



# Unannounced Care Inspection Report 8 August 2019



## Oakridge

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

[www.rqia.org.uk](http://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 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 with dementia. This residential unit is situated within the same site as Oakridge Nursing Home.

### 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 – Acting (Application for registration as manager of the residential care home submitted to RQIA – July 2019)
<b>Person in charge at the time of inspection:</b> Kelly Kilpatrick	<b>Number of registered places:</b> 10
<b>Categories of care:</b> RC-DE	<b>Total number of residents in the residential care home on the day of this inspection:</b> 9

### 4.0 Inspection summary

An unannounced care inspection took place on 8 August 2019 from 09.40 hours to 14.30 hours.

Evidence of good practice was found in relation to effective team working and the provision of a culture and ethos which supported residents' rights and the values of dignity and respect, independence, equality and diversity, choice and consent. Further evidence of good practice was found in relation to governance arrangements with systems and processes in place to support the effective management of the home.

Areas requiring improvement included care plan recording of potential needs; retention of a care management review report; encouragement of fluids; and inclusion of the manager's hours within the duty roster.

Residents described living in the home as being a good experience/in positive terms. Residents were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents 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, and enhance practice and residents' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

Details of the Quality Improvement Plan (QIP) 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.

## 5.0 How we inspect

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

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. One questionnaire was returned from a relative / resident within the timescale.

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

- RQIA registration certificate
- liability insurance certificate
- staff training schedule and training records
- one staff recruitment and induction record
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of reports of visits by the registered provider/monthly monitoring reports

The findings of the inspection were provided to the manager and regional manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 27 March 2019

No areas for improvement were identified from the last care inspection

## 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.**

On arrival at the home we were welcomed by the manager who remained on duty throughout the inspection.

Staff were observed to be readily available to residents, assisting with their personal care needs and the serving and supervision of breakfast. Morning medications were administered to residents by the deputy manager. Most residents choose to sit within the lounge area while others relaxed within their bedrooms reading or watching television. As we walked around the residential home we observed that residents were relaxed, content and comfortable, appropriately dressed with personal care needs attended. There was no evidence of any residents wandering aimless around the home. Residents spoke openly with us and gave positive feedback in regard to staffing and care provide. One group of residents agreed they felt they were well cared for by good staff that were always around to help when needed. No issues or concerns about staffing or the provision of safe care were expressed or indicated by residents or staff during the inspection. One completed RQIA satisfaction questionnaire was returned from a resident / relative within the timescale. This respondent indicated that they were very satisfied that the care provided was safe.

Review of one staff recruitment and selection file confirmed that staff were recruited in accordance with relevant statutory legislation and mandatory requirements.

One staff member advised that she had undertaken a really good induction programme which included support from an identified mentor. Comprehensive records of induction were retained and signed by both parties.

Review of the staff duty roster dated 5 August 2019 evidenced staff on duty and shifts worked by care and ancillary staff. One area of improvement discussed with the manager related to the inclusion of her daily duty hours and the removal of reference to Murlough and Tyrella units from the roster.

Staff advised that current staffing levels were meeting the needs of residents and that permanent staff would usually work additional hours to cover for staff when off duty. Staff also provided assurance that they were effectively supported by management through the provision of ongoing individual and group supervision, annual appraisal and staff meetings. One staff member said, "We get on really well as a team which helps to ensure our residents are well looked after."

A discussion with staff regarding their daily routine and observation of practice was undertaken. Staff informed us that they received a hand over report from night staff each morning when they came on duty and were advised of any change in residents' planned care. Following the hand over report staff subsequently undertook their delegated morning duties which included assisting residents with personal care needs, provision of breakfast, and administration of medications and planned therapeutic activity scheduled for the day.

The monitoring of staff registrations with the Northern Ireland Social Care Council (NISCC) was discussed with the manager and associated records reviewed. In keeping with good management oversight, the manager stated that she monitors NISCC records on a monthly basis to ensure registrations are current.

Review of governance records, including staff mandatory training, staff supervision and annual appraisal, evidenced these were being provided in accordance with good management practice. One staff member explained that she had completed all mandatory training plus additional professional development training in the form of dementia care, continence management and human rights which was incorporated within the safeguarding training programme. Staff demonstrated good understanding of adult safeguarding and the procedure to follow should abuse be observed or allegation made. The manager advised that there have not been any safeguarding issues since the previous care inspection.

The regional manager, who visited the home during the inspection, advised that the organisation was aware of the commencement and the implications of The Mental Capacity Act (Northern Ireland) 2016 – Deprivation of Liberty Safeguards in October 2019 and that all staff will have additional refresher training with regard to their understanding of residents who lack capacity and to make decisions about aspects of their care and treatment. The regional manager advised that work was in progress in this regard and that the policy/procedures would be revised to ensure robust information was available to all staff. This area of care practice will be reviewed at the next inspection of the home.

Observed restrictive practice used within the home includes key pad entry and exit doors. Staff explained that currently this was the only restrictive practice used and was necessary in the best interest of health and safety of residents accommodated. Placement of residents within the home was made by the commissioned trust as requiring this level of care. In light of the implementation of the new aforementioned Mental Capacity Act, review of the pre-admission capacity assessment by the commissioning trust will be necessary if any restrictive practice is prescribed.

Records of accidents incidents/events were reviewed from March 2019 and cross referenced with notifications submitted to the Regulation and Quality Improvement Authority (RQIA). The submission of notifications was discussed with the manager as it was noted that several had been submitted which were not required. The manager explained that she had been advised to submit all notifications in this regard. Discussion in respect of Regulation 14 of The Residential Care Homes Regulations (Northern Ireland) 2005 and Minimum Standard 15 was discussed, clarified and understood.

The management of post falls for one resident on anticoagulant medication was discussed with the manager who explained the action taken to address this issue and that safe practice in this regard was made known to staff by way of a staff meeting and supervision. Records in this regard were retained. Post fall observations were noted to be undertaken and recorded as required. Monitoring of accidents/incidents was also undertaken in order to identify trends and patterns with action plans developed to address issues. The manager advised that all accidents/incidents and other associated events occurring within the home were submitted to the commissioning trusts for monitoring purposes.

The home had a policy/procedure on infection, prevention and control which was readily available to staff. Resources to support good practice were available to staff throughout the home. Seven step wash hand notices were in place within washrooms/toilets. Staff were

observed to wear protective gloves and wash their hands following practical procedures. The placement of four bottles of fruit drinks and a tray on the dining room floor was identified as an associated risk of cross-contamination of infection. This was discussed with the manager and was promptly removed by staff during the inspection. The manager advised that staff refresher training in infection, prevention and control is scheduled for August 2019. Monthly environmental infection, prevention and control audits were in place.

The unit was observed to be clean, tidy, organised and fresh smelling throughout. One resident said the unit was always kept clean and tidy and that her bedroom was cleaned every day with fresh linen provided when required. Bedrooms were appropriately furnished and decorated to a high standard. There was evidence of good natural lighting within all rooms which is important for residents with dementia to enable them to move safely around the unit. There was also pictorial signage which enabled residents to navigate their way around. There were no visible hazards to the health and safety of residents observed.

Fire doors were closed and fire exits unobstructed. Firefighting equipment such as fire extinguishers and fire blankets were available and placed within appropriate areas. Records evidenced that fire safety training was provided on 4 August 2019.

### Areas of good practice

There were examples of good practice found in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, and the dementia design of the home's environment.

### Areas for improvement

One area identified for improvement was in relation to the staff duty roster which should include the manager's daily duty hours.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	0	1

### 6.4 Is care effective?

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

A review of three resident care records was undertaken. Records included needs assessments which were complemented with risk assessments, care plans, and daily evaluations of care. Two areas were identified for improvement; firstly, one care plan did not reflect the identified potential need of urinary tract infections, and secondly, there was no evidence of the trust care management review report. The manager explained that a request had been made to forward the report but to date this was not received. The manager readily agreed to make a further request and to undertake regular audit of all care reviews held to identify any reports not received within a reasonable timescale. Following the inspection the manager confirmed that the trust review report was received.

Care records examined reflected multi-professional collaboration with regard to the provision of care, such as district nurse, general practitioner, dentist, speech and language therapist (SALT) and podiatrist.

The review of care records, along with accident and incident reports, confirmed that referral to other health professionals was timely and responsive to the needs of residents.

There was evidence that systems were in place to ensure effective communication with residents, their representatives and other stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and shift hand overs. Minutes of staff meetings and residents' meetings were retained on file. Residents' meeting minutes evidenced that residents were consulted and involved in the planning of their life and quality of the service provided.

Discussion with staff confirmed that a person centred approach underpinned their practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met, for example, residents who preferred to spend their time in their bedroom, the individual dietary preferences of residents and the level of participation/engagement of residents in therapeutic activities.

The provision of meals was discussed with staff who advised that these were cooked on site and that residents received three main meals each day; breakfast, dinner and evening tea. Mid-morning, afternoon and evening snacks were also provided. Special diets are provided as prescribed by the dietician. Residents were assisted to the dining room and choose where they wished to sit. Staff undertook the serving of the mid-day meal which was undertaken in a respectful unhurried manner. Residents told us they enjoyed the meals provided and that choice was always offered. One resident said that she could change her mind on the day and another meal would be offered. Staff demonstrated their knowledge of residents' likes and dislikes regarding meals.

A range of drinks was provided for residents within the lounge where most residents sat. It was observed at the conclusion of the inspection that no drinks had been taken and drinking glasses remained stacked. Fluid intake was discussed with a staff member who advised that residents were aware that they can help themselves to the drinks if they wanted and that drinks in the form of mid-morning and afternoon tea was provided each day. Fluid intake was identified as an area of improvement. Encouraging fluids by offering/serving these to residents, on a regular basis throughout the day, especially during the warm weather is an important aspect of care in particular to the prevention of dehydration and urinary tract infections.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness of care delivered to residents at appropriate intervals. The Annual Quality Report (May 2019) was provided by the manager. Review of the report evidenced a high level of positive responses of safe effective care from residents/relatives within the satisfaction survey conducted. Indicators within the report included: core value of rights, provision of care activities, complaints, staff attitude, communication and standard of environmental cleanliness. Actions identified for improvement were reflected and incorporated into practice by way of staff meetings, supervision and appraisal.

Observation of practice during the inspection evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that the manager operated an "open door" policy with regard to communication within the home.



One completed RQIA satisfaction questionnaire was returned from a resident / relative within the timescale. This respondent indicated that they were very satisfied that the care provided was effective.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits, reviews, and communication between residents, staff and other key stakeholders

### Areas for improvement

Areas identified for improvement included: reflection of potential needs within care plans and encouragement of resident fluid intake.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

#### 6.5 Is care compassionate?

**Residents are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff within the home agreed that they promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents rights; independence and confidentially.

Discussions with residents, staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. Residents confirmed that staff are as unobtrusive as possible, residents choose how they wished to spend their day, were consulted regarding their meal choices and whilst activities were available it was the individuals choice if they preferred not to participate. One resident said that they preferred not to participate in activities and were quite happy with their own company.

Residents and/or their relatives were consulted with, at least annually, about the quality of care and the environment. The findings from consultation were collated into a summary report and action plan.

The arrangements in place to deliver a programme of activities and events for residents were reviewed. Through observation, review of documentation and discussion with residents and staff, we obtained confirmation that the programme of activities was based on the assessed needs of residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme, which was displayed in pictorial format, identified that activities were provided throughout the course of the week and were age and

culturally appropriate. Residents told us they were given opportunities to make suggestions regarding the planning of activities. A selection of materials and resources were available for use during activity sessions. Records of the activities provided were retained.

One completed RQIA satisfaction questionnaire was returned from a resident / relative within the timescale. This respondent indicated that they were very satisfied that the care provided was compassionate.

The provision of a Resident Guide, which includes details, as set within Regulation 4 of The Residential Care Homes Regulations was identified as an area of improvement. Each resident should be issued with a copy of the guide in accordance with regulation.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives and taking account of the views of residents.

**Areas for improvement**

The development of a Resident Guide was identified as an area for improvement.

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

The manager is supported in her role by the regional manager, who visits the home on a regular basis and at operational level by a mixed skilled team of care and ancillary staff. There has been no change in the management structure of the home since the previous inspection.

The manager is currently registered manager of the nursing home which is within the same site as residential unit. Her application to be registered as manager of the residential unit has been submitted RQIA.

The manager outlined the management arrangements and governance systems in place that support and promote the delivery of a safe, quality care service within the residential unit.

There was a clear organisational structure and staff demonstrated awareness of their roles, responsibility and accountability. The regional manager was kept informed regarding the day to day running of the home by way of telephone, electronic and regular visits to the home.

The manager attends monthly management meetings with the regional manager which provides opportunity for her to discuss any issues she may have with the delivery of the service alongside quality improvements planned.

The manager reported that the management and control of operations was in accordance with the regulatory framework. Inspection of the unit confirmed that the RQIA registration certificate was displayed confirming the maximum number of residents which can be accommodated and the categories of care.

The manager explained that staffing levels and skill mix were kept under review which takes account of the number and dependency levels of residents accommodated; the assessed care needs, social and recreational needs of residents and the size and layout of the unit including fire safety arrangements.

The manager explained that working practices are systematically audited to ensure they are consistent with good practice and in accordance with the unit's policies and procedures. Examples of audits undertaken included: environmental infection prevention and control; fire safety; environmental cleanliness; medicine administration and management; fire safety; accidents/incidents including falls; NISCC registrations; and staff training. In addition, an annual resident/relative satisfaction survey is conducted with responses analysed. The outcome of audits undertaken are shared and discussed with senior management and included within the annual report.

The deputy manager explained the modes of communication utilised to enable smooth running of the home and provision of care, for example, time allocated for shift hand over information regarding residents and other areas of accountability; quarterly staff meetings; residents' meetings; and staff supervisions and appraisals. Records were made and retained. Other means of communication included the placement of information (written and pictorial programme of activities) on residents' and staff notice boards, for example, statement of purpose; how to make a complaint; scheduled activities; and various health information leaflets/booklets. The development of the Resident Guide was identified as an area for improvement as cited within Section 6.5.

Data with regard to accidents/incidents was retained in hard copy format. Additional information in this regard is cited within Section 6.3 of this report. Accidents/incidents and untoward events were notified by the manager to senior management and the commissioning trusts for monitoring purposes.

Review of complaints records and discussion with the manager evidenced that complaints were recorded and appropriately managed.

Monthly monitoring of the unit continues to be undertaken by the regional manager. Reports dated May, June and July 2019 were reviewed. The reports summarised the views of residents ascertained about the quality of care provided and any actions taken by the manager to ensure that the home is being managed in accordance with legislation and minimum standards.

Residents and staff said they felt that the home was well managed. One resident said, "everything was good so the management must be good." No issues or concerns about the service were raised or indicated by residents or staff.

One completed RQIA satisfaction questionnaire was returned from a resident / relative within the timescale. This respondent indicated that they were very satisfied that the care provided was managed.

Review of complaints records and discussion with the manager confirmed that arrangements were in place to effectively manage complaints in accordance with the legislation and Department of Health (DOH) guidance on complaints handling.

### Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified within the well led domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 and Linda Graham, regional 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 4  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2019	<p>The responsible person shall ensure that a Resident Guide is developed and distributed to each resident and/or their relative.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The resident guide has been updated to include only information relevant to Residential and is distributed to all residents/relatives.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> 9 August 2019	<p>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.</p> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The Residential duty roster has been updated to include the Registered Manager's working hours and references to nursing units have been removed.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2019	<p>The registered person shall ensure that the following action is taken:</p> <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> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Residents at high risk of and who suffer recurrent UTIs have appropriate care plans in place.</p> <p>The Registered Manager will monitor receipt of care review reports and these are audited as part of care file audits. The identified missing report was received the next working day.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 9.2	<p>The registered person shall ensure that staff encourage residents to have daily fluids by offering/serving these on a regular basis throughout the day.</p>

<p><b>Stated:</b> First time</p>	<p>Ref: 6.4</p>
<p><b>To be completed by:</b> Immediate action</p>	<p><b>Response by registered person detailing the actions taken:</b> Fluids are on offer in lounge and dining areas. Staff reminded to ensure fluids are offered and served to residents throughout the day. The Registered Person will continue to monitor this area.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care