



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

|                               |                                  |
|-------------------------------|----------------------------------|
| <b>Name of Establishment:</b> | <b>Oakridge Residential Unit</b> |
| <b>Establishment ID No:</b>   | <b>1640</b>                      |
| <b>Date of Inspection:</b>    | <b>20 January 2015</b>           |
| <b>Inspector's Name:</b>      | <b>Kylie Connor</b>              |
| <b>Inspection No:</b>         | <b>17456</b>                     |

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 General information

|  |   |
|--|---|
| <b>Name of Home:</b>   | Oakridge Residential Unit   |
| <b>Address:</b>  | Oakridge Residential Unit<br>14 Magheraknock Road<br>Ballynahinch<br>BT24 8TJ |
| <b>Telephone Number:</b>   | (028) 9756 5322   |
| <b>E mail Address:</b>   | oakridge@fshc.co.uk   |
| <b>Registered Organisation/<br/>Registered Provider:</b>           | Mr James McCall   |
| <b>Registered Manager:</b>   | Rachael McCaffrey   |
| <b>Person in Charge of the home at the<br/>time of Inspection:</b> | Rachael McCaffrey   |
| <b>Categories of Care:</b>   | RC-DE   |
| <b>Number of Registered Places:</b>                                | 10  |
| <b>Number of Residents Accommodated<br/>on Day of Inspection:</b>  | 9 (1 Vacancy)   |
| <b>Scale of Charges (per week):</b>                                | From £461   |
| <b>Date and type of previous inspection:</b>                       | 10 March 2014<br>Secondary Unannounced Care Inspection                        |
| <b>Date and time of inspection:</b>                                | 20 January 2015<br>11.20am to 1.45pm  |
| <b>Name of Inspector:</b>  | Kylie Connor  |

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## 3.0 Purpose of the inspection

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Inspection of the premises
- Evaluation and feedback

## 5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard: **Standard 9 Health and Social Care**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| <b>Guidance - Compliance statements</b> |  |  |
|---|--|--|
| <b>Compliance statement</b>             | <b>Definition</b>  | <b>Resulting Action in Inspection Report</b>   |
| <b>0 - Not applicable</b>               |  | A reason must be clearly stated in the assessment contained within the inspection report   |
| <b>1 - Unlikely to become compliant</b> |  | A reason must be clearly stated in the assessment contained within the inspection report   |
| <b>2 - Not compliant</b>                | Compliance could not be demonstrated by the date of the inspection.  | In most situations this will result in a requirement or recommendation being made within the inspection report                           |
| <b>3 - Moving towards compliance</b>    | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.      | In most situations this will result in a requirement or recommendation being made within the inspection report                           |
| <b>4 - Substantially Compliant</b>      | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.                      | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| <b>5 - Compliant</b>                    | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report.    |

## 6.0 Profile of service

Oakridge Residential Unit, Donard Suite, is one of three homes, separately registered, owned, operated and managed on the same site by Four Seasons Health Care. Rachael McCaffrey is the registered manager of the home. There is a management structure for the whole complex with a team of care staff dedicated to the residential home.

Oakridge, Donard Suite is situated in a residential area in the town of Ballynahinch and is located within the South Eastern Health and Social Care Trust geographical area

Accommodation for residents is provided eight single rooms and one twin/double room. A staff office, communal lounge and dining area are provided and from the latter, residents have access into a secure shared garden with adequate seating. A main reception area, catering and laundry services are provided for the whole building. A number of communal sanitary facilities are available throughout the home.

The home is registered for ten residents in the following category of care:

RC – DE (Dementia)

## 7.0 Summary of inspection

This is a summary of an unannounced secondary care inspection of Oakridge Residential Home which took place on 20 January 2015 from 11.20am to 1.45pm by Kylie Connor, Inspector. The registered manager was available for discussion, clarification and feedback during and at the conclusion of the inspection.

The home was observed to be clean, tidy and fresh smelling. The inspector spoke to six residents, one staff and the registered manager. All expressed positive views regarding the conduct of the home and of the care and support provided. Good relations were observed between staff and residents.

Additional areas examined included, registered provider visits, complaints, responding to residents' behaviour, complaints, accidents and incidents and activities. All areas examined were found to be satisfactory. Further information is available in section 10.0 of the report.

The inspector focussed on examining the previous quality improvement plan. One requirement and four recommendations were found to have been addressed.

The inspection focussed on examining standard 9 Health and Social Care. The home attained the level of compliant in regard to this standard. There was evidence of systems, processes and records in place to effectively manage the health and social care of residents. One recommendation has been made following this inspection.

The inspector wishes to acknowledge the full co-operation of the registered manager, residents and staff throughout the duration of the inspection. The inspector would like to thank all those involved for their time, open and honest conversation and for the hospitality received.

### 8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 10 March 2014

| No. | Regulation Ref. | Requirements   | Action Taken - As Confirmed During This Inspection  | Inspector's Validation Of Compliance |
|-----|-----------------|--|---|--------------------------------------|
| 1   | 20 (1) (a) (b)  | <p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents - ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents; ensure that the employment of any persons on a temporary basis at the home will not prevent residents from receiving such continuity of care as is reasonable to meet their needs. A review should take place of records which evidence action taken to provide sickness cover and short periods of support received or provided from/to other units. This specifically refers to issues highlighted in the additional areas examined section of the report, regarding minimum staffing levels to meet residents' needs and the practice of staff in the residential unit being taken out of the unit to provide assistance in the nursing homes for</p> | <p>Discussion with the registered manager and staff confirmed that this is addressed.</p> | <p>Compliant</p>                     |

|            |   | periods of time.   |   |   |
|------------|---|--|---|---|
| <b>No.</b> | <b>Minimum Standard Ref.</b>              | <b>Recommendations</b>   | <b>Action Taken - As Confirmed During This Inspection</b>   | <b>Inspector's Validation Of Compliance</b> |
| 1          | 8.1<br>15.5<br>20.3<br>20.18 and<br>20.19 | The registered person should ensure that the following policy/procedures are reviewed;<br><br>Disciplinary procedure (2007)<br>Whistle-blowing procedure (2007)<br>Staff supervision and appraisal (June 2009) Safekeeping of residents valuables (2007).  | Review of the policies and procedures demonstrated that this is addressed.                                | Compliant                                   |
| 2          | 19.1                                      | The responsible person should review the home's recruitment policy/procedure (2008).   | Review of the policy and procedure demonstrated that this is addressed.                                   | Compliant                                   |
| 3          | 20.10                                     | The registered manager should ensure that all future annual quality review reports are more person-centred and reflect benefits and positive outcomes for residents with examples and improvements e.g. garden sound system, redecorating areas, outings or range of activities undertaken.<br><br>A copy of the 2013 report should be forwarded to the inspector. | Review of the 2013 report and discussion with the registered manager demonstrated that this is addressed. | Compliant                                   |

|   |    |  |  |           |
|---|----|--|--|-----------|
| 4 | 13 | The registered manager should review the provision and effectiveness of the current arrangements in place for activity support and the variety of activities provided. | Discussion with staff and residents demonstrated that this is addressed. | Compliant |
|---|----|--|--|-----------|



**9.0 Inspection findings**

| <b>STANDARD 9 - Health and social care</b><br><b>The health and social care needs of residents are fully addressed.</b>   |                         |
|---|-------------------------|
| <b>Criterion Assessed:</b><br>9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.  | <b>COMPLIANCE LEVEL</b> |
| <b>Inspection Findings:</b>   |                         |
| Review of two care records and discussion with staff evidenced that the name and contact details and dates of visits from each resident's General Practitioner, dentist, optometrist and where necessary the continence nurse was present. Oral and continence support was detailed in residents care plans and there was evidence of facilitating residents' independence in all areas where possible. Staff confirmed that a community dentist arranges appointments and will visit on request and residents receive vision screening either 6 or 12 months depending on need. Discussion with staff confirmed that they are knowledgeable in regard to the process of new residents registering with a new GP and of the support the home provides to families to do this. | Compliant               |
| <b>Criterion Assessed:</b><br>9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.  | <b>COMPLIANCE LEVEL</b> |
| <b>Inspection Findings:</b>   |                         |
| Discussions with staff in relation to specific residents' needs indicated that they were knowledgeable of residents' care needs and the action to be taken in the event of a health care emergency. Staff were very aware to observe for any signs of pain and action appropriately.  | Compliant               |

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

|  |   |
|--|---|
| <p><b>Criterion Assessed:</b><br/>                 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>   | <p align="center"><b>COMPLIANCE LEVEL</b></p> |
| <p><b>Inspection Findings:</b><br/>                 The care records examined contained evidence of needs care assessment had been undertaken which informed care plans and risk assessments and there was evidence that the information is reviewed monthly or more frequently as required. There was evidence of liaison with a wide range of primary health and social care services and all contacts were clearly recorded in the multi-disciplinary section of each resident's records. Staff were able to describe the referral systems should a resident require the services of health care professionals. Staff confirmed that there are no issues in regard to access to continence products, bed-linen or towels.</p> | <p align="center">Compliant</p>               |
| <p><b>Criterion Assessed:</b><br/>                 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>   | <p align="center"><b>COMPLIANCE LEVEL</b></p> |
| <p><b>Inspection Findings:</b><br/>                 Review of the care records and discussion with staff members confirmed that residents' representatives would accompany residents to the majority of appointments. Staff confirmed that there is timely communication with families.</p>  | <p align="center">Compliant</p>               |

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

|   |   |
|---|---|
| <p><b>Criterion Assessed:</b><br/>                 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.</p>   | <p align="center"><b>COMPLIANCE LEVEL</b></p> |
| <p><b>Inspection Findings:</b><br/>                 For those residents availing of these services organised by the home, examination of care records and discussions with staff confirmed there are arrangements in place to monitor the frequency of residents' health screening and appointments. Where residents do not avail of these services provided within the home and families undertake to arrange these visits, a record reviewed did not detail when a resident had last been to the dentist or had had a vision assessment/review carried out. A recommendation has been made.</p> | <p align="center">Substantially compliant</p> |
| <p><b>Criterion Assessed:</b><br/>                 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.</p>   | <p align="center"><b>COMPLIANCE LEVEL</b></p> |
| <p><b>Inspection Findings:</b><br/>                 Staff spoken to confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained with assistance from staff. Care plans demonstrated support needed from staff and staff confirmed that they promote independence where possible.</p>  | <p align="center">Compliant</p>               |
| <p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>   | <p align="center"><b>COMPLIANCE LEVEL</b></p> |
|   | <p align="center">Compliant</p>               |

## 10.0 ADDITIONAL AREAS EXAMINED

### 10.1 Resident's consultation

The inspector met with six residents individually. Residents were observed chatting with staff, watching television and relaxing in their bedrooms. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Residents confirmed that staff display informed values. No concerns were expressed or indicated.

Comments included;

- "It's brilliant. Staff all round are nice. There is no cheekiness about them."
- "Everything is nice, I like it very much."
- "It's a very happy home. Most people seem to be content."
- "I'm happy here and when my family see me happy, they go home happy."
- "I like their home baked stuff."

### 10.2 Staff consultation

The inspector spoke with one staff member, in addition to the registered manager and observed others during the course of the inspection. Discussion with staff identified that they felt well supported in their respective roles, had been provided with training and are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of individual residents and appeared to have a high level of commitment to caring for the resident group. No concerns were expressed or indicated.

Comments received included:

- "We have good girls in here and they are very devoted to residents and look after them very well."

### 10.3 Environment

The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to in good condition. The home was observed to be in the process of re-decoration and painters were observed to be re-painting the main hallway. All pictures had been removed to facilitate this process.

### 10.4 Activities

Discussions with residents and staff and a review activity records identified that the programme of activities provides positive outcomes for residents and is based on the identified needs and interests of residents. It was confirmed that activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. Records demonstrated that activities promote healthy living, is flexible and responsive to residents'

changing needs and facilitates social inclusion in community events on occasion. Activities including, skittles, ball activities, nails, bingo, quizzes and reminiscence activities are taking place. In addition the registered manager confirmed that a number of residents continue to participate in daily activities with the PAL in another area of the home.

### **10.5 Responding to Behaviours which Challenge**

Discussions with staff demonstrated that they have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication and these were clearly recorded. Care records evidenced and restrictive interventions were detailed in the care plan following involvement from the trust and the residents' representative.

### **10.6 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Discussions with the registered manager confirmed that during the years 2013 and 2014 there were no complaints made.

### **10.7 Registered Provider Visits**

Discussion with the registered manager and review of a random number of reports during 2014 identified that all registered provider visits have been carried out and a report completed.

### **10.8 Accidents and incidents**

Review of care records evidenced that accidents and incidents are being responded to appropriately and are detailed in the appropriate section of residents' records.

### **10.9 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector noted that the home's most recent fire safety risk assessment was dated 12 September 2014. An estates inspection is scheduled to take place in the near future therefore, no further inspection in this area was undertaken.

## **11.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with Rachael McCaffery, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Kylie Connor**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Secondary Unannounced Care Inspection

#### Oakridge Residential Unit

20 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Rachael McCaffrey, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

| <b>Recommendations</b>  |                            |  |                        |   |                  |
|---|----------------------------|--|------------------------|---|------------------|
| These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery. |                            |  |                        |   |                  |
| No.   | Minimum Standard Reference | Recommendations  | Number Of Times Stated | Details Of Action Taken By Registered Person(S)   | Timescale        |
| 1   | 9.5                        | 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. | One                    | System is in place to record and manage residents dental and visual needs that are not provided by the home service | By return of QIP |



Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

|   |   |
|---|---|
| <b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>                                | Rachel McCaffrey                                    |
| <b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b> | Jim McCall<br><i>Carol Cousins</i><br>CAROL COUSINS |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector            | Date    |
|--|-----|----------------------|---------|
| Response assessed by inspector as acceptable           | ✓   | <i>Nylie Connors</i> | 18/3/15 |
| Further information requested from provider            |     |                      |         |