

Inspection Report

5 January 2023



Oak Tree Manor Residential Home

Type of Service: Residential Care Home
Address: 2A Hazel Avenue, Dunmurry, Belfast, BT17 9QU
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 Mr Stuart Johnstone	Registered Manager: Miss Veronica Sousa Date registered: 30/12/22
Person in charge at the time of inspection: Miss Veronica Sousa- Manager	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: 46
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 51 residents. The home is divided in three units over two floors. The first floor unit is called "Rowan", the ground floor units are called, "Cedar" and "Seymour". There is a Nursing Home which occupies the first floor and the Registered Manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 5 January 2023, from 9.30am to 16.20pm by a care Inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean, well-lit and there was a homely atmosphere. Staff were attentive to the residents and carried out their work in a compassionate manner.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Two new areas requiring improvement were identified. Please refer to the Quality Improvement Plan (QIP) for details.

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.

RQIA were assured that the delivery of care and service provided in Oaktree Manor was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Oaktree Manor.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

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 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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Miss Veronica Sousa, Registered Manager at the conclusion of the inspection.

4.0 What people told us about the service

15 residents, one relative and six staff were spoken with. No comments were provided by staff, via the on-line staff survey, or from residents or relatives via the questionnaires provided.

Residents spoken with commented positively regarding the home and said they felt they were well looked after. A resident commented, "The care is good and I am well looked after." Another resident spoke of how, "I have no complaints about the care, I feel safe here and the girls are great".

A relative spoke of how, "The care is good, and my mum gets offered choice. The communication with the home is good and the staff are very good."

Staff told us that the training was good and they felt supported by the manager.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

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

Areas for improvement from the last inspection on 10 May 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		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. 	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 Staffing Arrangements

Staff registration with the Northern Ireland Social Care Council (NISCC) was reviewed. It was unclear from the records if all staff were appropriately registered with NISCC. This was discussed with the manager who provided assurances that oversight of NISCC registration had been reviewed and will continue to be monitored. Following the inspection, RQIA received additional written assurances that NISCC registration for all staff had been reviewed and progressed. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

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.

5.2.2 Care Delivery and Record Keeping

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.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

Residents who are less able to mobilise require special attention to their skin care. One identified residents care plan was not up to date, in relation to their skin care needs. This was reviewed by staff, who made contact with the community nursing service for advice. Care records need to accurately reflect the residents' needs. An area for improvement was identified

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

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.

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily. Residents' needs were assessed 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.

Care records were regularly reviewed and updated to ensure they continued to meet the residents' needs. 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.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that 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, and comfortable. One issue regarding an identified resident's bed linen was discussed with the manager, who arranged for this to be addressed on the day of inspection.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or receive visits.

It was observed that staff offered choices to residents 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.

5.2.5 Management and Governance Arrangements

There has been a 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.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Residents and a relative spoken with said that they knew how to report any concerns, and said they were confident that the Manager would address these.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

Staff commented positively about the manager and described her as supportive and always available for guidance.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	1	2*

* The total number of areas for improvement includes one which is 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, 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 21 (1) (b) Stated: First time To be completed by: From the date of Inspection.	The registered person shall ensure that a robust system is implemented and maintained in regard to monitoring staff registration with the Northern Ireland Social Care Council. Ref: 5.2.1 Response by registered person detailing the actions taken: All care staff NISCC registrations are checked monthly and newly recruited staff are required to start the registration process within 2 weeks of starting employment.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 31 Stated: Second time To be completed by: Immediate and ongoing	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.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: From the date of Inspection.	The registered person shall ensure that the identified resident has an individual, and up to date comprehensive care plan. Ref: 5.2.2 Response by registered person detailing the actions taken: The Home and Deputy Manager discuss wound progress and plans at daily flash meetings and then review these records to ensure care plans are reflecting the same regarding any updates.

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



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