

Inspection Report

3 November 2021



Oakridge Residential Unit

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

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual: Mr Christopher Philip Arnold	Registered Manager: Ms Kelly Kilpatrick Date registered: 23 January 2020
Person in charge at the time of inspection: Ms Kelly Kilpatrick 11:20am – 12:30pm Ms Theresa Dowie 12:30pm – 5:00pm	Number of registered places: 10
Categories of care: Residential Care (RC) RC-DE	Number of residents accommodated in the residential care home on the day of this inspection: 10
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 10 people with dementia. There is also a registered Nursing Home under the same roof. The residential home is located on the ground floor with access to an enclosed courtyard.	

2.0 Inspection summary

An unannounced inspection took place on 3 November 2021, from 11:20am to 5:00pm by a care Inspector.

The inspection assessed progress with the 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.

The outcome of the inspection confirmed that the care in Oakridge Residential Unit was delivered in a safe, effective and compassionate manner. The service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

Residents were well supported by staff to meet their physical, psychological and social needs. Activities were planned on a monthly basis and were delivered in both small group settings and on a one to one basis. There was welcoming and homely atmosphere with residents chatting with one and other thought out the day.

As a result of this inspection areas for improvement were identified with the provision of staff to take charge of the home, the creation of care plans and fire safety. Compliance with these areas will further improve the services provided in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

All of the residents and three staff were spoken with. Due to the nature of dementia some residents found it difficult to share their thoughts on their life in the home. However all of the residents were well presented and it was obvious from their personal appearance that staff had supported them to wash and dress that morning. Residents were relaxed in the company of staff and when asked if they were warm and comfortable they told us they were.

It was obvious from the interactions between residents and staff that they were familiar with each other. Staff were knowledgeable of residents care needs, their likes, dislikes and their preferred routines. Residents said they enjoyed the food and we saw that the dining experience was unhurried and social.

Staff spoke compassionately about residents' needs and the importance of respecting patient autonomy. At times staff also undertook a conciliatory role in assisting residents to cope with each other's behaviours.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Oakridge Residential Unit was undertaken on 03 February 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a robust system in place to ensure staff were safely recruited prior to commencing work. All staff were provided with an induction programme to prepare them for working with the residents. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when. The range of training provided was relevant to the needs of the residents. Staff received regular supervision and an annual appraisal to further develop their skills.

Staff in the home were appropriately registered with a professional body and systems were in place to check that their registration remained live. Newly recruited staff were supported to complete their registration within the appropriate timeframe.

The staff duty rota accurately reflected the staff working in the home on a daily basis. It was noted that there was enough staff to respond to the needs of the residents in a timely way and to support flexible routines to suit residents' individual needs. Staff demonstrated a good understanding of residents' individual wishes and preferences.

Competency assessments were completed with the staff who had responsibility for administering medications and taking charge of the home. A member of staff was identified to be in charge of the home on day duty however there were a number of nights each week when the nurse in charge of the adjacent nursing home was also in charge of the residential home. A member of staff was on duty in the residential home however they had not been deemed competent to administer medications or take charge of the home. Oakridge Residential Unit is a registered service in its own right and therefore must be staffed independent of the adjacent nursing home; this was identified as an area for improvement.

Residents told us that the staff were kind and helped them with everything they needed during the day. Staff interactions were familiar, comfortable and unhurried. Residents shared their experiences of living in the home freely in the company of staff.

Staff were satisfied that the planned staffing was sufficient for them to meet the needs of the residents in a timely manner. They spoke of good team work and were respectful of each other's role within the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. We observed that residents looked well cared for; they were nicely dressed with good attention to the detail of their personal appearance. Residents were content and settled in their surroundings and in their interactions with staff.

The assessment of residents' needs was commenced at the time of their admission to the home. Generally residents had a range of care plans in place to direct the care they required to meet their assessed needs. In one file care plans had not been created following the recent admission to the home. This was identified as an area for improvement.

Staff confirmed that arrangements were in place with the local District Nursing service to ensure that support was available for any resident who required it, for example with wound care or continence issues .

If a resident had an accident or a fall a report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Residents' next of kin and the appropriate organisations were informed of all accidents.

There was evidence that residents' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Where required, records were kept of what residents had to eat and drink; there was good detail of the precise nature of the meal eaten. Residents had the choice of where to have their meals and a choice of dishes. Meals were served in the dining room or, at residents' request, in their bedroom or in the lounge area. There was a welcoming and homely atmosphere in the dining room with residents chatting with one and other while waiting for their lunch. Tables were nicely set with cutlery and a choice of condiments. There was a choice of two dishes at each meal. Residents were complimentary regarding the quality and selection of meals provided. Staff were present throughout the meal to offer encouragement, support and assistance as required. The serving of lunch was observed to be a positive dining experience for the residents.

The deputy confirmed that residents had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home. Where resident's needs changed there was good support from the relevant health and social care trust to arrange and undertake reassessments.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean and fresh smelling throughout. Residents' bedrooms were personalised with items important to them and reflected their likes and interests. An ongoing programme of redecoration was in place to ensure the standard of décor was well maintained.

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 been placed at the entrance to the home which provided advice and information about Covid-19.

There was an adequate supply of personal protective equipment (PPE) and no issues were raised by staff regarding the supply and availability. Staff spoken with were knowledgeable of the correct use of PPE, wore face masks and carried out hand hygiene.

Residents and staff participated in the regional monthly COVID 19 testing and staff continued to be tested weekly.

Fire safety measures were in place; fire risk assessment had been completed and a range of fire checks were carried out daily and weekly. The current fire risk assessment had identified inappropriate storage under one stairwell; this area was still being used for storage on the day of the inspection. This was brought to the attention of the Regional Manager who immediately began to remove the items stored. An email was received from the Regional Manager on the evening of 3 November 2021 confirming that the stored items had been removed in line with the fire risk assessment and outlining the planned action to ensure staff did not store items there in the future. The Registered Manager must continue to monitor the space under the stairwell to ensure it is not used as a storage area; this was identified as an area for improvement.

5.2.4 Quality of Life for Residents

Staff introduced us to residents using their preferred name. Staff were knowledgeable of the life experience of residents and used this knowledge in their everyday interactions with them, at times to provide a diversion. Staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the Covid-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients. Arrangements were in place for residents to receive visitors. Precautions such as a booking system, temperature checks and completion of a health declaration were in place. Residents and staff were enthusiastic to have families visiting again.

Residents used words such as “homely”, “comfortable”, “friendly” and “great” when talking about their experiences of the home and how staff treated them. Activities were planned on a monthly basis and were delivered in both small group settings and on a one to one basis. A musical DVD was playing in the lounge during the morning. Residents enjoy the music and watching the performers; staff chatted with them about their memories of music and dancing in their younger days. A few residents choose to spend their day in their bedroom. Some residents were provided with daily newspapers which were delivered to the home.

Residents meetings were held approximately every 2 months. The deputy manager explained that the purpose of the meetings was to provide residents with an opportunity to discuss the range of activities and social events organised and to give their opinion on day to day events in the home. The meetings were also viewed as a social event with residents encouraged to shared their opinions and comments with each other.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. The Manager is supported daily by the Deputy Manager who was available throughout the inspection and was knowledgeable of the day to day running of the home. The Regional Manager is also available in the home regularly to provide operational support.

Staff commented positively about the management team and described them as supportive, approachable and knowledgeable of the daily life and preferences of the residents.

The home had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis; records confirmed this standard was being achieved.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Regular audits were completed of the environment, accidents and incidents and care records.

There was a system in place to manage complaints and to record any compliments received about the home. A recent compliment described the care as "second to none" and commented on the love staff displayed.

Unannounced visits were undertaken each month by the Regional Manager, on behalf of the Responsible Individual, to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were addressed. The reports were available in the home for review by residents, their representatives, the Trust and RQIA if requested.

6.0 Conclusion

Discussion with residents and staff, observations and a review of resident and management records evidenced that care in Oakridge Residential Unit was delivered in a safe, effective and compassionate manner with good leadership provide by the Manager and Deputy Manager.

Residents were well presented and relaxed in the company of staff. Resident and staff interactions were familiar yet respectful.

Systems were in place to ensure that residents' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet their needs. Care records generally provided details of the care each resident required and were reviewed regularly to reflect any changes to their needs.

As a result of this inspection areas for improvement were identified with the provision of staff to take charge of the home, the creation of care plans and fire safety. Compliance with these areas will further improve the services provided in the home.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	3	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Linda Graham, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20(1)(a) Stated: First time To be completed by: Immediate from the day of inspection.	The Registered Persons must ensure that a competent and capable person is rostered to take charge of the home at all times. Ref: 5.2.1 Response by registered person detailing the actions taken: The Registered Manager has ensured that all staff employed in the home that are rostered to be in charge have completed competencies.
Area for improvement 2 Ref: Regulation 16(1) Stated: First time To be completed by: Immediate from the day of the inspection.	The Registered Persons shall ensure that all residents have comprehensive care plans in place detailing the individual care required. Ref: 5.2.2 Response by registered person detailing the actions taken: The Registered Manager has checked that all residents have care plans in place detailing their individual needs. This will be monitored by Home Manager and Deputy Manager.

<p>Area for improvement 3</p> <p>Ref: Regulation 14(1)(c)</p> <p>Stated: First time</p>	<p>The Registered Persons shall ensure that the space under the stairwell is monitored to ensure it is not used as a storage area. Records must be maintained to evidence monitoring of this area.</p> <p>Ref: 5.2.3</p>
<p>To be completed by:</p> <p>Immediate from the day of the inspection.</p>	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has cleared all stairwells and has notices up to inform staff no items to be stored under stairwells These are checked daily by Home Manager on her walk arounds.</p>

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The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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