

Inspection Report

7 May 2024



Oak Tree Manor Residential Home

Type of Service: Residential Care Home
Address: 2A Hazel Avenue, Dunmurry, Belfast, BT17 9QU
Telephone number: 028 9061 0435

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Kathryn Homes Ltd	Registered Manager: Miss Veronica Sousa
Responsible Individual: Mrs Tracey Anderson	Date registered: 30 December 2022
Person in charge at the time of inspection: Miss Veronica Sousa	Number of registered places: 51
Categories of care: Residential Care (RC): DE – dementia	Number of residents accommodated in the residential care home on the day of this inspection: 48
Brief description of the accommodation/how the service operates: Oak Tree Manor Residential Care Home is a residential care home registered to provide health and social care for up to 51 residents. The home is divided into three units (Rowan, Cedar and Seymour) over two floors. There is a nursing home which occupies the first floor and the manager for this home is responsible for both services.	

2.0 Inspection summary

An unannounced inspection took place on 7 May 2024, from 9.45am to 3.15pm. This was completed by a pharmacist inspector and focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The areas for improvement identified at the last care inspection will be followed up at the next care inspection.

The outcome of this inspection concluded that robust arrangements were not in place for all aspects of medicines management. One area for improvement identified at the last medicines management inspection in relation to personal medication and administration records has been stated for a third and final time. Five new areas for improvement in relation to record keeping, storage, the management of controlled drugs and audit have been identified, as detailed in the report and quality improvement plan (QIP).

Whilst areas for improvement were identified, RQIA can conclude that overall, the residents were being administered their medicines as prescribed.

Following the inspection, the findings were discussed with the Senior Pharmacist Inspector and also by telephone with Mrs Tracey Anderson, Responsible Individual, on 23 May 2024. RQIA decided that a period of time would be given to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Discussions took place with staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspector met with the manager and the senior care team leader in each unit. Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no responses had been received by RQIA.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 19 & 20 September 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2)(a)(c) Stated: First time	The registered person shall ensure that all parts of the home that the residents have access to are free from hazards to their safety. This is stated in relation to ensuring the domestic store and sluice room are kept locked, and the inappropriate storage of topical medication.	Carried forward to the next inspection
	Topical medication was stored securely in treatment rooms. However, action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022		Validation of compliance
Area for improvement 1 Ref: Standard 31 Stated: Second time	The registered person shall ensure that medication administration records are fully and accurately maintained. Specifically: <ul style="list-style-type: none"> • Handwritten additions are verified by two members of staff • Entries match personal medication records and reflect the prescriber's most recent instructions. 	Partially met
	Action taken as confirmed during the inspection: The evidence reviewed indicated that this area for improvement had been partially met. See sections 5.2.1 and 5.2.3. This area for improvement was stated for a third and final time.	

Area for improvement 2 Ref: Standard 9.3 Stated: First time	The registered person shall ensure that any referrals for a resident's health and wellbeing are sought from primary health care services, and documented in the resident's records.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 16.4 Stated: First time	The registered person should ensure all suspected alleged or actual incidents requiring safeguarding referral, are reported to the relevant persons and agencies in a timely manner.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 4 Ref: Standard 6 Stated: First time	The registered person shall ensure that each resident has an individual and up to date care plan. Specifically, care plans for one to one supervision should contain sufficient detail on the specific supervision arrangements to guide staff.	Carried forward to the next inspection
	Some medicines related care plans were reviewed and necessary amendments/updates discussed and action agreed. However, action required to ensure compliance with this standard was not fully reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Standard 27.1 Stated: First time	The registered person shall ensure that the malodour in the identified bedrooms are addressed.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 6 Ref: Standard 6.2	The registered person shall ensure that resident call bells are provided in every room used by residents when safe to do so. For residents who cannot safely use a call	

Stated: First time	bell, their care plans should detail the alternative measures in place to ensure their safety and comfort.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

Copies of residents' prescriptions/hospital discharge letters were usually retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice. In two out of the three units, the majority of the personal medication records reviewed were accurate and up to date. Most records had been verified and signed by two staff at the time of writing and at each update to ensure accuracy. However, in the third unit, some personal medication records were not up to date with the most recent prescription. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional (see below).

Care plans were in place when residents required insulin to manage their diabetes. There was detail in the care plan to direct staff if the resident's blood sugar was outside of the expected range. However, a dose was recorded incorrectly on both the personal medication record and the care plan, since these had not been updated when the prescription changed. It was acknowledged that this medicine is administered by district nursing staff, but inaccurate records could result in the wrong information being provided to another healthcare professional.

Personal medication records and medicine administration records must correlate and be accurately maintained. An area for improvement was stated for a third and final time (See also Sections 5.1 and 5.2.3).

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Directions for use were recorded on personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain and other factors. However, records did not routinely include the reason for and outcome of each administration. Records of use in the daily notes were inconsistent. A number of audits carried out at the inspection could not be completed, as staff had not recorded the dates of opening of these medicines or maintained a running balance. An area for improvement was identified.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place, although two needed updating to reflect the current prescription. The manager agreed to address this immediately.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

The management of thickening agents and nutritional supplements were reviewed. A speech and language assessment report and care plan were in place. Records of prescribing and administration which included the recommended consistency level were maintained.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner. A couple of recent examples of medicines being omitted due to being out of stock were highlighted to the manager, all medicines were available for administration at the time of the inspection.

A number of recently received acute medicines (e.g. antibiotics), not included in the monthly order, had not been receipted. In order to provide a clear audit trail, all incoming medicines must be accurately receipted. An area for improvement was identified.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. The trolley in the one unit was unlocked and staff stated no keys had been available since the new trolley was received in March 2024. Staff advised that this trolley was regularly taken into the unit during medicine administration. It is acknowledged that the keys were located following the inspection, however medicine trolleys must be locked at all times when unattended, to ensure safe and secure storage. An area for improvement was identified.

Medicine refrigerators and controlled drugs cabinets were available for use as needed. The temperatures of medicine storage areas were not being monitored in two of the three units following a change in the recording template, from April 2024. It was acknowledged that the temperature was satisfactory and the manager agreed to rectify this immediately. Three medicines with a short shelf life after opening, had expired and were removed from use immediately. It was agreed that this would be monitored through the home's auditing system.

With the exception of the three expired medicines, satisfactory arrangements were in place for the safe disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicine administration records was reviewed; most were found to have been accurately completed. However, as detailed in Section 5.2.1, a number of discrepancies with the personal medication record were observed in one unit. A small number of missed signatures were brought to the attention of the manager for monitoring. Records were filed once completed and readily retrievable for audit.

Handwritten updates on the pre-printed medication administration records were not routinely verified by two members of staff to verify accuracy, although this is the expected practice. This issue had been identified in the home's own audit procedures (31 March 2024), but there was no evidence that action had been taken to address this. As detailed in Sections 5.1 and 5.2.1, an area for improvement was stated for a third and final time.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. Review of the controlled drug record books indicated that records for the receipt, administration and disposal of controlled drugs were usually accurately maintained. However, there was no record of receipt of one Schedule 2 controlled drug (which had not been administered) and it was not stored in the controlled drug cupboard. In addition, an unexplained discrepancy in the balance of another Schedule 2 controlled drug was identified. An investigation provided a satisfactory explanation, however the discrepancy had not been noted by staff when the medicine was received into the home or at each handover. An area for improvement was identified.

Management audited the management of medicines on a regular basis. However, there was no evidence that an action plan for improvement was developed and the areas identified for improvement in this report had not been identified/action taken. The date of opening was not

recorded on all medicines and the label was missing from a couple of liquid medicines; therefore, there were a number that could not be audited. The date of opening should be recorded on all medicines. A running balance which is carried forward to the next medicine cycle should be maintained to facilitate audit for medicines not supplied in the monitored dosage system and to ensure sufficient stock. An area for improvement was identified.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions to the home. However, the admission process for new residents or residents returning from hospital was reviewed. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the resident's medicines and this was shared with the community pharmacist.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents that had been identified had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a small number of medicines and these were highlighted to the manager for monitoring (see Section 5.2.3).

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available for staff.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place. It was agreed that the areas for improvement highlighted in this report would be discussed with staff for ongoing improvement.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards, December 2022.

	Regulations	Standards
Total number of Areas for Improvement	3*	9*

* The total number of areas for improvement includes one that has been stated for a third and final time and six which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Veronica Sousa, Registered Manager, and Mrs Tracey Anderson, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2)(a)(c) Stated: First time To be completed by: From the date of inspection (20 September 2023)	The registered person shall ensure that all parts of the home that the residents have access to are free from hazards to their safety. This is stated in relation to ensuring the domestic store and sluice room are kept locked, and the inappropriate storage of topical medication.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing (7 May 2024)	The registered person shall ensure that all incoming medicines are accurately receipted. Ref: 5.2.2
	Response by registered person detailing the actions taken: Medication receiving books in place in all units, received monthly from supplying pharmacy. CTL meeting held on 20.06.24 and all CTL reminded that all medicines should be received and stored appropriately. This is reviewed with management sign off as part of audit process.
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing (7 May 2024)	The registered person shall ensure that medicine trolleys are locked at all times when unattended. Ref: 5.2.2
	Response by registered person detailing the actions taken: Keys available for all trolleys, CTL meeting held on 20.06.24 and all staff reminded that medicine trolleys should be locked at all times, spot checks carried out daily by Home Manager.
Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022	
Area for improvement 1 Ref: Standard 31 Stated: Third time	The registered person shall ensure that medication administration records are fully and accurately maintained. Specifically: <ul style="list-style-type: none"> Handwritten additions are verified by two members of staff

<p>To be completed by: Immediate and ongoing (7 May 2024)</p>	<ul style="list-style-type: none"> • Entries match personal medication records and reflect the prescriber's most recent instructions. <p>Ref: 5.1, 5.2.1 & 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Monthly medication audits being conducted by Home Manager and all medication administration records reviewed monthly by Home Manager or Unit Manager. Medication changes discussed at daily flash meeting and records reviewed at time to ensure records are accurately maintained.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (20 September 2023)</p>	<p>The registered person shall ensure that any referrals for a resident's health and wellbeing are sought from primary health care services, and documented in the resident's records.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 16.4</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (20 September 2023)</p>	<p>The registered person should ensure all suspected alleged or actual incidents requiring safeguarding referral, are reported to the relevant persons and agencies in a timely manner.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (20 September 2023)</p>	<p>The registered person shall ensure that each resident has an individual and up to date care plan. Specifically, care plans for one to one supervision should contain sufficient detail on the specific supervision arrangements to guide staff.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

<p>Area for improvement 5</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (20 September 2023)</p>	<p>The registered person shall ensure that the malodour in the identified bedrooms are addressed.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 6</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (20 September 2023)</p>	<p>The registered person shall ensure that resident call bells are provided in every room used by residents when safe to do so. For residents who cannot safely use a call bell, their care plans should detail the alternative measures in place to ensure their safety and comfort.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 7</p> <p>Ref: Standard</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (7 May 2024)</p>	<p>The registered person shall ensure that the reason for and the outcome of each administration are recorded on every occasion, for medicines prescribed for the management of distressed reactions on a 'when required' basis.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: PRN protocols are in place for all distressed reaction medications and administration record sheet put in place to include date and time of administration, reason of administration and outcome of same. This is reviewed by management as part of the audit process.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (7 May 2024)</p>	<p>The registered person shall review the management of controlled drugs to ensure appropriate storage and the accurate maintenance of records of Schedule 2 controlled drugs in the controlled drug register.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All drug cupboards reviewed and all medications in stock noted to be stored appropriately. CTL meeting held on 20.06.24 and it was highlighted to staff importance of appropriate storage of drugs, including controlled drugs. This is reviewed during daily walkround and monitored via the audit process</p>

Area for improvement 9 Ref: Standard 30 Stated: First time To be completed by: Immediate and ongoing (7 May 2024)	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Ref: 5.2.3 and 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Weekly stock checks conducted by staff and any shortfalls identified ordered. Monthly Medication Audit being conducted by Home Manager and any issues identified addressed with an action plan. This is reviewed during senior manager compliance visits.</p>

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