

Inspection Report

11 May 2023



Oakridge Residential Unit

Type of service: Residential
Address: 14 Magheraknock Road,
Ballynahinch, BT24 8TJ
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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	Registered Manager: Kelly Kilpatrick
Registered Person/s OR Responsible Individual Christopher Philip Arnold	Date registered: 23 January 2020
Person in charge at the time of inspection: Kelly Kilpatrick	Number of registered places: 10
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 9
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 11 May 2023 from 09:50am to 3pm by a care inspector.

The inspection assessed progress with all 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 home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Residents had choice in where they spent their day either in their own bedrooms or in the communal rooms. Staff provided care in a compassionate manner and were sensitive to residents' wishes.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services 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 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

Residents told us they were happy with the service provided. Comments included; "the staff are very helpful and nice" and "I have no concerns". Residents were positive about the cleanliness of the home and the care provided. The meal provision was described as "I enjoy the food".

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Relatives stated they were satisfied with communication and all aspects of the care provided. Comments made by residents, staff and relatives were shared with the management team for information and action if required.

No responses were received from the resident/relative questionnaire.

No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team.

5.0 The inspection

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

Areas for improvement from the last inspection on 27 October 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (b) Stated: First time	The registered person shall ensure that residents who are deemed to be at risk of falls have a detailed falls care plan in place and a risk assessment completed after each fall.	Not met
	Action taken as confirmed during the inspection: Review of resident records evidenced that not all residents falls risk assessment had been completed after each fall. This area for improvement is stated for a second time.	
Area for Improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.	Met
	This relates specifically to the following: <ul style="list-style-type: none"> • Staff adherence to best practice guidance for wearing of PPE • The cleanliness of shower chairs Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This is in relation to the safe storage of toiletries.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for Improvement 4 Ref: Regulation 13 1 (b) Stated: immediate effect	The registered person must ensure that there is a consistent approach with the recording of clinical observations following a fall or accident,	Not met
	Action taken as confirmed during the inspection: Review of resident records evidenced that clinical observations were not consistently recorded following a fall. This area for improvement is stated for a second time.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 23.1 Stated: First time	The registered person shall ensure that induction records are maintained for agency staff who work in the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure that the daily menu is clearly displayed in a suitable format and location in order that residents know what the choices are at each mealtime.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited properly to protect patients.

Appropriate checks had been made to ensure that care workers maintained their registration with the Northern Ireland Social Care Council (NISCC) with a record maintained by the Manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

Review of training records evidenced that a number of staff were required to attend training in Deprivation of liberty. This was discussed with the management team and an area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was observed that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. Staff responded to requests for assistance promptly in a caring and compassionate manner.

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. A member of staff was identified to be in charge of the home on night duty, however they had not been deemed competent to administer medications or take charge which was resulting in the nurse in charge of the adjacent nursing home at times administering medication in the Residential unit. 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.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the residents' needs. However, in one resident's care record, care plans and risk assessments had not been developed in a timely manner, this was identified as an area for improvement.

Where a resident was assessed as being at risk of falls, measures to reduce this risk had been put in place however examination of care documentation for residents who had experienced a fall did not consistently have an updated falls risk assessment completed after each fall in place. This had previously been identified as an area for improvement and is stated for a second time.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. There was choice of meals offered. Residents commented positively about the quality of meals provided and the choice of meals.

Staff advised that they were made aware of residents' nutritional needs.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many residents' bedrooms were personalised with items important to the resident.

Bedrooms and communal areas were suitably furnished and comfortable. Residents said that they were satisfied that the home was kept clean and tidy.

The home's most recent fire safety risk assessment was dated 14 March 2022 with evidence that the actions had been addressed by the manager. The manager confirmed after the inspection, that the planned Fire Risk assessment had been carried out on the 18 May 2023.

The treatment room was left unlocked at times during the inspection and contained confidential resident information that was left unsecured and therefore accessible to anyone wishing to enter that room. This was brought to the attention of the management team and assurances were given that this would be addressed immediately. This was identified as an area for improvement.

5.2.4 Quality of Life for Residents

Patients were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. It was observed that staff offered choices to patients throughout the day which included food and drink options, and where and how they wished to spend their time.

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

Activities were provided which involved both group and one to one sessions.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Kelly Kilpatrick has been the manager in this home since 23 January 2020.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Records confirmed that staff meetings were held regularly. Staff commented positively about the management team and described them as supportive and approachable.

There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, wound care and falls. In the care record audits, there were omissions in relation to when actions were to be addressed and the person responsible for

those actions and these were not being carried out on a regular basis, this was identified as an area of improvement.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA. Some accident reports included the residents' temperature, pulse, respirations and blood pressure; these were not consistently recorded in all accident reports; this was identified as an area for improvement and has been stated for a second time.

The home was visited each month by a representative of the responsible individual (RI) to consult with patients, 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 correctly addressed.

There was a system in place to manage complaints.

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 and the Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
Total number of Areas for Improvement	4*	3

* the total number of areas for improvement includes two Regulations that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Kelly Kilpatrick, Manager and 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 13 (1) (b) Stated: Second time To be completed by: 30 June 2023	<p>The registered person shall ensure that residents who are deemed to be at risk of falls have a detailed falls care plan in place and a risk assessment completed after each fall.</p> <p>Ref:5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Person has addressed with staff the recording of falls care plans and completion of a risk assessment post falls.</p>
Area for improvement 2 Ref: Regulation 13 1 (b) Stated: Second time To be completed by: 30 June 2023	<p>The registered person must ensure that there is a consistent approach with the recording of clinical observations following a fall or accident.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Registered Person has made a decision that clinical observations will not be recorded by residential staff, if clinical observations are required this will be requested from district nursing staff.</p>
Area for improvement 3 Ref: Regulation 20(1)(a) Stated: First time To be completed by: With immediate effect	<p>The Registered Person must ensure that a competent and capable person is rostered to take charge of the home at all times.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Person will monitor all staff competencies to ensure when they are in charge of the home they have developed the correct knowledge and skills..</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 19(5)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that confidential information relating to residents is safely secured.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has addressed with all staff the importance of ensuring doors that hold resident information are kept closed when no-one is present in the room to ensure confidential information is secure.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2023</p>	<p>The registered person shall ensure that a system is in place to monitor the timely completion of care records following a resident's admission to the home.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Person through monthly auditing systems will continue to monitor the timely completion of care records for new admissions.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2023</p>	<p>The registered person should ensure that audits to monitor the delivery of nursing care services are completed regularly and deficits identified clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Person has addressed with staff the actions required following audits and the importance of ensuring actions are completed in a timely manner.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2023</p>	<p>The Registered person shall ensure that all staff complete training in relation to Deprivation of Liberty Safeguards</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has addressed with staff the completion of training on Deprivation of Liberty Safeguards.</p>

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