



Unannounced Care Inspection Report 14 January 2020



Oak Tree Manor Residential Home

Type of Service: Residential Care Home
Address: 2A Hazel Avenue, Dunmurry, Belfast BT17 9QU
Tel no: 028 9061 0435
Inspector: Alice McTavish

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 51 residents.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Michelle Montgomery, registration pending
Person in charge at the time of inspection: Michelle Montgomery	Number of registered places: 51
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 33

4.0 Inspection summary

An unannounced inspection took place on 14 January 2020 from 09.30 to 16.45 hours.

The inspection assessed progress with all areas for improvement identified in the home during the last care inspection. Information was also obtained for review by a pharmacy inspector in order to validate any areas for improvement in respect of a previous medicines management inspection.

Evidence of good practice was found in relation to the home's environment, activities for residents and the preparations made by staff to ensure that groups visiting the home to engage with residents had knowledge of dementia.

No new areas requiring improvement were identified.

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

Comments received from residents, people who visit them 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
Total number of areas for improvement	*1	0

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Michelle Montgomery, manager, 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.

4.2 Action/enforcement taken following the most recent inspection dated 4 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 4 and 6 October 2019. An intention meeting resulted from the findings of this inspection however, no notices were served.

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 and medicines management inspections, 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. Seven questionnaires were completed and returned by residents and residents' relatives and four questionnaires were returned by staff.

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

- staff duty rotas from 5 January to 11 January 2020
- schedule of planned staff development days
- residents' records of care
- accident/incident records for December 2019
- management audit of accidents and incidents
- correspondence relating to liaison with other agencies
- system for management of individual log-in and personal identification number for staff access and recording on the electronic information system used in the home
- staff supervision and appraisal

- staff training
- fire drills
- complaints and compliments
- governance audits
- calibration checks of weighing scales
- daily shift handovers
- communication book
- RQIA registration certificate

A sample of the following records was reviewed after the inspection:

- personal medication records
- medication administration records
- weekly medicine audits
- care plan of one identified resident

Areas for improvements identified at the last care and medicines management inspections were reviewed and 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 4 October 2019

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		
Area for improvement 1 Ref: Regulation 30 (1) Stated: Second time	The registered person shall ensure that RQIA is notified of all incidents, as set out in current guidance. This should include the following: <ul style="list-style-type: none"> • Unplanned activations of the fire alarm • Accidents which occur in the home involving residents where medical intervention needs to be sought 	Met
	Action taken as confirmed during the inspection: Inspection of records of accident and incident records held in the home cross referenced against those notified to RQIA confirmed that this area was addressed. The manager described how the use of daily meetings	

	between all key staff and management and the use of a more robust system of audit ensured that all accidents and incidents were reported appropriately.	
Area for improvement 2 Ref: Regulation 19 (1) (a) Schedule 3 3. (j) Stated: First time	The registered person shall ensure that all incidents in the home are consistently recorded in the necessary level of detail. Action taken as confirmed during the inspection: Inspection of records of accident and incident records confirmed that these were consistently recorded in the necessary level of detail.	Met
Area for improvement 3 Ref: Regulation 13 (1) (a) Stated: First time	The registered person shall ensure that referrals are made to other agencies as appropriate and that a written record is kept of all liaison with such agencies. Action taken as confirmed during the inspection: Inspection of records and correspondence confirmed that referrals were made to other agencies where appropriate, also that written records of all liaison with such agencies were maintained.	Met
Area for improvement 4 Ref: Regulation 19 (1) (a) Stated: First time To be completed by: 7 October 2019	The registered person shall ensure that care records of residents are completed in the degree of detail necessary to determine the level of potential risk or harm to residents. Action taken as confirmed during the inspection: Inspection of residents' care records confirmed that these were completed in the degree of detail necessary to determine the level of potential risk or harm to residents. These records were consistent with the information reported to RQIA and to other agencies.	Met
Area for improvement 5 Ref: Regulation 19 2 (5) Stated: First 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.	Partially met

	<p>Action taken as confirmed during the inspection: Care and administrative staff confirmed that care staff employed by the home were provided with an individual log-in and personal identification number in order that they could access and record on the electronic information system. Inspection of residents' care records established that the entries were completed by staff using individual log-ins and personal identification numbers.</p> <p>Inspection of residents' care records established that agency staff working in the home were provided with log-in details for the agency. Whilst agency staff recorded their name and the date on each entry made on the electronic recording system, they used log-in details of home staff to access the electronic records. In one instance it was found that an agency staff member was logged in under the name of another member of agency staff.</p> <p>This area for improvement is therefore stated for the second time.</p>	
<p>Area for improvement 6 Ref: Regulation 10 (1) Stated: First time</p>	<p>The registered person shall ensure systems are put in place for suitable management arrangements during any absences of the manager. This should include arrangements for additional involvement or oversight from senior management.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager confirmed the arrangements in place for cover by senior managers to provide additional involvement or oversight during any absences of the manager.</p>	<p>Met</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.2 Stated: First time	<p>The registered person shall ensure that the following records are held separately for the residential home:</p> <ul style="list-style-type: none"> • Staff supervision • Appraisal • Training • Fire drills • Complaints and compliments • Governance audits 	Met
	<p>Action taken as confirmed during the inspection: Inspection of these records confirmed that these are now held separately for the residential home</p>	
Area for improvement 2 Ref: Standard 34.2 Stated: First time	<p>The registered person shall ensure that calibration checks are completed each time the scales are used and that this is recorded so that staff can identify if the scales are not measuring accurately.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the manager and care staff and inspection of written records confirmed that calibration checks were completed each time the scales were used.</p>	
Area for improvement 3 Ref: Standard 20.2 Stated: First time To be completed by: 9 October 2019	<p>The registered person shall ensure that a system of written communication is used in the home by staff during changes of shift.</p>	Met
	<p>Action taken as confirmed during the inspection: Inspection of daily records of staff handovers and the communication book confirmed that a system of written communication is used in the home by staff during changes of shift.</p>	

Areas for improvement from the last medicines management inspection on 5 September 2018		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 33 Stated: First time	The registered person shall closely monitor the administration of liquid and inhaled medicines.	Met
	Action taken as confirmed during the inspection: There was evidence that running balances were maintained for liquid medicines and inhaled medicines on supplementary sheets and the medication administration record respectively. These were audited regularly.	
Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: 7 September 2018	The registered person shall update one resident's care plan in relation to diabetes.	Met
	Action taken as confirmed during the inspection: The care plan for the resident specified was updated to reflect the care provided/responsibilities of the staff in the home and other healthcare professionals.	
Area for improvement 3 Ref: Standard 31 Stated: First time To be completed by: 5 October 2018	The registered person shall develop a system to ensure correlation between personal medication records and medication administration records.	Met
	Action taken as confirmed during the inspection: A weekly audit had been introduced that included a check that these records correlate and reflect the prescriber's instructions and an action plan if any discrepancies were identified. A sample of personal medication records and medication administration records were examined for two residents and found to correlate.	

6.2 Inspection findings

We walked around the home and found it to be warm, clean, tidy and fresh smelling. Lounges, dining rooms, the café, corridors, and residents' bedrooms remained well decorated; the furniture and soft furnishings were well maintained and provided a comfortable environment for

residents. We looked in the linen store and found that it was well stocked with laundered bedlinen and towels.

The manager advised that there were now three members of staff employed in Oak Tree Manor, known as Wellbeing Leads, and this will allow for the provision of activities across all seven days of the week. A new Dementia Services Manager for all Runwood Homes in Northern Ireland was now in post and was to be based at Oak Tree Manor. The Dementia Services Manager and Wellbeing Leads had commenced work on a new activity programme. This would include intergenerational projects in conjunction with local primary schools and other activities with which would continue to promote community involvement.

The manager also advised that a new regional hospitality manager had been appointed and was in the process of visiting each home to meet with the chefs. We spent time observing the lunch time dining experience and saw that there was enough staff present to ensure that everyone was served in a calm and well organised manner. We noted that staff wore aprons and washed their hands before serving food. There was a choice of two hot meals offered and alternatives were also available. Meals were attractively presented and smelled appetising with generous portions; residents were offered more food if they wanted it. The staff made sure that any resident who needed additional assistance or encouragement got this.

The manager advised that everyone, including children who participated in visits to the home, was given age appropriate information about dementia so that they have understanding and insights into this condition; this helped to prepare them for their interactions with the residents of Oak Tree Manor. We spoke with the hairdresser who attends the home weekly; she confirmed that she had been given training in dementia and this had been valuable in helping her to provide a service to the residents. The arrangements made in this regard represented good practice.

The hairdresser also told us about her observations about care in the home and the approach of staff with residents: "I have always seen staff to be kind and courteous to residents and I think the care is good. There's a good atmosphere in the home. I think that there's more stability with the management now and the administration staff are good. I used to hear staff saying 'I don't know about that resident, that's not my side' but I don't hear that now. All the staff seem to take care of all the residents and it's obvious that all staff know each resident. When the people from the nursing home upstairs are brought down to the hairdressing room, the staff greet them warmly, giving them hugs."

We spoke with residents who told us that the care was good and they enjoyed living in the home. Some people commented, "I'm getting on rightly, it's good," and, "They (staff) are very good to me". We saw that when residents became distressed or agitated, staff knew how to respond in a way that provided comfort and demonstrated a kind and supportive approach.

We spoke with residents' relatives who described the care in positive terms. A relative said, "I feel the staff are very good. They are helpful, friendly and approachable and they treat the residents very kindly. I am pleased with the care my (relative) gets, especially from Coleen who does the activities. I find the home is clean and bright. My only issue is that my (relative's) dentures, a ring, shoes and underwear went missing, even though the shoes and clothing are labelled. I reported all missing items to the staff and the shoes and underwear were found. I fully understand that people with dementia often throw stuff into the bin and they are never found again. The staff were very good about getting the dentist to see if the dentures could be

replaced, but I know they are likely to go missing again. I wouldn't hesitate to approach staff to raise any issues."

Three questionnaires were returned by residents. All respondents indicated that they were very satisfied with the quality of care and services provided in the home. Residents made the following comments:

- "I've just arrived but it seems nice."
- "If I was allowed to sleep on, it would be perfect!"
- "I feel I am well cared for in Oak Tree Manor."

Four questionnaires were returned by residents' relatives and all respondents indicated that they were very satisfied with the quality of care and services provided in the home. Residents' relatives made the following comments:

- "Couldn't be any happier with the service provided for my (relative). Office staff including Michelle (the manager) couldn't be more helpful."
- "I'm glad to see less agency (staff) in the home now. My (relative) loves the home and all the staff. The girls in the front office Emma and Jackie are great and very helpful, nothing is a bother. Great home."
- "Great place."
- "Very happy. Love the home and staff are wonderful."

Four questionnaires were completed and returned to RQIA by staff. Three of the respondents indicated that they were very satisfied that the care in Oak Tree Manor was safe, effective, compassionate and well led. One respondent was undecided about aspects of the care but was satisfied with the quality of management and leadership in the home. The comments provided by each respondent are as follows:

- "Great manager."
- "Great Management who has really improved the home and puts her all into the home, (the manager) is a great and very fair boss."
- "I have worked in Oak Tree for over a year and I love it. I feel rewarded helping our residents and Michelle the manager supports us in doing that. She is very fair and helps us. I love my job and my residents."
- "I feel the home is better than it has ever been and actually glad to see Michelle back as she's been the only manager that has ever supported us properly.....We all work brilliantly together for our residents which has made my job a lot easier. The only thing I will say is there should be better pay for us workers. But I honestly can't complain about anything else."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the warmth of relationships between residents and staff and the efforts made by staff to promote understanding of dementia for visitors to the home for the benefit of residents.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Michelle Montgomery, 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>Area for improvement 1</p> <p>Ref: Regulation 19 2 (5)</p> <p>Stated: Second time</p> <p>To be completed by: 28 February 2020</p>	<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>Response by registered person detailing the actions taken:</p> <p>All staff who access the Gold Crest system has been given new log in details. Any agency staff previously would have a log in for the agency. Going forward we will email agencies an individual user name and password for the staff member booked before shift commences. As the home no longer uses agency as now fully recruited this will only be needed on an as required/emergency basis.</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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care