



The Regulation and  
Quality Improvement  
Authority

Inspector: Kylie Connor  
Inspection ID: IN023007

Oakridge Residential Unit  
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**Unannounced Care Inspection  
of  
Oakridge Residential Unit**

**22 September 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of inspection

An unannounced care inspection took place on 22 September 2015 from 11.15 to 14.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme we inspected were assessed as being met.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/ enforcement taken following the last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/ enforcement resulting from this inspection

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

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Rachael McCaffrey, Registered Manager received feedback following the completion of the inspection. Findings of the inspection can be found in the main body of the report.

## 2. Service details

<b>Registered Organisation/ Registered Person:</b> Four Seasons Health Care/ Dr Maureen Claire Royston	<b>Registered Manager:</b> Rachel McCaffrey
<b>Person in charge of the home at the time of inspection:</b> Rachel McCaffrey	<b>Date manager registered:</b> 06/07/2011
<b>Categories of care:</b> RC-DE	<b>Number of registered places:</b> 10
<b>Number of residents accommodated on day of inspection:</b> 9	<b>Weekly tariff at time of inspection:</b> £470 to £485

## 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

## 4. Methods/ process

Prior to inspection we analysed the following records: the incidents register; the returned Quality Improvement Plan from the previous care inspection.

During the inspection we met with eight residents together in the lounge. We also met with two care staff and the registered manager.

We inspected the following records during the inspection: two care records; fire safety records; staff training records; accident and incident records and policies and procedures associated with the areas inspected. Staff and resident questionnaires were distributed during the inspection.

Following the inspection there were no resident or staff questionnaires returned to us within the required timescale.

## 5. The inspection

### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 05 February 2015. The completed QIP was returned and approved by the estates inspector.

### 5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref: Standard 9.5</b>	The registered person should develop a system to record and manage residents' dental and vision assessment/reviews carried out outside the service provided in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff confirmed to us that all residents use the dental and vision services arranged through the home. Staff confirmed to us that should a resident choose to use these services outside the home, attendance would be managed by the home. This is met.	

#### Areas for improvement

There were no areas for improvement identified. The recommendation was met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

#### Is care safe? (Quality of life)

The registered manager confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this. The registered manager confirmed to us that a resident had never died in the home.

Following an inspection of two care records we confirmed that assessments and care plans were in place and kept under continual review. Documentation was amended as changes occurred to residents' care or welfare. The care records we inspected were kept up to date to accurately reflect the residents' needs and preferences. The needs assessments and care plans were appropriately signed.

Care records detailed the residents' or families wishes regarding any specific arrangements at the time of his or her death. The spiritual and cultural wishes of the residents were recorded.

Where there had been discussion with the general practitioner, relating to a care pathway, staff confirmed to us that this would be documented within the care records.

### **Is care effective? (Quality of management)**

The home had a draft policy and procedure relating to dying and death of a resident. The home had a copy of the current best practice guidance. The registered manager and staff confirmed to us that training in palliative care had been delivered through the completion of a workbook in June 2015.

In our discussions with staff, they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc.)

Staff confirmed to us that they were aware of the importance of encouraging nutrition and fluid intake and of ensuring good skin care to a resident at the end of life. Staff reported to us that they would liaise closely with district nursing staff and others to ensure appropriate management of care. The registered manager and staff were knowledgeable about making notification of a death to all relevant parties in a timely manner.

Staff confirmed to us that there had been no residents in need of palliative care or who had died in the home in recent years. Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

### **Is care compassionate? (Quality of care)**

Staff members we interviewed confirmed that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were able to articulate informed values that underpin compassionate care within the home. Staff confirmed to us that there had been no residents in need of palliative care or who had died in the home in recent years. Staff were knowledgeable about how to create a suitable environment and deliver care to a resident at the end of life.

Staff confirmed to us that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Staff confirmed to us that resident's belongings would be handled with care and his or her representative consulted and assisted with their removal from the home.

### **Areas for improvement**

There were no areas for improvement identified within the standard inspected. This standard was assessed as being met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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## 5.4 Theme: Residents receive individual continence management and support

### Is care safe? (Quality of life)

In our discussions with staff they were able to demonstrate their knowledge and understanding of continence care. We inspected one care record and confirmed that an assessment and care plan was in place relating to continence management. Staff were able to describe to us the system of referral for specialist continence assessment. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the environment and discussions with staff, we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels. Staff confirmed to us that gloves, aprons and hand washing dispensers were available. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

### Is care effective? (Quality of management)

The home had policies and procedures relating to continence management. These were under review. The home had copies of current best practice guidance. Staff confirmed to us that they had received appropriate information, training and guidance. The registered manager confirmed to us that if a training need was identified, this would be met. Staff were knowledgeable regarding where further guidance and advice could be sought.

Discussions with staff and inspection of care records, confirmed that no residents had reduced skin integrity associated with poor continence management. During our inspection of the home, no mal-odours were present.

### Is care compassionate? (Quality of care)

Through our observations of care practices we confirmed that residents were treated with care, dignity and respect when being assisted by staff. In our discussion with residents they confirmed that staff provides care and support in a sensitive, kind and caring manner.

In our discussions with staff, they were able to recognise the potential loss of dignity associated with incontinence. Staff described to us how care is delivered in a compassionate manner. Staff articulated those values that underpin compassionate care within the home as they related to continence management and support.

### Areas for improvement

There were no areas of improvement identified within this theme. This theme was assessed as being met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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## **5.5 Additional areas examined**

### **5.5.1 Residents' views**

We met with eight residents together in the lounge. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care. No complaints or issues of concern were raised with us. No residents' questionnaires were returned to RQIA within the required timescale.

Some comments included:

- "It's nice."
- "It's quite good."
- "I like steak."

### **5.5.2 Staff views/ returned questionnaires**

We met with two care staff individually. Staff spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. No complaints or issues of concern were raised with us. No staff questionnaires were returned to RQIA within the required timescale.

Some comments included:

- "The most important thing for residents is that they like you talking to them."
- "Activities are a big thing, to stop anxiety and boredom."
- "We (the staff) all work well together. They (the residents) love to have a cup of tea in the garden with the music on. They think it's great."

### **5.5.3 Environment**

Following an inspection of the environment, we confirmed that the home was clean, tidy and all areas were decorated to a good standard. The registered manager reported to us that improvements had been made since the previous care inspection. The office and a number of bedrooms had been painted; new pictures had been hung in the hall. New televisions had been purchased for the lounge and the dining room.

### **5.5.4 Care practices**

In our observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

### **5.5.5 Accidents/ incidents**

We inspected the accident and incident records of the previous two months and confirmed that these had been reported and managed appropriately.

### 5.5.6 Complaints/ compliments

The registered manager confirmed to us that there had been no complaints made between 1 January 2014 and 31 March 2015. We inspected compliment records made by residents' representatives, which expressed positive views of the care and support received by their relative.

### 5.5.7 Fire safety

We inspected the current fire risk assessment, undertaken on 07 September 2015. The registered manager confirmed to us that she was working to address the recommendations made.

Inspection of staff training records and discussion with staff confirmed that staff had received fire safety training twice yearly. Fire safety check records were up to date. The last fire drill had been undertaken on 05 June 2015. There were no obvious fire risks.

#### Areas for improvement

There were no areas of improvement identified within the additional areas examined.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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**No requirements or recommendations resulted from this inspection.**

#### I agree with the content of the report.

<b>Registered Manager</b>	Rachel McCaffrey	<b>Date completed</b>	20.11.15
<b>Registered Person</b>	Dr Claire Royston	<b>Date approved</b>	20.11.15
<b>RQIA Inspector assessing response</b>	Alice McTavish	<b>Date approved</b>	25/11/15

Please provide any additional comments or observations you may wish to make below:

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.