

Unannounced Care Inspection Report

28 May 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: 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 Mongtomery 11 March 2020
Person in charge at the time of inspection: Geraldine McKee - acting 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 - 7 Rowan unit - 12

4.0 Inspection summary

An unannounced inspection took place on 28 May 2020 from 14.30 to 20.15 hours.

Due to the 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 concerns raised by the South Eastern Health and Social Care Trust (SEHSCT) a decision was made by RQIA to undertake an inspection. The SEHSCT had issued a performance notice to the home on 27 May 2020 as a result of their concerns.

The concerns were in relation to the following:

- leadership and management
- skin care
- access to information regarding residents' dietary recommendations
- communication.

Details of the concerns were discussed with the responsible individual and the manager on our arrival at the home.

The following areas were examined during the inspection:

- staffing
- communication
- care records
- infection prevention and control (IPC) measures
- environment
- leadership and management.

As a result of this inspection we evidenced that the concerns raised were not substantiated and the performance notice was removed by the SEHSCT on 1 June 2020.

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	*4	2

*The total number of areas for improvement includes two regulations which have been stated for a second time and two regulations which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Geraldine McKee, acting manager; Gavin O'Hare-Connolly, responsible individual; Denise Donald, internal compliance inspector; and Dee Connolly, regional quality 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.

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.

Questionnaires and 'Tell us' cards were provided to give residents 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. There was no response from residents or staff.

The following records were examined as part of the inspection:

- three residents' care records
- daily handover report record
- monthly monitoring report for May 2020
- staff temperature monitoring records
- duty rota for the week beginning 25 May 2020.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, not met or 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(s)

The most recent inspection of the home was an announced care inspection undertaken on 18 May 2020.

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 (5) Stated: Second time	<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>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>	Carried forward to the next care inspection
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time	<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>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>	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that resident and staff temperatures are obtained twice daily as per regional COVID-19 guidance.</p> <hr/> <p>Action taken as confirmed during the inspection: Following the inspection the manager provided RQIA with copies of temperature records which confirmed that resident and staff temperatures were being checked twice daily.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</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 <hr/> <p>Action taken as confirmed during the inspection: Observations evidenced that staff practice was not in keeping with IPC guidance. Refer to section 6.2 for details.</p> <p>This area for improvement is therefore stated for a second time.</p>	<p>Not Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all areas of the environment are maintained as detailed in the report.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the environment evidenced that this area for improvement had been addressed. This is discussed further in 6.2.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</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 	<p>Partially Met</p>

	<ul style="list-style-type: none"> • items within the activity stores <p>Action taken as confirmed during the inspection: Observations of the environment evidenced that items within the activity store remained accessible to residents. This is discussed further in 6.2.</p> <p>This area for improvement is therefore stated for a second time.</p>	
<p>Area for improvement 7</p> <p>Ref: Regulation 30</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: Observations confirmed that this area for improvement had been met.</p>	<p>Met</p>

6.2 Inspection findings

Staffing

On arrival to the home at 14.30 hours we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home and staff were observed attending to residents’ needs in a prompt and timely manner.

In addition to the home’s regular staffing levels, staff from the SEHSCT were present to assist with resident care and with completing a terminal clean of the home. We spoke with the Trust staff who were complimentary of Oak Tree Manor and its’ staff. Comments from Trust staff included:

- “Residents are well cared for as if it was their (the care staff’s) own family member. The staff are brilliant.”
- “Very friendly staff.”
- “This home has had negative press in the past but I can’t understand why. The care is excellent.”
- “Staff are very compassionate.”
- “Feel very supported.”

Communication

The manager and responsible individual informed us that the wellbeing leads had commenced a new communication strategy and were keeping a record of contacts made with families via telephone calls and face time. All families had been contacted and invited to arrive at the

home's car park during a designated time slot over the upcoming weekend for an appropriately risk assessed and socially distanced visit with their relative.

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports and confirmed that there was effective communication at the commencement of each shift with both a verbal and written report being provided which enabled them to discuss and review the ongoing needs of residents. Some advice was provided regarding the detail of the written handover record and management agreed to review this to ensure that the information documented is fully reflective of the residents care plan.

We discussed the dietary needs of residents. Staff were knowledgeable regarding residents requirements such as dietary type and all stated that they had access to this information either within the care records at the office or on the written hand over report.

The dining experience was observed to be calm and organised; and residents who required support were provided with the necessary assistance. However, we heard a member of staff using unsuitable language whilst in the company of residents during the meal delivery and brought this to the attention of the management team. Following the inspection we were provided with written confirmation that management had addressed the situation as per home policy.

We further observed that the menu displayed in the Cedar unit did not reflect the meal options available. This had previously been identified at the inspection on 18 May 2020; this was discussed with the management team who agreed to monitor this during daily walk arounds. In order to drive improvements, an area for improvement was made.

Overall, discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. However, two staff stated that they did not feel that their conversation with management would be maintained in confidence. This was discussed with the responsible individual and, following the inspection, the regional manager confirmed that posters were now displayed in staff areas with the confidential human resource helpline number for all staff as well as contact numbers for the regional manager and the responsible individual.

Infection prevention and control (IPC) measures

Information regarding the colour coded zones and recommended personal protective equipment (PPE) as per regional COVID-19 guidance had been appropriately displayed following the last inspection on the 18 May 2020.

The manager and responsible individual informed us that staff had received IPC training since the last inspection with more training arranged for 8 June 2020.

Observation of staff IPC practices, including the use of PPE, evidenced improvement since the last care inspection however, a number of staff practices were still not in accordance with IPC guidelines. For example, we observed a staff member carrying clean bedding against their uniform and a staff member leaving a bedroom without removing their PPE and/or washing their hands. We further observed a staff member leaving a resident's bedroom carrying a soiled continence pad through the corridor and into the communal bathroom. Despite confirmation that staff had received further training in IPC, it was evident from the above findings that the

training had not been fully embedded into practice. This area for improvement was stated for a second time.

Staff informed us that the regular monitoring of resident and staff temperatures had not been obtained over recent days as thermometer probe covers were unavailable. The manager advised that probe covers had been ordered but, due to a regional demand for this item, they were informed that there would be a delay in the delivery. Following the inspection the management advised us that the necessary equipment, including new thermometers, had arrived on the 29 May 2020 and that twice daily temperature checks had re-commenced for both residents and staff. A record of temperature recordings for the week following the inspection were forwarded to RIQA which evidenced that this area for improvement has been suitably addressed.

Environment

The home was found to be warm, fresh smelling and comfortable throughout. Since the last inspection on the 18 May 2020 the storage areas and communal bathrooms had been decluttered and a deep clean of the home was taking place during the inspection including the removal of damaged armchairs within the Rowan unit.

We identified two shower chairs with rust and several shower curtains within residents' en-suites which were stained. This was discussed with the management team during feedback who advised that a review of all shower chairs and shower curtains would be completed and replaced where necessary. This will be reviewed during a future inspection.

Within the Rowan unit we identified that the door to an activity store had no lock with items such as nail polish remover accessible to residents. We brought this to the attention of the care team leader (CTL) who removed the nail polish remover immediately. This was discussed with the management team during feedback as an area for improvement which has been stated for a second time. Following the inspection we received written confirmation that a lock had been installed to the activity store door.

We saw that a number of duvet covers were unable to be fastened fully as the fasteners were damaged. The responsible individual agreed to review the quality of bed clothes and following the inspection written confirmation was received that new bedding and bed clothes had been purchased within the home. This will be reviewed at a future inspection.

Alcohol based hand sanitiser dispensers were available at the entrance of the home and within each unit. However, we asked the management team to review the placement of dispensers in key areas within the Rowan and Seymour units with limited dispensers and to ensure that supplies of alcohol gel were replenished on a regular basis. This will be reviewed at a future inspection.

We observed that the sluice room on the Rowan unit was being used as a store for continence products. The manager confirmed that the sluices in the home were not being used as sluice rooms but as storage rooms. Each room contained water outlets that require water temperature checks and regular flushing. Following the inspection maintenance records were submitted to RQIA and reviewed by the estates inspector who was satisfied that the necessary water safety checks were being maintained. The responsible individual was also advised to review the storage arrangements within the sluice rooms or submit a variation application to change the registered purpose of these rooms. This was identified as an area for improvement.

We identified water damage in the ceiling of a visitor's toilet and a bedroom and discussed this with management. Following the inspection written confirmation was received to confirm that the damaged areas had been redecorated. This information was shared with the estates inspector and we will review this at a future inspection.

We observed the door to the nurse's station on the Cedar unit open with access to confidential information. This was brought to the attention of the responsible individual who secured the door and discussed the importance of maintaining this practice with staff on duty. The door was secure for the remainder of the inspection. The need for all staff to be vigilant regarding the security of confidential information and records was discussed during feedback with the management team who agreed to monitor this during daily walk arounds. This will be reviewed during a future inspection.

Leadership and management

The COVID-19 outbreak had necessitated changes to management arrangements within the home and it was recognised that this had been an unsettled period of time for staff. We discussed the current management arrangements with the responsible individual who informed us of the arrangements in place to ensure managerial oversight was effectively maintained. The manager told us that she felt well supported in her current role by both the regional manager and the responsible individual.

Management were visible within the home on various occasions throughout the inspection. The internal compliance inspector was completing a monthly monitoring visit of the home and was readily available to answer any questions.

We discussed a delay in notifications made to RQIA with the manager who assured us that every effort was being made to submit these as soon as possible. We recognised that the manager had only been appointed to the post and was not responsible for the delay in these notifications; this was brought to the attention of the responsible individual for information and action as required.

Following the inspection a copy of the monthly monitoring report for May 2020 was forwarded to RQIA which provided an overview of the residential home. The training statistics were specific to the residential home and not combined with the nursing home as previously identified. The report reflected some of the above findings and an action plan with time frames and the person responsible for addressing the actions was implemented.

Areas of good practice

Evidence of good practice was found in maintaining effective and meaningful communication networks with relatives and residents. The overall ethos of compassionate care in the home was evidenced through interactions between staff and residents and the open and honest conversations we had with staff.

Areas for improvement

Two new areas were identified for improvement. These were in relation to the menu display and the review of storage arrangements within sluice rooms.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

There was evidence of appropriate leadership and management structures within the home and residents appeared to be content and settled in their surroundings. Staff were knowledgeable regarding the dietary recommendations of residents and how to access relevant communication networks to ensure that the needs of residents are met. We were satisfied that the appropriate action had been taken to address any immediate issues identified during the inspection and we were unable to substantiate the concerns raised by the SEHSCT.

The SEHSCT was provided with an update on the findings of the inspection. The performance notice issued by SEHSCT on 27 May 2020 was removed on 1 June 2020 as the SEHSCT was satisfied that all requirements had been addressed.

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, acting manager; Gavin O'Hare-Connolly, responsible individual; Denise Donald, internal compliance inspector; and Dee Connolly, regional quality 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 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 (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>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 3 Ref: Regulation 13 (7) Stated: Second time To be completed by: With Immediate effect	<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: 6.1</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.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: Second 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"> • items within the activity stores <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: All stores has been decluttered and organised by our wellbeing leads.Management to monitor on daily walk arounds and spot checks.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall ensure that the daily menu displayed is reflective of the meal choices available.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: A meeting has taken place with all kitchen staff and formal supervision has been completed. management and Chef to monitor and check daily. Meal time audits to continue.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.11</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person should review the storage arrangements within the sluice rooms or submit a variation application to change the registered purpose of these rooms.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: A variation application has been submitted to the RQIA in relation to changing 2 sluice rooms into store areas.</p>

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



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