

# Unannounced Care Inspection Report 6 August 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: Mandy Ellis

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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 registered to provide residential care for up to 51 people living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual:</b> Gavin O'Hare-Connolly	<b>Registered Manager and date registered:</b> Michelle Montgomery 11 March 2020
<b>Person in charge at the time of inspection:</b> Rebecca Dalzell – Care Team Leader	<b>Number of registered places:</b> 51
<b>Categories of care:</b> Residential Care (RC) DE – Dementia.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 38

### 4.0 Inspection summary

An unannounced inspection took place on 6 August 2020 from 09.30 to 16.40 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing arrangements
- the use of Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- the environment
- care delivery
- governance and management arrangements.

The findings of this report will provide Oak Tree Manor with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	5*	3*

\*The total number of areas for improvement includes one area under regulation which has been stated for a second time, and one area for improvement which has been carried forward to be reviewed at a future care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Michelle Montgomery, manager, Geraldine McKee, deputy manager and Caron McKay, regional operations director, as part of the inspection process. The timescales for completion commence from the date of inspection.

A meeting was held in the RQIA offices on 14 August 2020 to discuss the outcomes of the inspection in detail. This meeting was attended via video conference by the deputy manager and regional operations director. At this meeting RQIA were provided with plans to address deficits which had been noted during this inspection in relation to the cleanliness of the environment and infection prevention and control practices.

## 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.

During the inspection the inspector met with five residents and six staff. Patient/relative questionnaires and 'Tell us' cards were provided to give residents and their relatives who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster was also provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- the duty rota from 26 July 2020 to 9 August 2020
- a selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- two staff recruitment files
- notifiable events reportable to RQIA
- six residents' care records
- four fluid intake recording charts.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or carried forward to be reviewed at a future care 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 unannounced care inspection undertaken on 28 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 19 (5) <b>Stated:</b> 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><b>Action taken as confirmed during the inspection:</b>            We were advised that there has been no use of agency staff since January 2020.</p>	<b>Carried forward to the next care inspection</b>
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 16 (1) <b>Stated:</b> First time	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> <li>• Accurate records of the total daily fluid intake are maintained.</li> <li>• Care plans fully reflect the needs of the resident and include relevant medical history.</li> <li>• Risk assessments and care plans are completed on admission and developed further as necessary.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b>            The care records reviewed evidenced that care records were reflective of residents' medical history and care plans and risk assessments were developed and completed on admission. However, the fluid intake charts reviewed were not recorded consistently. This is further discussed in section 6.2.4.</p>	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second 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"> <li>• handling of clean and unclean laundry</li> <li>• correct use of PPE</li> <li>• hand washing between residents</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Staff practice observed during the inspection confirmed that staff washed their hands in between care delivery to residents, used PPE correctly and were observed to handle laundry appropriately.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (2) (t)</p> <p><b>Stated:</b> Second 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"> <li>• items within the activity stores</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The activity stores were found to be locked. The Care Team Leaders held the key for the stores.</p>		
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the daily menu displayed is reflective of the meal choices available.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The menu displayed in the dining rooms reflected the meal choice available.</p>	<p><b>Met</b></p>

<b>Area for improvement 2</b> <b>Ref:</b> Standard 27.11 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An appropriate variation application has been submitted to RQIA in respect of sluice rooms within the home.	

## 6.2 Inspection findings

### 6.2.1 Staffing arrangements

On arrival to the home 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. We were advised by the manager that staff had a temperature and symptom check upon arrival to work; a record of this was maintained. It was encouraging to note that the inspector was also required to undergo a temperature and symptom check upon arrival to the home.

We reviewed the duty rotas for the period from 26 July 2020 to 9 August 2020. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff commented positively about working in the home, staffing levels, the teamwork that existed amongst the staff and being supported by the manager.

Comments made by staff included:

- "The manager is approachable."
- "I love working with the residents."
- "I like caring for older people."
- "I enjoy coming to work."

### 6.2.2 Personal Protective Equipment

Staff were observed to use PPE appropriately during our visit. PPE was readily available and PPE stations were well stocked throughout the home. The manager told us that these were regularly replenished and the home had sufficient supplies.

Staff were observed to carry out hand hygiene at appropriate times. IPC training was recently facilitated by the South Eastern Health and Social Care Trust (SEHSCT) over two days and many staff availed of the opportunity to attend this training.

### 6.2.3 Infection Prevention and Control / Environment

We reviewed the home's environment by undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices and storage areas. We found corridors and fire exits were clear and unobstructed. The home was fresh smelling throughout. The residents' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual residents.

However, deficits were noted in regard to the cleanliness of other parts of the environment. We identified several shower chairs with rust. This was discussed with the manager who subsequently confirmed that replacement shower chairs had been ordered and were due to be delivered the following day.

The underside of hand sanitiser units also required cleaning; this was discussed with the manager who advised that the cleaning of hand sanitiser units will be added to the daily domestic cleaning schedules going forward. The manager informed us that the hand sanitiser units will be numbered to aid the monitoring of their cleaning, by the manager during a daily walk around the home.

In addition, we observed the following deficits: one identified hand rail and bathroom cabinets required cleaning tidying; the inappropriate storage of items within residents' en suites, and the need to ensure that the cleanliness of residents' bed linen is more closely monitored by staff. An area for improvement to incorporate all the above deficits was made.

It was further identified in two bathroom cabinets that topical creams and lotions were not marked with the date of opening. This was discussed with the manager and the importance of dating these items stressed as they have a limited shelf life once opened; an area for improvement was made.

We also identified deficits with regards to staff compliance with the Control of Substances Hazardous to Health (COSHH) regulations in two identified areas. These were highlighted to the manager who advised that appropriate locks would be fitted to the storage units in all the dining rooms to enable safe storage of such products. An area for improvement was made.

We also highlighted to the manager that some kitchen items should be more securely stored at all times. An area for improvement was made.

### 6.2.4 Care delivery

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs. 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.

Comments from residents included:

- "The staff are lovely."
- "The staff are very kind."
- "I am quite happy."
- "There's always someone here if you need them."
- "We have good staff in here."

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. The tables were set and the food served looked and smelt appetising. However, the notice board within the Seymour unit and Rowan unit displayed confidential information regarding residents' dietary needs. This was discussed with the manager who agreed to action and remove this information. An area for improvement was made.

Review of six residents' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of residents. However, in two of the care records reviewed there were a number of care plans out of date and requiring review. An area for improvement was identified.

The fluid intake charts reviewed for four residents were not consistently recorded and did not accurately reflect the documented 24 hour fluid intake on the computerised system. This was discussed with the manager who acknowledged the shortfalls in the documentation; the manager agreed to have supervision sessions with relevant staff as to the importance of accurately recording such information within residents' care records. An area for improvement was made.

### **6.2.5 Governance and management arrangements**

A number of governance audits were completed to assure the quality of care and services. Areas audited included: health and safety; the environment; hand hygiene; infection prevention and control; mattress and cushion usage; falls; and care records. While these audits generated action plans which evidenced that shortfalls had been addressed, we recommended that the robustness of the current audit process be reviewed further given inspection findings regarding the environment and care records. This will be reviewed at a future care inspection.

A review of records evidenced that that monthly monitoring reports were completed in accordance with Regulation 29 of the Residential Care Homes Regulations (Northern Ireland) 2005. The home had also undergone three support visits by the regional operations director since the last inspection.

A review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Two recruitment files for newly appointed members of staff were reviewed and this evidenced that appropriate pre-employment checks had been completed prior to these staff members commencing employment.

### **Areas of good practice**

Areas of good practice were identified in relation to staffing, recruitment, the use and availability of PPE and in the caring and compassionate interactions between staff and residents.

## Areas for improvement

New areas for improvement were identified in relation to: infection prevention and control, the management of COSHH, the management of environmental risks, resident confidentiality, care documentation, and the management of limited shelf life topical creams and lotions.

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

### 6.3 Conclusion

On the day of the inspection we observed that residents appeared comfortable, and that staff treated them with kindness and compassion. The staff were timely in responding to their individual needs. PPE was appropriately worn and staff frequently performed hand hygiene. Staff told us that they enjoyed their work and felt supported by the manager. Six new areas for improvement were identified as outlined in this report.

A meeting was held in the RQIA offices on 14 August 2020 to discuss the outcomes of the inspection in detail. This meeting was attended by the deputy manager and regional operations director. At this meeting RQIA were provided with plans to address deficits which had been noted during this inspection in relation to the cleanliness of the environment and infection prevention and control practices.

### 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, Geraldine McKee, deputy manager and Caron McKay, regional operations director, 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 nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (5)  <b>Stated:</b> Second time  <b>To be completed by:</b> 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><b>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 care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> : Regulation 16 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure consistent and accurate records are maintained of the total daily fluid intake by residents.</p> <p>The electronic computerised 24 hour daily total recorded should correlate with the total recorded on the daily fluid intake paper chart.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Total fluids recorded on the electronic computerised system correlate to the paper chart</p>
<b>Area for improvement 3</b>  <b>Ref:</b> : Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that the infection prevention and control deficits 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"> <li>• the replacement of the identified rusty shower chairs</li> <li>• cleaning of the underside of all hand sanitiser units</li> <li>• cleanliness of the inside of residents' bathroom cabinets</li> <li>• bedlinen and beds that are made by residents' are checked to ensure they are clean and tidy</li> <li>• communal bathroom cupboards are kept tidy and free from clutter</li> <li>• toilet cisterns are free from clutter and are not used to store items such as toilet rolls and cleansing wipes.</li> </ul> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            All inadequate equipment has been replaced and more robust infection prevention and control measures were implemented to ensure compliance with the best practices guidelines and recommendations</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that residents are protected at all times from hazards to their health.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• domestic stores must be kept locked at all times</li> <li>• anti-bacterial cleaning sprays used for cleaning dining room tables are not accessible to residents.</li> </ul> <p>Ref: 6.2.3</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall, having regard to the needs of the residents, ensure that the environmental risks identified in this report are addressed.</p> <p>This is with specific reference to:</p> <ul style="list-style-type: none"> <li>• the secure storage of domestic appliances such as kettles and toasters</li> <li>• the secure storage of knives in resident dining rooms.</li> </ul> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All environmental risks have been reviewed and kettles and toasters have been removed from the units. There are no cutlery items kept in areas to which the residents have access to</p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all limited shelf life topical lotions and creams have the date of opening recorded.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All topical lotions and creams have been verified and opening date of the same are recorded on the bottles/containers</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that any confidential information regarding residents' dietary/medical needs are not displayed on notice boards in the dining room.</p> <p>Ref: 6.2.4</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> All personal confidential information has been removed from the notice boards and is now kept in a specific designated folder secured in the dining room</p> <p>The registered person shall ensure residents' care plans are kept up to date and reviewed in a timely manner.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Care plans for all residents have been reviewed and reflect the current needs of the residents, including accurate treatment regimes</p>

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



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