

# Unannounced Care Inspection Report 22 September 2016



## Oakridge (Residential)

Type of service: Residential care home  
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Inspector: Laura O'Hanlon

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Oakridge (residential) took place on 22 September 2016 from 10.30 to 16.15.

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

### **Is care safe?**

There were examples of good practice found throughout the inspection in relation to staff induction, training, appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Five areas for improvement were identified. Two requirements made in regard to competency and capability assessments and fire drills. Three recommendations were made in relation to the need to review the statement of purpose, the fire safety risk assessment and staffing levels.

### **Is care effective?**

There were examples good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

Two areas for improvement were identified. A requirement was made to review all care plans to ensure they are reflective of the residents' identified needs. A recommendation was made to ensure that contact is made with the Trust to undertake outstanding care management reviews.

### **Is care compassionate?**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

### **Is the service well led?**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Kelly Kilpatrick, registered manager for Oakridge nursing home and Heather Murray, 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Spa Nursing Home Mr Christopher Arnold	<b>Registered manager:</b> Linda Kelly - Acting
<b>Person in charge of the home at the time of inspection:</b> Kelly Kilpatrick	<b>Date manager registered:</b> Acting manager
<b>Categories of care:</b> DE – Dementia	<b>Number of registered places:</b> 10

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and the accident/incident notifications.

During the inspection the inspector met with eight residents, two relatives, one member of the domestic staff, one care assistant, one senior care assistant, the registered manager of the Oakridge nursing home and the regional manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records

- One staff recruitment file
- Three resident's care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures on adult safeguarding

A total of 13 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

#### **4.0 The inspection**

##### **4.1 Review of requirements and recommendations from the most recent inspection dated 3 March 2016**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the Pharmacy inspector. This QIP will be validated by the Pharmacy inspector at the next medicines management inspection.

##### **4.2 Review of requirements and recommendations from the last care inspection dated 22 September 2015**

There were no requirements or recommendations made as a result of the last care inspection.

##### **4.3 Is care safe?**

The registered manager of Oakridge nursing home confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

The duty rota reflects one staff member on duty overnight in the residential home. Following an inspection of the daily evaluation notes there were entries recorded where one resident required assistance of two staff for transfers. In addition to this, there was another resident who can be restless at night and tends to settle in the early hours of the morning. This was also documented in the daily evaluation notes. Whilst none of the staff spoken with, raised any concerns, this could impact on the level of supervision and assistance available to the other residents. A recommendation was made to review the staffing levels in the residential home.

Review of one completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

The manager confirmed that in the absence of the manager, the nurse from the nursing unit would have overall responsibility for the management of the residential home. Separate competency and capability assessments were not undertaken for the staff in the residential home. A requirement was made to ensure that competency and capability assessments are completed for any person given the responsibility of managing the residential home in the absence of the manager.

Discussion with the manager and review of one staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the manager for all staff prior to the commencement of employment.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The manager confirmed that there were plans in place to identify a safeguarding champion within the organisation.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff in July and August 2016.

The manager reported there had been no recent safeguarding issues in the home. A review of accident and incidents notifications, review of care records and complaints confirmed this. The manager described how any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met.

Review of three care records identified that individual care needs assessments and risk assessments were obtained prior to admission in two of the care records. Care needs assessment and risk assessments (e.g. manual handling, falls) were reviewed and updated on a regular basis or as changes occurred. Areas for improvement were identified in relation to some aspects of the completion of care records. This is detailed in section 4.4.

The manager confirmed there were restrictive practices employed within the home, notably locked doors and keypad entry systems. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the Statement of Purpose identified that such restrictions were not described. A recommendation was made to address this.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The notice board contained photographs of all the residents in the form of a family tree which added to the homely environment. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 24 May 2016. The manager confirmed that whilst the recommendations were not signed off, all of actions were appropriately addressed. A recommendation was made to ensure that any actions arising from the fire safety risk assessment are signed and dated when they have been completed.

Review of staff training records confirmed that staff completed fire safety training in April 2016. Fire drills were completed on 11 November 2015, 20 April 2016 and 28 June 2016. Records were retained of staff who participated. It was noted on each of the entries of these fire drills that staff were "disorganised and not presenting with the correct action." The recorded outcome of each of these fire drills was "unacceptable." This was discussed during feedback as an area of concern and a requirement was made to undertake fire drills on a monthly basis to ensure that all staff are proficient during fire drills.

Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### **Areas for improvement**

Four areas for improvement were identified. Two requirements made in regard to competency and capability assessments and fire drills.

Three recommendations were made in relation to the need to review the statement of purpose, the fire safety risk assessment and staffing levels.

<b>Number of requirements</b>	2	<b>Number of recommendations</b>	3
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#### 4.4 Is care effective?

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

The three care records reviewed included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. The care records also reflected the multi-professional input into the residents' health and social care needs.

A review of one care record identified shortfalls in the pre admission process. Whilst it is recognised that this resident was admitted on an emergency basis, insufficient multi-disciplinary assessments were obtained prior to admission to inform the assessment process. Consequently the care plan did not accurately reflect the needs identified in the daily evaluation notes.

In addition the other two care plans reviewed did not reflect information contained in the needs assessment or the daily evaluation notes. A requirement was made to review all care plans to ensure they are reflective of the residents' identified needs.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care plans were personalised and recorded specific preferences for example food likes/dislikes, preferred time of waking or going to bed.

The manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, residents' meetings, staff meetings and staff shift handovers. The manager and staff confirmed that management operated an open door policy in regard to communication within the home.

The three care records reviewed contained no evidence of any multi professional team reviews. A recommendation was made to ensure that contact is made with the Trust to undertake the outstanding care management reviews.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. A separate record was maintained of all contacts with multi-disciplinary professionals.

#### Areas for improvement

Two areas for improvement were identified. A requirement was made to review all care plans to ensure they are reflective of the residents' identified needs.

A recommendation was made to ensure that contact is made with the Trust to undertake the outstanding care management reviews.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	1
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#### 4.5 Is care compassionate?

The manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. This information was recorded in the needs assessment. In addition to this, a member of the clergy was visiting the home to bring communion to the residents. Discussion with residents and review of care records confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with residents, their representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection residents were participating in board games. Arrangements were in place for residents to maintain links with their friends, families and wider community. The two relatives spoken with reported that they are made welcome at the home and can visit at any time. They both commented:

- "This is a great home, always clean and no smells. I will always tell people to come here to Oakridge, my mum is so happy in here and we have great peace of mind."

The manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions and the monthly monitoring visits.

Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

The inspector met with eight residents during the inspection. All of the residents spoke on a positive basis about the provision of care, the kindness and support received from staff and the provision of meals. One of the comments made included:

- "They are all very good, the food is lovely."



## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The manager outlined the management arrangements and governance systems in place within the home. Whilst an acting manager was in place for the residential home, the manager for Oakridge nursing home remains the person in day to day operational control of the home.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The manager confirmed that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. One such compliment stated:

- "Thank you for the care, compassion and friendship you gave to our mum. We really appreciate how you looked after her during her time with you and thank you also for your care for us."

A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

An organisational structure was in place and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the monthly monitoring visits.

The manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

The manager confirmed that staff could access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kelly Kilpatrick, registered manager for Oakridge nursing home and Heather Murray, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 residential care 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b> <b>Ref:</b> Regulation 20 (3) <b>Stated:</b> First time <b>To be completed by:</b> 22 October 2016	The registered provider must ensure that competency and capability assessments are undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.
	<b>Response by registered provider detailing the actions taken:</b> As confirmed during the inspection, a competency and capability assessment is completed and was evident on the day of the inspection for all persons with the overall responsibility of the home in the absence of the manager, which includes the residential unit. However further development specific to the residential unit will be undertaken in regards to this requirement.
<b>Requirement 2</b> <b>Ref:</b> Regulation 27 (4) (f) <b>Stated:</b> First time <b>To be completed by:</b> 30 September 2016	The registered provider must ensure that fire drills are undertaken on a monthly basis to ensure that all staff are proficient during fire drills.
	<b>Response by registered provider detailing the actions taken:</b> Monthly fire drills were commenced immediately following the inspection and this will continue until staff are proficient in this area. Staff have also received further training in Fire Awareness on 8th , 9th & 10th November 2016 by an independent company.
<b>Requirement 3</b> <b>Ref:</b> Regulation 16(1) <b>Stated:</b> First time <b>To be completed by:</b> 31 October 2016	The registered provider must ensure that all care plans are reviewed to confirm that they are reflective of the residents' identified needs.
	<b>Response by registered provider detailing the actions taken:</b> A meeting was held with all staff following the inspection and careplans have been reviewed to reflect the residents' identified needs, this will be monitored.
<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 25.1 <b>Stated:</b> First time <b>To be completed by:</b> 22.10.16	The registered provider should ensure that the staffing levels in the residential care home are reviewed.
	<b>Response by registered provider detailing the actions taken:</b> All residents in the residential unit have been reviewed to ensure adequate staffing levels are in place in line with their needs
<b>Recommendation 2</b> <b>Ref:</b> Standard 20.6 <b>Stated:</b> First time	The registered person should review the statement of purpose to ensure it references the restrictive practices used in the home.
	<b>Response by registered provider detailing the actions taken:</b> The Statement of Purpose was reviewed and updated on the day of the

<p><b>To be completed by:</b> 31 October 2016</p>	<p>inspection and now references the keypad system which is in place within the residential unit.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2016</p>	<p>The registered provider should ensure that contact is made with the trust to undertake the outstanding care management reviews.</p> <p><b>Response by registered provider detailing the actions taken:</b> The Trust have been contacted for all outstanding reviews and these have now been completed and this area will be monitored.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 29.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 September 2016</p>	<p>The registered provider should ensure that any actions arising from the fire safety risk assessment are signed and dated when they have been completed.</p> <p><b>Response by registered provider detailing the actions taken:</b> All actions arising from the fire risk assessment will be signed and dated when completed</p>



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