

# Unannounced Care Inspection Report 30 January 2017



## Oakridge Residential Unit

Type of service: Residential Care Home  
Address: 14 Magheraknock Road, Ballynahinch, BT24 8TJ  
Tel No: 028 9756 5322  
Inspector: Kylie Connor

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Oakridge Residential Unit took place on 30 January 2017 from 09:00 to 13:15.

The inspection sought to assess progress with any issues raised during the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, infection prevention and control, risk management and the home's environment.

No requirements or recommendations were made in relation to this domain.

### Is care effective?

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

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

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

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

One recommendation was made in regard to notifying RQIA of residents' unplanned attendance or admission to hospital.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Linda Kelly, acting manager and Kelly Kilpatrick, nurse manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 22 September 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Spa Nursing Home Mr Christopher Arnold	<b>Registered manager:</b> Linda Kelly - Acting
<b>Person in charge of the home at the time of inspection:</b> Kelly Kilpatrick until 10.00 Linda Kelly from 10.00 until completion of the inspection	<b>Date manager registered:</b> Acting manager
<b>Categories of care:</b> DE – Dementia	<b>Number of registered places:</b> 10

## 3.0 Methods/processes

Prior to the inspection we analysed the following records: the previous inspection report and accident/incident notifications received.

During the inspection the inspector met with five residents, one senior care staff, one visiting professional, a nurse manager and the acting manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose
- Minutes of a recent staff meeting
- Complaints and compliments records
- Audits of accidents and medication
- Schedule of mandatory training completed
- Accident/incident/notifiable events register
- Minutes of recent joint resident / representatives' meeting

- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

A total of nine questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 22 September 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 22 September 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 20 (3) <b>Stated:</b> First time <b>To be completed by:</b> 22 October 2016	<p>The registered provider must ensure that competency and capability assessments are undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.</p> <p><b>Action taken as confirmed during the inspection:</b>            Compliance was confirmed following inspection of a completed competency and capability assessment for a senior care assistant.</p>	<b>Met</b>
<b>Requirement 2</b> <b>Ref:</b> Regulation 27 (4) (f) <b>Stated:</b> First time <b>To be completed by:</b> 30 September 2016	<p>The registered provider must ensure that fire drills are undertaken on a monthly basis to ensure that all staff are proficient during fire drills.</p> <p><b>Action taken as confirmed during the inspection:</b>            Compliance was confirmed following inspection of monthly fire drill records.</p>	
<b>Requirement 3</b> <b>Ref:</b> Regulation 16(1)	<p>The registered provider must ensure that all care plans are reviewed to confirm that they are reflective of the residents' identified needs.</p>	<b>Met</b>

<b>Stated:</b> First time <b>To be completed by:</b> 31 October 2016	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of three care plans and discussion with staff.	
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Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> Ref: Standard 25.1 <b>Stated:</b> First time <b>To be completed by:</b> 22 October 2016	The registered provider should ensure that the staffing levels in the residential care home are reviewed. <b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of staff rotas and discussion with staff.	<b>Met</b>
<b>Recommendation 2</b> Ref: Standard 20.6 <b>Stated:</b> First time <b>To be completed by:</b> 31 October 2016	The registered person should review the statement of purpose to ensure it references the restrictive practices used in the home. <b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of this information within the statement of purpose.	<b>Met</b>
<b>Recommendation 3</b> Ref: Standard 11.1 <b>Stated:</b> First time <b>To be completed by:</b> 31 October 2016	The registered provider should ensure that contact is made with the trust to undertake the outstanding care management reviews. <b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of two care files.	<b>Met</b>
<b>Recommendation 4</b> Ref: Standard 29.1 <b>Stated:</b> First time <b>To be completed by:</b> 23 September 2016	The registered provider should ensure that any actions arising from the fire safety risk assessment are signed and dated when they have been completed. <b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of the current fire safety assessment.	<b>Met</b>

#### 4.3 Is care safe?

The acting manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home. Cover due to staff sickness had been arranged in a timely manner on the morning of the inspection. Staff confirmed that cover is always obtained from within the home and that they do not need to use agency staff.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The acting manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the acting manager confirmed that no staff had been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body.

The acting manager confirmed that a safeguarding champion had been identified within the organisation and that this would be discussed at the next staff meeting.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the acting manager, review of accident and incidents notifications, care records and complaints records confirmed that there had been no suspected, alleged or actual incidents of abuse.

Discussion with the acting manager and staff identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of the statement of purpose identified that restrictive practices pertaining to locked doors and keypad access were adequately described.

Staff confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment demonstrated that it was clean and appeared fit for purpose.

Staff training records confirmed that all staff had received training in Infection Prevention and Control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Staff were able to describe how a recent outbreak of infection was managed in line with procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The acting manager and nurse manager reported that any outbreaks of infection within the last year had been managed in accordance with the home policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained. In future, the acting manager and nurse manager confirmed that separate notifications will be made to RQIA if both the nursing home and residential unit are affected.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with staff confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 24 May 2016 and all recommendations were noted to be appropriately addressed.

Review of two randomly selected staff training records and further information provided confirmed that both members of staff had completed fire safety training twice annually. Fire drills were completed every month. Fire safety records identified that fire-fighting equipment, fire alarm systems and means of escape were checked weekly and were regularly maintained. Checks to the emergency lighting and fire doors had been completed on a monthly basis up until and including September 2016. The acting manager stated that from September 2016 an external contractor had been employed to complete quarterly checks; and advised the home that monthly checks were not necessary. Following discussion and confirmation with the premises inspector, the nurse manager verified that monthly checks were required and such checks had been reintroduced with immediate effect. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Senior care staff spoken with during the inspection made the following comments:

- "I prefer the training here (with the new provider in comparison to the previous provider) rather than the elearning we used to do. You get more out of it."
- "We don't have a high turnover (of staff). They are very much into the residents."

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.4 Is care effective?**

Discussion with the acting manager established that staff in the home responded appropriately to and met the assessed needs of the residents.



A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, PEEPs, pain and depression where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Resident's and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Records were stored safely and securely in line with data protection.

Discussion with staff confirmed that a person centred approach underpinned practice. For example, staff reported that many of the residents enjoy a sing song and so staff provide this activity in the evening to help prepare residents for bedtime. Staff also gave examples of activities where prizes were specially selected based on the likes of individual residents.

The acting manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls, outbreaks) and complaints were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The acting manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, joint residents and representatives' meetings, staff meetings and staff shift handovers. The acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Discussion with a district nurse, residents and observation of practice evidenced that staff were able to communicate effectively with residents and other key stakeholders.

Minutes of joint resident and representative meetings were reviewed during the inspection. Discussion with a district nurse, review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Staff spoken with during the inspection made the following comment:

- "We're lucky with the staff we have."

A district nurse spoken with during the inspection made the following comment:

- "It's a home from home."

### **Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.5 Is care compassionate?

The acting manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. Staff demonstrated compassion in their understanding of how the management of infection outbreak in November 2016 impacted on residents and what action staff took to minimise these.

The acting manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. For example, when discussing residents' needs with others such as the district nurse, this takes place in the office with the door closed.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, a district nurse and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example, joint residents and representatives meetings and annual reviews.

Discussion with staff, residents and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, attendance at local churches, clubs and going out with friends and family.

Residents' spoken with during the inspection made the following comments:

- "It's a great place, staff are awful good and I think I'm spoilt. They really go overboard."
- "You can ask the staff anything."
- "They have got to know us well."

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.6 Is the service well led?

The acting manager outlined the management arrangements and governance systems in place within the home. The acting manager and following the inspection, the area manager confirmed that recruitment options to progress the appointment of a registered manager were being considered. The acting manager agreed to keep RQIA informed of progress made. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

Staff verified that a range of policies and procedures was in place to guide and inform staff.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. No complaints had been received since the previous inspection. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented. Unplanned attendance or admission of residents to hospital had not been reported to RQIA and a recommendation was made. Other relevant organisations had been reported to in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Discussion with staff established that they were knowledgeable regarding whistleblowing. The acting manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The acting manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

A resident spoken with during the inspection made the following comment:

- “It’s very, very good. It’s very well run.”

Staff spoken with during the inspection made the following comment:

- “The nurse manager is a very good manager, very approachable and if you’ve a problem, she gets it sorted.”

### **Areas for improvement**

One area for improvement was identified in relation to reporting to RQIA any residents’ unplanned attendance or admission to hospital.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Linda Kelly, acting manager and Kelly Kilpatrick, nurse manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to the web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 20.15</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 March 2017</p>	<p>The registered provider should ensure that residents' unplanned hospital attendance or hospital admissions are notified to RQIA.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> This has been addressed with staff and residents' unplanned hospital attendance or hospital admissions are notified to RQIA and a record is maintained of this</p>



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