dining room of the nursing home which was accommodated in the same building. When we arrived two residents were socialising in the foyer of the home, the others were relaxing in the dining room. Residents were nicely dressed with good attention to detail with their personal appearance.

One resident told us:

"Everyone is very kind to me – they're (staff) are all great."

We joined the residents in the dining room for lunch; there was a choice of two dishes and we saw that both dishes and meals were appetising and nicely presented. Residents were assisted with their lunch in a timely manner and we observed relaxed interactions between residents and staff throughout the mealtime.

We discussed the arrangements for visiting with the manager who explained that arrangements to reintroduce inside visiting were progressing and should be back in place within 2 weeks. In the interim relatives were visiting at the windows. Separate arrangements were in place to ensure that residents receiving end of life care could be visited by loved ones. Arrangements were in place to facilitate any requests for care partner arrangements; at the time of the inspection none had been requested.

Staff recognised the importance of maintaining good communication with families during the current pandemic. The care staff assisted residents to make phone calls with their families in order to reassure relatives.

We spoke with the activity leader and discussed the provision of activities and the challenges of delivering a programme in the current pandemic. Throughout the morning residents took part in an arts activity and enjoyed a quiz in the afternoon.

### **6.2.3 Care records**

We reviewed the care records for two residents which evidenced that detailed, comprehensive care plans were in place to direct the care required. The records were written in a professional manner and used language which was respectful of residents. There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Review of the progress notes confirmed that staff maintained a record of daily care provided in the home along with the outcomes of such treatment.

At the conclusion of the inspection we discussed the appropriateness of a number of assessments which are traditionally completed for patients receiving nursing care. It was suggested that the range of assessments completed should be reviewed to determine if they were required in a residential setting.

### **6.2.4 Infection prevention and control (IPC) measures including the use of personal protective equipment (PPE)**

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had also been placed at the entrance to the home which provided advice and information about COVID-19. Staff and resident temperatures were being checked and recorded a minimum of twice daily. Staff and residents were tested regularly as part of the national testing programme for care homes.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with were knowledgeable of the correct use of PPE, wore face masks, aprons and gloves appropriately and were observed applying and removing PPE. Good compliance was observed with their use of hand sanitising gel and hand washing.

### **6.2.5 Environment**

As previously discussed new flooring was being laid throughout the corridors of the home therefore, on this occasion, we were unable to undertake a review of the home's environment.

### **6.2.6 Leadership and governance**

There have been no changes to the management arrangements since the previous inspection. A review of the duty rota evidenced that the manager's hours were clearly recorded.

We looked at the records of accidents and incidents which occurred in the home; we found that all had been managed and reported appropriately.

We discussed the systems in place to monitor and report on the quality of nursing and other services provided. A number of audits were completed on a monthly basis to ensure the safe and effective delivery of care; audits included environmental (IPC) and hand hygiene audits.

The monthly visits required to be undertaken to review the quality of the services provided have been completed throughout the outbreak. Reports of these visits included an action plan of any improvements required; the action plan was reviewed at the subsequent visit and progress made commented on in the report.

### **Areas of good practice**

Areas of good practice were identified with regard to staff commitment to resident care, care delivery, IPC practice and the provision of activities.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

## **6.3 Conclusion**

Despite the disruption to the residents daily routine due to the laying of carpets there was a pleasant atmosphere between residents and staff. The day had been well planned to ensure that any impact to residents was kept to a minimum.

Staff were timely in responding to residents individual needs. Recommended IPC measures were followed and staff used PPE according to the regional guidance.

Observations of care delivery, discussion with staff and a review of records provided assurances that the care in Oakridge was safe, effective, compassionate and well led.

## **7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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