

Announced Follow-up Care Inspection Report 18 May 2020



Oak Tree Manor Residential Home

Type of Service: Residential Care Home

Address: 2A Hazel Avenue, Dunmurry, Belfast BT17 9QU

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Inspector: Jane Laird

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 residential care home with 51 beds which provides care to people who have dementia. The home is divided into three units as detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Michelle Montgomery 11 March 2020
Person in charge at the time of inspection: Geraldine McKee - Deputy Manager	Number of registered places: 51
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential home on the day of this inspection: Cedar unit – 14 Seymour unit – 8 Rowan unit - 12

4.0 Inspection summary

An announced inspection took place on 18 May 2020 from 12.00 to 17.30. Short notice of the inspection was provided to the deputy manager on the day in order to ensure that arrangements could be made to safely facilitate the inspection.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to information received by RQIA from members of the public and a whistleblower regarding this home a decision was made to undertake a care inspection.

The concerns were in relation to the following:

- supervision of residents
- access and availability of personal protective equipment (PPE)
- staff knowledge regarding the use of PPE
- the availability of COVID-19 regional guidance
- staff knowledge of COVID-19 symptoms and when to isolate
- medicine competency
- communication with relatives
- staff knowledge of the management arrangements in the home including the organisational structure.

As a result of this inspection we evidenced that the concerns raised were partially substantiated. Details were discussed with the responsible individual and management team during the inspection feedback. Further details are included within the main body of this report.

It is not the remit of RQIA to investigate whistleblowing concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing
- care delivery
- management and use of personal protective equipment (PPE)
- infection prevention and control (IPC) measures
- environment
- communication
- medicine competency assessments
- governance and management arrangements.

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

4.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*7	0

*The total number of areas for improvement includes one regulation which has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Geraldine McKee, deputy manager, Iris McFarland, unit manager and Gavin O'Hare-Connolly, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- staff duty rota for weeks commencing 11 May 2020 and the 18 May 2020
- three residents' daily reports and care records
- three residents' food and fluid charts
- COVID-19 information folder
- adult safeguarding folder
- complaints ledger
- staff medicine competency assessments
- monthly monitoring report completed in April 2020

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection, due to the inspection focus, and are carried forward to the next care inspection.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 14 January 2020.

The quality improvement plan from the previous inspection was not reviewed at this inspection, due to the inspection focus. This will be reviewed at a future inspection.

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
Area for improvement 1 Ref: Regulation 19 2 (5) Stated: Second time	The registered person shall ensure that all care staff, including agency staff, are provided with an individual log-in and personal identification number in order that they can access and record on the electronic information system used in the home.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.	

6.2 Inspection findings

Staffing

On arrival to the home at 12.00 hours we were greeted by staff who were helpful and attentive and were confident in their delivery of care. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have cheerful and friendly interactions with residents.

The deputy manager advised us of the daily staffing levels within each unit and how these levels were reviewed regularly to ensure the assessed needs of the residents were met. Review of staff duty rotas evidenced that the planned staffing levels had been adhered to.

A discussion with staff confirmed that they were satisfied with current staffing arrangements. Staff described recent challenges with the management of staff sickness during the current pandemic but added that this had “now settled”. Comments from staff included:

- “Very supported by management.”
- “Great team who really do care.”
- “I love working here.”
- “Very rewarding job.”
- “Things are starting to get back to normal again.”
- “Very good induction.”

We also sought staff opinion on staffing via the online survey. There was no response in the time frame allocated.

Care delivery

Staff demonstrated a detailed knowledge of residents’ wishes, preferences and assessed needs and of how to provide comfort if required. Residents were well presented, and supported by staff in maintaining their personal care in a timely and discreet manner.

There was a relaxed atmosphere within the home and residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Oak Tree Manor Residential Home. Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat. Comments from residents included:

- “I can’t say a bad word about this place.”
- “They are all great.”
- “Staff are very good here.”
- “I’m well looked after.”

Staff confirmed that COVID-19 tests had been carried out on the 15 May 2020 for all residents. Staff were able to describe the challenges of managing residents with Covid-19. For example, encouraging residents, who have dementia, to maintain isolation and/or social distancing.

Staff spoken with were knowledgeable regarding the symptoms of Covid-19 and how to escalate any changes in a resident's usual presentation to the person in charge. Staff also said that if they themselves felt unwell, they would inform the person in charge and isolate, at home, as per regional guidance.

We observed the lunch time meal and saw that staff attended to the residents' needs in a prompt and timely manner. We saw that staff wore the appropriate PPE and sat beside residents when assisting them with their meal. However, the menu displayed did not reflect the meal served and the notice board within the Seymour unit displayed confidential information regarding residents' dietary needs. This was discussed with the management team who removed the confidential information during the inspection and agreed to monitor the menu displays during daily walk arounds.

Review of three residents' care records evidenced a number of deficits:

- care plans did not accurately reflect the residents' medical history
- care plans and risk assessments for one resident were commenced several weeks after their admission
- fluid intake records on the computerised system did not reflect the paper records also maintained.

Specific examples were discussed in detail with management who acknowledged the shortfalls in the documentation and agreed to communicate with relevant staff the importance of accurately recording such information within residents' care records. In order to drive improvements, this was identified as an area for improvement.

Management and use of personal protective equipment (PPE)

We found that there was an adequate supply of PPE at the entrance to the home and PPE stations were well stocked throughout the units. On discussion with staff some stated that initially they had difficulties with PPE supplies but that this was no longer an issue. Staff further advised that the unit manager was very proactive in ensuring there was a good supply of PPE throughout the home.

Each unit contained a folder with the most recent COVID-19 regional guidance for care homes and this was accessible to all staff. Notice boards, within each unit, displayed information regarding the recommended PPE for acute care settings and not for a care home as stated within the regional guidance for care homes. This was discussed with the responsible individual who agreed to review this and to provide the correct guidance.

Infection prevention and control (IPC) measures

We asked staff if temperature checks were being completed on all residents and staff twice daily and were informed that this was not consistently carried out within all units with residents and that staff temperatures were not being checked. This was discussed with the management team and identified as an area for improvement. Following the inspection an action plan was received detailing that all staff and residents' temperatures were being checked twice daily.

We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had access to online training and that the training provided them with the necessary skills and knowledge to care for the residents. Training records, combined for both the residential and nursing home indicated that 90.48% of staff had completed IPC training and that management were monitoring through individual supervision sessions to ensure full compliance. In addition the Public Health Agency (PHA) had arranged to complete further IPC training with staff the following week.

The importance of keeping records from the residential home separate from the nursing home's records was discussed with management so as to provide an accurate account of the number of staff trained in each home. This is discussed further in the report.

Staff demonstrated an awareness of the various types of PPE with the majority of staff observed applying and removing PPE correctly. However, a number of staff practices were not in accordance with IPC guidelines. For example, we observed two staff incorrectly handling clean and unclean laundry. We also saw two staff moving between bedrooms and between units without removing their PPE and/or washing their hands. Despite nearly all staff having completed training in IPC, it was evident from the above findings that training had not been fully embedded into practice and an area for improvement was made.

Environment

In general the environment was fresh smelling, neat and tidy with some areas observed to be better maintained than others. However, a number of concerns were identified given that the home's environment required to be managed under infection prevention and control measures. For example, some residents' belongings and boxes of incontinence pads had been stored in two communal bathrooms; several armchairs within an identified lounge had minor damage to the fabric; a small number of bedframes within identified bedrooms had an adhesive substance to the surface of the footboard and therefore were not able to be effectively cleaned; dust and debris was evident on low surfaces behind a number of doors; storage areas required to be tidied and the fridge and dishwasher within the Seymour and Rowan units had not been recently cleaned. This was discussed in detail with management and an area for improvement was made.

On further review of the environment a number of unnecessary risks to residents were identified. For example, an open staff handbag containing personal medication was stored in the nurses' station which was not locked; residents could access equipment such as a microwave, kettle and toaster in the kitchenette areas within the Rowan and Seymour units; nail polish and perfume were easily accessible within two activity stores which had no locks. This was brought to the attention of the unit manager who immediately secured the doors to the nurses' station and spoke with staff on duty regarding the importance of securing the items detailed above. An area for improvement was made.

We observed a multipurpose cleaning chemical within an unlocked cupboard in a communal bathroom and brought this to the attention of the care team leader (CLT) who removed it immediately. In discussion with management, they acknowledged the importance of securing hazardous chemicals and agreed to monitor this during daily walk arounds.

In the Seymour unit we saw that the door to the treatment room was unlocked where medication is stored. We brought this to the attention of the unit manager who immediately secured the door. Later in the inspection we saw that the same treatment room door was left ajar. An area for improvement was made to ensure the safe storage of medication.

Communication

We confirmed through discussion that systems were in place to ensure good communications between the home, resident and their relatives. Some examples of the efforts made included; face time, telephone calls and visits to the window. However, some staff said that due to the pressures of managing the Covid-19 pandemic they were sometimes “overwhelmed” by the volume of calls received by the home on a daily basis and that this took them away from delivering care.

Following discussion with the management team it was confirmed that the wellbeing leads, who are responsible for coordinating activities, were delegated to communicate with relatives and arrange video calls.

Staff medicine competency assessments

We reviewed a sample of staff medicine competencies for care team leaders (CTLs) which confirmed that any CTL given the responsibility of administering medicines was deemed competent to do so by the unit lead.

We spoke with the CTLs on duty and found that they were confident in their role. The CTLs did not raise any concerns regarding medicine management.

Governance and management arrangements

The management team confirmed the current management arrangement for the home. Discussion with staff evidenced that they knew who was in charge of the home on a daily basis and how to escalate concerns. We saw that there was clear information on the notice board in each unit with an organisational structure of the management.

Review of the home’s complaints records evidenced that although systems were in place to ensure complaints were being recorded appropriately, there was no evidence that the complainant was satisfied with the outcome. The responsible individual acknowledged the importance of documenting when a complainant is or is not satisfied with an outcome and agreed to enhance this process by including a section for updates. This will be reviewed at a future inspection.

We reviewed the monthly monitoring report for April 2020 which provided an overview of the residential home. However, the areas for improvement identified by the responsible person and the training records as previously discussed were combined for both the residential and nursing home and we were unable to determine the governance outcomes for the residential home specifically. This was discussed with the responsible individual who informed us that the report was completed as a desktop visit due to the COVID-19 outbreak within the home and agreed to forward the monthly monitoring report for May 2020 with records for each home maintained separately.

Areas of good practice

Evidence of good practice was found in relation to maintaining residents' dignity and privacy, and staffing arrangements. We observed friendly, supportive and caring interactions by staff towards residents and we were assured that there was a strong culture of compassionate care in the home.

Areas for improvement

Six new areas were identified for improvement. These were in relation to care records, temperature checks on residents and staff, infection prevention and control (IPC), aspects of the home's environment, risk management and safe storage of medication.

	Regulations	Standards
Total number of areas for improvement	6	0

6.3 Conclusion

The responsible individual assured us that an action plan would be developed to ensure the issues identified during the inspection were resolved in a timely manner; we received a copy of the action plan in the days following the inspection with further assurances from the regional manager. We were satisfied that the appropriate action had been taken to address the immediate issues identified.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Geraldine McKee, deputy manager, Iris McFarland, unit manager and Gavin O'Hare-Connolly, responsible individual, 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 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	
Area for improvement 1 Ref: Regulation 19 2 (5) Stated: Second time To be completed by: 28 February 2020	<p>The registered person shall ensure that all care staff, including agency staff, are provided with an individual log-in and personal identification number in order that they can access and record on the electronic information system used in the home.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: With Immediate effect	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • accurate records of the total daily fluid intake are maintained • care plans fully reflect the needs of the resident and include relevant medical history • risk assessments and care plans are completed on admission and developed further as necessary <p>Response by registered person detailing the actions taken: New key workers have been allocated, monthly care plans audits will continue and management team will monitor compliance. The registered Manager has implemented staff development and support sessions and a resource file for staff to refer to.</p>
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: With Immediate effect	<p>The registered person shall ensure that resident and staff temperatures are obtained twice daily as per regional COVID-19 guidance.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Resident and staff temperatures are now being taken to the managers office in daily flash meetings for the day before. Management will continue to monitor.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • handling of clean and unclean laundry • correct use of PPE • hand washing between residents <p>Ref: 6.2</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>Response by registered person detailing the actions taken: Formal supervision has been issued to all staff, Donning and doffing audits are being completed and face to face infection control training supplied by the South eastern Trust has been completed for all staff. An infection control lead has been identified for each unit.</p> <p>The registered person shall ensure that all areas of the environment are maintained as detailed in the report.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Formal supervision has been completed for all housekeeping. New allocations have been implemented and management will continue with spot checks daily.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall, having regard to the number and needs of the residents, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>This is with specific reference to:</p> <ul style="list-style-type: none"> • domestic appliances such as kettle, toaster and microwave • staff personal belongings • items within the activity stores <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: All domestic appliances have been removed from kitchenettes and new hot serving flasks will be filled by kitchen and ready for each unit. All staff have received formal supervision reminding them to use lockers provided. All stores have been decluttered and spot checks completed daily will continue.</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have recieved formal supervision and spot checks will continue on daily walk rounds.</p>
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Please ensure this document is completed in full and returned via Web Portal



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