

Inspection Report

26 October 2022



Oakridge Residential Unit

Type of Service: Residential Care Home

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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: Mrs Kelly Kilpatrick Date registered: 23 January 2020
Person in charge at the time of inspection: Kelly Kilpatrick in the morning and Linda Graham (Regional Manager) for feedback	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: 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 27 October 2022 from 10:10am to 2:30pm 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 girls are brilliant" and "staff are very nice to you". Residents were positive about the cleanliness of the home and the care provided. The meal provision was described as "I enjoy the food rightly, I have a good appetite".

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.

One response was received from the resident/relative questionnaire indicating that they were satisfied with the overall provision of care in the home.

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 15 December 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	The Registered Persons must ensure that a competent and capable person is rostered to take charge of the home at all times.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time	The Registered Persons shall ensure that all residents have comprehensive care plans in place detailing the individual care required.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 14 (1) (c) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

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 6 Stated: First time	The Registered Person shall ensure that whenever a resident is prescribed a medicine for administration on a “when required” basis as part of a behavioural management strategy, this is reflected in a care plan. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	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.

The regional manager told us that agency staff received an induction to the home; however not all of the induction records were available for review. This had been identified as an area for improvement.

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 areas such as Safeguarding and Deprivation of liberty. The regional manager confirmed that relevant action had been taken to address this and was being monitored closely by management to ensure full compliance.

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. Review of staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

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 were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other health professionals. Residents' care records were held confidentially.

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 have updated falls risk assessment completed after each fall or detailed care plans in place. This was identified as an area for improvement.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

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, however several of the residents were observed to be having the same meal and this appeared to be of a modified consistency. The availability of choice for residents who required a modified diet was discussed with the regional manager and assurances were given that this would be reviewed. 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.

The menu board was located on the wall outside the dining room and was difficult to read. This was discussed with the regional manager and an area for improvement was identified.

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.

Staff were at times observed not to use personal protective equipment (PPE) in accordance with the regional guidance, for example staff not wearing their face masks appropriately. Some equipment, such as the underside of a small number of bath and shower chairs were not effectively cleaned. This was discussed with the regional manager and an area for improvement was identified.

Concerns were identified about the management of residents' toiletries in the ensuite bathrooms. Details were discussed during feedback in relation to the management of potential risks to residents. The importance of ensuring that all areas of the home are hazard free was discussed with the regional manager and an area for improvement was identified. 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.

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. Birthdays and holidays were also celebrated within the home.

Visiting arrangements were in place in line with the current guidance in this area.

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, restrictive practices, wound care and falls. In the Infection, Prevention and Control (IPC) Audits, there were omissions in relation to when actions were to be addressed and the signatures of the auditor, 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. The recording of clinical observations was discussed with the manager following the inspection.

They confirmed that staff had received training and supervision and were competent in the completion and interpretation of clinical observations'.

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. All of the reports requested were not available on the day on the inspection. Following the inspection, the reports were forwarded and confirmation was received that all reports were now available for review by patients, their representatives, the Trust and RQIA.

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	2

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 13 (1) (b) Stated: First time To be completed by: 31 December 2022	<p>The registered person should 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> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure all residents who are at risk of falls have a detailed care plan in place and the risk assessment reviewed after any fall.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	<p>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.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • staff adherence to best practice guidance for wearing of PPE • The cleanliness of shower chairs <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager continues to educate staff and monitor compliance with wearing of PPE on her daily walkabout. She has addressed with staff the cleanliness of shower chairs and will continue to monitor this.</p>
Area for improvement 3 Ref: Regulation 14 (2) (a) and (c) Stated: First time To be completed by: With immediate effect	<p>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.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed with staff in the unit storage of toiletries in order to ensure risks are minimized.</p>
Area for improvement 4 Ref: Regulation 13 (1)(b) Stated: First time	<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>

To be completed by: With immediate effect	
	Response by registered person detailing the actions taken: The Registered Manager has addressed with the staff the recording of clinical observations consistently following a fall or accident. The Registered Manager will monitor this.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 23.1 Stated: First time To be completed by: 31 December 2022	<p>The registered person shall ensure that induction records are maintained for agency staff who work in the home.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager has implemented systems for agency staff induction records to ensure they are completed and maintained for any agency staff who work in the home.</p>
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 30 November 2022	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed the display of the daily menu so that residents are aware of choices at each mealtime.</p>

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