

Unannounced Care Inspection Report 05 December 2017



Oakridge Residential Unit

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

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 10 places that provides care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual: Mr Christopher Arnold	Registered Manager: Mrs Theresa Dowie
Person in charge at the time of inspection: Teresa Dowie	Date manager registered: Theresa Dowie- Acting- No application required
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 10 – RC-DE

4.0 Inspection summary

An unannounced care inspection took place on 05 December 2017 from 12.30 to 16.45.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the environment, communication between residents, staff and other key stakeholders and management of complaints and incidents.

Areas requiring improvement were identified in regard to the completion of the weekly fire alarm checks, the categories of care the home is registered for, staff handover records and the frequency of residents' meetings.

Advice was given in regard to developing a weekly matrix to manage the completion of weekly fire alarm checks to prevent further omissions; to ensure that staff have an adequate supply of snacks and access to a range of drinks for residents in the home's kitchenette and to ensure that seat covers are replaced immediately when one is removed.

Two relatives spoken to said that they were satisfied with the standard of care delivered in the home, with communication and staff knowledge of their relative and of the values demonstrated by staff in their interaction with residents.

Residents spoken to said:

- “I like it, it’s nice. They (staff) are nice. Everybody who wants to do activities can do it. It’s good for that.”
- “I’m getting used to it now. They (staff) are wonderful to me, very, very good. You get lovely fresh vegetables and the breakfasts are great.”
- “They don’t say you have to go to bed at a certain time. We do our own thing.”

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Teresa Dowie, Manager as part of the inspection process. Kelly Kilpatrick, Registered Manager for Oakridge Nursing Home was also present. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 June 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with five residents, the manager, one care staff and two visitors/representatives. The registered manager from Oakridge Nursing Home was also available during the inspection.

Questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Three questionnaires were returned from relatives within the requested timescale. A poster was provided detailing how staff could complete an electronic questionnaire. No questionnaires from staff were completed within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Six staff competency and capability assessments
- Staff training schedule/records for 2017

- Three residents' care records
- The home's Statement of Purpose
- Complaint records
- Minutes of a recent staff meeting
- Accident/incident/notifiable events register
- Evaluation report from annual resident quality assurance survey
- Minutes of recent residents' and relatives' meeting
- Records of weekly safety checks of the alarm system

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially 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 the most recent inspection dated 27 June 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 27 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 29.2 Stated: First time	The registered person shall ensure that fire alarm safety checks are completed weekly. Ref: 6.4	Partially met
	Action taken as confirmed during the inspection: An inspection of weekly checks undertaken during the months of September, October and November 2017 evidenced that three weeks had been omitted. The inspector advised that a weekly matrix is developed to manage the completion of these safety checks and prevent further omissions. This is stated for the second time.	

Area for improvement 2 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that a care plan is developed for residents diagnosed with diabetes. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Inspection of two residents care records confirmed that this had been addressed.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager advised of 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.

A review of the duty roster confirmed that it accurately reflected the staff working within the home. Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training was maintained and was reviewed during the inspection.

The manager advised that competency and capability assessments were 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; records of six competency and capability assessments were reviewed.

Discussion with the manager confirmed that no staff had been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body. Staff spoken to advised that they were registered with the Northern Ireland Social Care Council.

The adult safeguarding policy and procedure in place was not consistent with the current regional guidance. Following the inspection, an updated version, dated November 2017 was forwarded to the inspector and it referenced the regional policy and the regional procedures.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the regional operational procedures 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.

Discussion with the manager, review of accident and incidents notifications and care records confirmed that whilst there had been no suspected, alleged or actual incidents of abuse, staff were knowledgeable in regard to the identification, responding and reporting of potential abuse. Training records evidenced that staff had received training in regard to adult safeguarding.

Discussion with the manager and staff identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

However, an area for improvement was identified regarding the need to submit a variation application for an additional category of care in order to comply with the regulations. A review of the statement of purpose identified that it did not contain all necessary information. The manager stated that this would be reviewed and submitted along with the variation application.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The cover of one chair seat had been removed to be washed. The manager reported that there were sufficient replacement covers. The inspector advised that as one seat cover is removed a new cover should be fitted to ensure good IPC.

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.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire safety records identified that fire alarm systems had not been checked consistently on a weekly basis and an area for improvement was stated for a second time. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Three completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and the home's environment.

Areas for improvement

One area for improvement was stated for the second time in regard to weekly fire alarm checks. One area for improvement was made to apply for an additional category of care and to submit a reviewed Statement of Purpose.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents. Following discussion with staff and inspection of the kitchenette in the home, the inspector advised the manager to ensure that an adequate supply of snacks and access to a range of drinks for residents are made available in the home's kitchenette.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

The manager reported that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. An area for improvement was identified to complete and retain handover records. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

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. Minutes of resident and/or their representative meetings were reviewed during the inspection.

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.

Staff spoken with during the inspection made the following comment:

- "I find the manager very good, approachable and supportive, she's great."

Three completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in regard to the development and retention of staff handover records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The manager reported that staff in the home promoted a culture and ethos 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 were met within the home.

Discussion with the manager, staff and observation during the inspection confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

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. Staff advised that regular informal discussions took place with residents. Minutes of the last two residents' meetings were dated 15 December 2016 and 16 June 2017. Following discussion with the manager an area for improvement was identified to review and improve the frequency of residents' meetings.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Staff spoken with during the inspection made the following comment:

- “They enjoy hangman, skittles, hoop-la. We have been making Christmas cards, only two residents knit. They love the music and sing along. I would sit and read the newspapers out to them. We throw out bread for the birds and they enjoy seeing the birds coming down.”

Three completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to activity provision and listening to and valuing residents.

Areas for improvement

One area for improvement was identified in regard to the frequency of residents' meetings.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The manager outlined the management arrangements and governance systems in place within the home. Whilst the needs of residents were met, it was identified that an application for an additional category of care was needed to achieve compliance with the regulations as referred to in section 6.4 of the report.

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.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The manager confirmed that she will have completed Level 5 QCF in the next four months.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responds to regulatory matters in a timely manner.

Discussion with staff confirmed that the home had a whistleblowing policy and procedure in place and staff were knowledgeable regarding this. The manager confirmed that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Three completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Teresa Dowie, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 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 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 15. – (1) (e)</p> <p>Stated: First time</p> <p>To be completed by: 05 January 2018</p>	<p>The registered person shall ensure that the home has been registered for the category of care appropriate to the resident's needs.</p> <ul style="list-style-type: none"> • Submit a variation application for an additional category of care and a revised Statement of Purpose <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A variation form and revised statement of purpose has been submitted to the RQIA on 03.01.2018 to reflect the additional category of care.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 29.2</p> <p>Stated: Second time</p> <p>To be completed by: 01 January 2018</p>	<p>The registered person shall ensure that fire alarm safety checks are completed weekly.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Whilst weekly fire checks were being carried out, it was identified that three weeks were omitted during a three month period. A matrix has now been put in place in which a manager will indicate that fire checks have been carried out weekly to ensure full compliance is maintained.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p> <p>To be completed by: 05 January 2018</p>	<p>The registered person shall ensure that records of staff handovers are developed and retained.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: A new handover form has been developed and implemented within the unit which staff will use daily.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 1.2</p> <p>Stated: First time</p> <p>To be completed by: 01 February 2018</p>	<p>The registered person shall review and improve the frequency of residents' meetings.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Twice yearly resident meetings were already in place in the unit; however, whilst staff engage daily with the residents for their views and suggestions, there was no formal way of evidencing this. A monthly residents' meeting has now been implemented to evidence and action the residents' input into the running of the unit and this will be documented.</p>

Please ensure this document is completed in full and returned via Web Portal



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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)