



# Unannounced Care Inspection Report 27 January 2020



## Oakridge Residential Unit

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

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 10 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Spa Nursing Homes Ltd  <b>Responsible Individual:</b> Christopher Philip Arnold	<b>Registered Manager and date registered:</b> Kelly Kilpatrick 23 January 2020
<b>Person in charge at the time of inspection:</b> Kelly Kilpatrick	<b>Number of registered places:</b> 10 consisting of: One named resident in category RC-I.
<b>Categories of care:</b> RC-DE	<b>Total number of residents in the residential care home on the day of this inspection:</b> 10

### 4.0 Inspection summary

An unannounced inspection took place on 27 January 2020 from 10.00 hours to 15.00 hours. This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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 staffing, training, activities, the dining experience, governance arrangements and the environment.

Areas requiring improvement were identified in relation to infection prevention and control, care records and reporting of accident/incidents.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, people who visit them or professionals and staff during and after the inspection, are included in the main body of this report.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Kelly Kilpatrick, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 8 August 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 8 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas from 8 January to 10 February 2020
- a sample of staff training schedule and training records
- one staff recruitment and induction record
- three residents' records of care
- a sample of complaint records
- a sample of compliment records
- a sample of governance audits/records
- a sample of accident/incident records from September 2019 to January 2020
- a sample of monthly quality monitoring reports from September to December 2019
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and an assessment of compliance recorded as met, partially met, or not 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 last care inspection dated 8 August 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 4 <b>Stated:</b> First time	The responsible person shall ensure that a resident guide is developed and distributed to each resident and/or their relative.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the resident guide found it to be up to date and there was documented evidence that this had been distributed to all residents.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time	The registered person shall ensure that her hours on duty are included within the residential duty roster and that reference to the headings of Murlough and Tyrella units are removed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the duty rota found this area for improvement to be met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 8.2 <b>Stated:</b> First time	The registered person shall ensure that the following action is taken:	<b>Met</b>
	<ul style="list-style-type: none"> <li>• The identified potential need of urinary tract infection is reflected within care plans alongside interventions necessary to minimise this infection.</li> <li>• Undertake regular audit of all care reviews held to identify reports not received.</li> </ul>	

	<b>Action taken as confirmed during the inspection:</b> Review of care documents and management records found this area for improvement to be met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 9.2  <b>Stated:</b> First time	The registered person shall ensure that staff encourage residents to have daily fluids by offering/serving these on a regular basis throughout the day.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff were observed throughout the day of inspection to encourage and offer residents regular fluids.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The planned staffing levels in the home were confirmed by the manager as being achieved on the day of the inspection and meeting the needs of residents. Discussion with staff also evidenced that staffing levels were achieved. A review of the staffing rota from 8 January to 10 February 2020 confirmed this.

The home was warm, well lit and well-presented throughout. Communal rooms were uncluttered and tidy. The outside area of the home was well maintained with seating for residents to use.

Residents' bedrooms were personalised with their belongings and memorabilia. The bedrooms were clean, tidy and well decorated. Bathrooms were also maintained to a high standard of cleanliness.

We saw gloves and aprons were available for staff use throughout the home. Some staff were wearing cardigans meaning they were not bare below the elbow to allow them to correctly wash their hands. This was discussed with the manager and an area for improvement was made.

We reviewed three care records and found that they were appropriately recorded however, risk assessments for use of oxygen and care plans for specific care needs were not in place. This was discussed with the manager and an area for improvement was made.

Staff spoken with said that they had time to care for residents and that they received regular training to ensure they had the skills to provide care safely. Review of staff training records confirmed this. Staff were knowledgeable about their roles and responsibilities and were able to describe actions to take if they had concerns about residents or their care.

### Areas for improvement

The following areas were identified for improvement: infection prevention and control and care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

#### 6.4 Is care effective?

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

Staff were observed working well as a team and had good knowledge of residents' daily routine and care needs.

We observed the serving of the mid-morning snacks and the lunch time meal. Staff had good knowledge of residents' dietary requirements and of those who required assistance with their food. Residents told us:

"The food here is lovely."

"The food is very good."

Residents care records were reviewed and found to contain assessment of residents needs completed by professionals prior to admission, an admission assessment and residents life stories. There was evidence that residents or their representatives were involved in the assessment and care plan process. Records reviewed showed evidence of referrals made to other health care professionals such as the GP, district nurse and dietician when residents' needs changed or they became unwell.

Verbal handover reports were carried out twice daily, when there was a change of staff, to update and inform them of any changes to residents' care or their condition.

### Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



**6.5 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.**

Residents were treated with dignity and respect on the day of inspection. For example, residents could choose how they spent their day, what meals they preferred and the care they received.

Staff responded to residents in a timely and caring manner and staff and residents interactions were seen to be respectful.

In the afternoon residents and staff were observed to be taking part in a knitting activity. Other residents were watching television. Some residents choose to stay in their rooms.

The lunch time meal was served in the dining room and for those who preferred it had their meal served in their room. Residents were offered a choice of meal, drink and portion size. Residents who preferred a change in meal where provided with an alternative.

Care records reviewed were recorded in a respectful and confidential manner and evidence of resident involvement was seen.

As part of the inspection we also asked residents, family members and staff to provide us with their comments via questionnaires. None were returned.

Any comments from residents and/or their family members received after the return date will be shared with the manager for their information and action, as required.

**Areas for improvement**

No areas for improvement were identified in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 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.**

Since the last care inspection in July 2019, Kelly Kilpatrick, has been appointment as the registered manager for the home.



All staff spoken with commented positively about the support they got from the manager. Interactions between the manager and staff was observed to be professional and respectful. Staff told us:

“There is a great team here.”  
 “The manager is really supportive.”

We reviewed a sample of governance records which assured us that robust systems were in place to regularly review the quality of the care and other services provided to residents.

The managers monthly audits were complete and well documented allowing for any trends or patterns to be identified by the manager.

Review of the record of accidents and incidents in the home evidenced that RQIA were not informed as required or in a timely manner. Details were discussed with the manager and an area for improvement was made.

### Areas for improvement

The following area was identified for improvement in relation to reporting of notifiable events in the home.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 Kelly Kilpatrick, 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><b>Area for improvement 1</b></p> <p>Ref: Regulation 13.7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure staff are compliant with being bare below the elbow and hand hygiene.</p> <p>Ref: 6.3</p>
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<p><b>To be completed by:</b> 28 February 2020</p>	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has completed supervisions with all staff on the infection control policy including hand hygiene and bare below the elbow. All staff have completed infection control training and this is being closely monitored by the Registered Manager.</p>
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<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all accidents and incidents in the home are notified to RQIA in accordance with regulations.</p> <p>Ref: 6.6</p>
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<p><b>To be completed by:</b> immediately from the date of inspection</p>	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager will ensure all accidents and incidents are notified in accordance with regulations.</p>
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### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 6.6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure risk assessments for use of oxygen and care plans for specific care needs are included in care records were required and kept up to date.</p> <p>Ref: 6.3</p>
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<p><b>To be completed by:</b> immediately from the date of inspection</p>	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has a risk assessment for use of oxygen in the place. The Registered Manager through auditing of care files will ensure any resident who has specific care needs ensure these are included in care records and kept up to date accordingly.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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