



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 27 March 2019



Oakridge Residential Unit

Type of Service: Residential Care Home
Address: 14 Magheraknock Road, Ballynahinch
BT24 8TJ
Tel No: 02897565322
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 provider 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 ten places that provides care and accommodation for residents with a dementia. The residential home is situated on the same site as Oakridge Nursing Home.

3.0 Service details

Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual: Christopher Philip Arnold	Registered Manager: Theresa Dowie
Person in charge at the time of inspection: MacAuley King, Senior Care Assistant	Date manager registered: 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 inspection took place on 27 March 2019 from 10.40 to 13.40.

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 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 communication between residents and staff and in regard to the quality and variety of meals provided.

The home is commended that there were no areas for improvement identified during the inspection.

Residents said that they had good relations with staff and that they enjoyed the food.

Staff said that the quality and variety of the meals and communication between staff and residents is good.

The following areas were examined during the inspection:

- meals and mealtimes
- feedback from residents, relatives and staff during and following the inspection

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with MacAuley King, Senior Care Assistant, as part of the inspection process and can be found in the main body of the report.

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 2 December 2018.

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 and the returned QIP
- notifiable events
- written and verbal communication received since the previous care inspection

During the inspection the inspector met with six residents, the senior care assistant, a care assistant, two relatives and the cook manager.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Several 'Have we missed you?' cards were left inviting anyone to contact RQIA with their feedback regarding the home. One questionnaire was returned within the agreed timescale.

The following records were examined during the inspection:

- one consent form
- care records for one resident
- the menu
- records held in the kitchen re residents likes, dislikes and dietary requirements

An area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as 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 2 December 2018

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 2 December 2018

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 7.4 Stated: First time To be completed by: 30 March 2019	The registered person shall ensure that written consent or authorisation is in place for individualised arrangements in regard to night checks. Ref: 6.6	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of one residents care record.	

6.3 Inspection findings

6.3.1 Meals and meal-times

The lunch-time meal was observed which was provided at a conventional time. The dining tables were set with condiments and the room was clean, well lit and there was just enough space around the tables to afford residents and staff ease of movement. One resident was facilitated to eat their meal in their bedroom. Observation and discussions with the cook confirmed that there is a range of suitable crockery, cups and glasses to meet the needs of residents with a dementia.

Discussion with staff and a review of the menu confirmed that residents are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. The cook manager reported that the menu was due to be reviewed for the forthcoming spring-summer seasons. Full account is taken of relevant guidance documents or guidance provided by dietitians and other professionals and disciplines. Review of records held in the kitchen and discussions with the cook manager confirmed that records in regard to the dietary needs of one resident had been updated.

The date and a menu were on display, located just outside the dining room to inform residents, relatives and any interested parties.

Staff were knowledgeable of residents' individual dietary needs and preferences; they were also aware of the International Dysphasia Diet Standardisation Initiative (IDDSI) and information had been disseminated to staff. A colour IDDSI chart was available in the kitchen for staff reference.

The lunch consisted of a choice of savoury mince or liver, bacon and onion served with creamed potatoes and carrot, turnip and parsnip mash with gravy. Staff advised that residents who need to increase their calorie intake are provided with a dessert; today the dessert was apple and berry crumble with custard. Residents spoken with reported that their lunch was sufficient. At 15.15 residents are served a cup of team and for example, a choice of cake, pancakes, fruit or fruit loaf. Discussions with the cook manager and care staff verified that variations are accommodated, for example one resident ordered soup and a sandwich for lunch today. There is good communication between care staff and kitchen staff in regard to changes in residents' dietary requirements or health.

Observation of staff and residents during part of the lunch evidenced that staff were knowledgeable of residents' likes and dislikes and preferences in regard to suitable portion sizes. Residents' lunch was well presented on the plate or bowl and in a consistency that met residents' needs. Residents were offered a choice of cold drinks and ate at their own pace. There was sufficient staff on duty to supervise and meet the needs of residents who needed assistance or encouragement. Staff asked residents, "Is that nice?"

Staff were attentive towards residents, demonstrated a person centred approach and compassion in their manner; they made sure that residents were sitting comfortably. Throughout the lunch, staff discretely prompted and provided assistance where required, asking residents if they were enjoying their meal and offered more drinks. There was a calm and relaxed atmosphere during lunch and some residents engaged in conversation with each other during their meal.

Discussion with staff and residents confirmed that hot and cold drinks and snacks are available at customary intervals, and fresh drinking water is available at all times.

Staff advised that menus and snacks are provided for special occasions for example, Easter, Christmas and residents' birthdays. The cook manager had a record of all residents birthday dates and a record of their likes and dislikes.

A record was kept of the meals provided in sufficient detail to enable any person inspecting it to determine whether the diet for each resident was satisfactory.

A review of one resident's care records and discussion with the staff confirmed that residents' weight is monitored at suitable intervals. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. Discussion with staff confirmed that the home is well supported by dieticians and speech and language therapists (SALT).

6.3.2 Feedback received from residents, relatives and staff

Residents said that they had good relations with staff; that they were happy with the food and also with the care and support they received.

Comments received from residents included:

- “They (staff) are terrific. They are so friendly and help you with anything.”
- “The food is very good. I don’t think I’ve ever been in a hotel that’s better. If there is something that you want they get it for you. They get me fruit for breakfast and cereal. There is plenty of it, the soups are terrific, fresh vegetables and lovely puddings. For anybody’s birthday, he (cook manager) makes a cake.”
- “The staff are very good here.”

Staff spoken with confirmed that they can meet the needs of residents in the home and that there is good communication between all staff. Staff said that the food was good and spoke positively in regard to the manager being approachable and supportive.

Comments received from a staff member included:

- “It was helpful to have someone to talk through the (IDDSI) changes rather than having just the leaflets.”
- “The food is great in here. They get a lot of variety and the amount is good for the residents. If they need more, they can have more.”

Two relatives spoken with reported that there is good communication between themselves and the home, that they found the staff approachable and easy to talk to and that they were happy with the standard of care delivered.

A relative commented:

- “It (the standard of care) seems to be very good and they are very accommodating with (my relative).”

One questionnaire was returned by a relative following the inspection. The relative indicated that they were very satisfied that care was safe, effective, compassionate and well led/managed.

Areas of good practice

Areas of good practice were identified in regard to the mealtime experience and communication with residents and families.

Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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