

Inspection Report

12 October 2021



Oak Tree Manor Residential Home

Type of service: Residential Care Home
Address: 2A Hazel Avenue, Dunmurry, Belfast
Telephone number: 028 9061 0435

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 Limited Responsible Individual Mrs Andrea Feeney (Applicant)	Registered Manager: Mrs Tracey Anderson -Registration pending.
Person in charge at the time of inspection: Mrs Tracey Anderson - Manager	Number of registered places: 51 A maximum of 51 residents in category RC-DE.
Categories of care: Residential Care (RC): DE – dementia	Number of residents accommodated in the residential care home on the day of this inspection: 43
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 two units over two floors. The first floor unit is called "Rowan", the ground floor units are called "Cedar" and "Seymour".	

2.0 Inspection summary

An unannounced inspection took place on 12 October 2021, from 10.00am to 6.15pm by a care inspector.

The focus of this inspection was to assess the day to day operation of the home since Kathryn Homes Limited became the owner and registered provider on 26 April 2021. The inspection also assessed progress with the 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.

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

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. Residents said that living in the home was a good experience.

Two areas requiring improvement were identified these were in relation to recruitment of staff and health and safety.

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

RQIA were assured that the delivery of care and service provided in Oak Tree 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 the home.

The findings of this report will provide the Manager 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 and 'Tell Us' cards 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.

4.0 What people told us about the service

Eleven residents, two relatives and eight 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 couldn't be any better, food is brilliant and the staff are kind to me", another resident spoke of how "I am happy here, the girls are great".

Staff told us they were happy working in the home that the training was good and they felt supported by the Manager.

Relatives commented on the difficulties the COVID pandemic had on visiting their loved ones, but they were able to arrange visits and they were happy with the care provided.

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 26 May 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 13 Stated: First time	The registered person shall ensure that effective arrangements are in place to ensure that person centred activities are provided to residents in a consistent manner.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met	
Area for improvement 2 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. Ref: 5.1	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 12.4 Stated: First time	The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each mealtime.	Met
	There was evidence that this area for improvement was met	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Examination of recruitment records highlighted that gaps in employment were not discussed with one employee. This was discussed with the Manager and identified as an area for improvement. RQIA have received assurance, after the inspection, that this gap in employment has since been addressed.

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.

Staff told us that there was enough staff on duty to meet the needs of the residents.

The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

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.

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.

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 evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

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 well maintained, 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.

A relative commented, "my relative is well looked after, and the food is good".

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.

Two chairs in the dining room were torn and required to be repaired or replaced. In an upstairs dining room, a waste bin was found to be rusted and could not be effectively cleaned. These matters were discussed with the Manager who agreed to have the bin and the chairs replaced.

In two bedrooms, tubes of steradent were found in the ensuite bathroom. These were removed by staff immediately when brought to their attention. An area for improvement was identified.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Residents spoke of how the home was well kept and clean.

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. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

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

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.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home.

There was a range of activities provided for residents and an activities therapist had recently been appointed to the home. The range of activities included baking, bingo, arts and crafts and sing a longs.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

Mrs Tracey Anderson is the Manager of the home and has applied to register with RQIA.

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.

There was evidence of regular planned staff meetings. These however did not have an identified agenda, and the attendance record was not signed by staff. This was discussed with the Manager, who agreed to provide an agenda and ensure staff signed the attendance record.

Residents spoken with said that they knew how to report any concerns and said they were confident that the Manager would deal with any issues.

Recent changes to ownership of the home were not reflected in the home's Statement of Purpose. This was discussed with the Manager and an updated Statement of Purpose was sent to RQIA following the inspection.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

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.

There was a system in place to monitor accidents and incidents that happened in the home. However examination of a sample of incident and accident records found that one notifiable incident had not been reported to RQIA as required. This was discussed with the Manager. This notification was sent to RQIA following the inspection.

Staff commented positively about the Manager and described her as approachable and available for guidance.

The home was visited each month by 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.

6.0 Conclusion

Residents commented positively on their lived experience in the home. Staff engaged positively and respectfully with the residents.

As a result of this inspection two areas for improvement were identified in respect of recruitment of staff and health and safety.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the Manager

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)**

	Regulations	Standards
Total number of Areas for Improvement	2*	1

* 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 Mrs Tracey Anderson, 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: Standard 13 Stated: First time To be completed by: Immediate, from the inspection date onwards	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 regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 14 (2)(a)(c) Stated: First time To be completed by: Immediate action required	The registered person shall ensure that dental cleaning tablets are safely stored in accordance with COSHH requirements. Ref: 5.2.3
	Response by registered person detailing the actions taken: This was addressed immediately during the inspection and all dental cleaning tablets were removed. All staff informed that these items are not permitted in the home and compliance is checked daily during walkround of the home.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 19.2 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure all gaps in employment are explored and explanations recorded. Ref: 5.2.1
	Response by registered person detailing the actions taken: Our recruitment site now has a 'gaps in employment' form that has to be completed by all potential new employees, so this will not be an issue moving forward. We will also be double chekcing this on interview to prevednt a reoccurrence.

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



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