

Inspection Report

Name of Service:	Oak Tree Manor Residential Home
Provider:	Kathryn Homes Ltd
Date of Inspection:	3 October 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Kathryn Homes Ltd
Responsible Individual:	Mrs Tracey Anderson
Registered Manager:	Miss Veronica Sousa
Service Profile: <p>This is a residential care home registered to provide health and social care for up to 53 residents living with Dementia. The home is divided into three units (Rowan, Cedar and Seymour) over two floors.</p> <p>There is a nursing home which occupies the first floor and the manager for this home is responsible for both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 3 October 2024, from 9.30am to 5.30pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last pharmacy inspection on 7 May 2024 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. Other areas for improvement will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about life in the home. Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us "We are well looked after." Another resident said, "I couldn't say a bad word about the place, there is plenty of food!"

One relative commented, "It's a fantastic standard of care, there is good communication and the staff are attentive."

Another relative commented, "There is plenty of activities, it is a brilliant place, I am one of the family."

There was evidence of regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

A visiting professional spoke of how, "The staff are attentive and know the needs of the residents."

Residents told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

No completed questionnaires from residents or relatives, or responses to the staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

The importance of engaging with residents was well understood by the manager and staff.

On the day of inspection, residents were enjoying a sing a long in one of the lounges. The weekly programme of social events was displayed advising of future events.

Residents' needs were met through a range of individual and group activities such as arts and crafts, games and musical activities.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Review of one care plan highlighted it did not contain sufficient detail about the pressure area care for a resident, including equipment used. An area for improvement was identified. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

The nurse call system for each floor in the home is linked, including to the nursing home system that is within the same building. It was discussed with the manager the need for zoning of the nurse call system to be considered, to reduce the noise level for the residents in the home. An area for improvement was identified.

There were items stored under the stairwells in the home. There was also fire doors that were being wedged open in the service corridors, and one fire door in the laundry store, on the lower ground floor. On the lower ground service corridor, the floor was found to be damaged.

Issues around fire safety were brought to the manager's attention for immediate action. Two new areas for improvement were identified.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Veronica Sousa has been the Registered Manager in this home since 30 December 2022.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	7*

* the total number of areas for improvement includes six which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Veronica Sousa, Registered Manager, 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 Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 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: 2.0
	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.
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 medicine trolleys are locked at all times when unattended. Ref: 2.0
	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.
Area for improvement 3 Ref: Regulation 27(4) Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that: <ul style="list-style-type: none"> • All stairwells in the home are free from obstruction. • Fire doors in the home are not wedged open. Ref: 3.3.4
	Response by registered person detailing the actions taken: All items removed from stairwell immediately and same discussed with maintenance person. Letter of concern issued to all staff on duty regarding wedging fire doors opened. Storage under stairwell and fire doors reviewed daily by Home Manager during walkarounds.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
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 • Entries match personal medication records and reflect the prescriber's most recent instructions.

To be completed by: Immediate and ongoing (7 May 2024)	Ref: 2.0
	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 2 Ref: Standard Stated: First time To be completed by: Immediate and ongoing (7 May 2024)	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. Ref: 2.0
	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 31 Stated: First time To be completed by: Immediate and ongoing (7 May 2024)	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. Ref: 2.0
	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 30 Stated: First time To be completed by: Immediate and ongoing (7 May 2024)	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. Ref: 2.0
	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 5 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that resident's care plans are kept up to date and reflects the resident's current needs. This is stated in relation to pressure area care. Ref: 3.3.3

To be completed by: 1 November 2024	Response by registered person detailing the actions taken: Care plan in question reviewed and relevant information included. Unit Manager to review 10% of care plans monthly and ensure same are detailed and reflective of residents needs.
Area for improvement 6 Ref: Standard 27.8 Stated: First time To be completed by: 1 January 2024	The Registered Person shall ensure that the premises, engineering services, plant and care equipment are kept safe and suitable. This is stated in relation to the zoning of the nurse call system in the home to reduce noise pollution to residents. Ref: 3.3.4
	Response by registered person detailing the actions taken: Nurse call system has been reprogrammed on 12.11.24 and only nurse call points of each unit will alarm in each individual zones, except for emergency calls which will continue to alarm in entire building.
Area for improvement 7 Ref: Standard 27 Stated: First time To be completed by: 1 January 2024	The Registered Person shall ensure that the damaged area of flooring in the lower ground floor is repaired or replaced. Ref: 3.3.4
	Response by registered person detailing the actions taken: This had already been identified as requiring repair and was already ordered with install on 1.12.24

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