

Inspection Report

19 and 20 September 2023



Oak Tree Manor Residential Home

Type of Service: Residential Care Home

Address: 2A Hazel Avenue, Dunmurry

Belfast, BT17 9QU

Tel no: 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 Ltd	Registered Manager: Miss Veronica Sousa
Responsible Individual: Tracey Anderson- not registered	Date registered: 30/12/2022
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: 51
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 manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on the 19 September from 9.45am to 5.15pm, and the 20 September 2023 from 9.45am to 4.00pm 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.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

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

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

Addressing the areas for improvement will further enhance the quality of care and services in Oak Tree 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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents commented positively regarding the home and said they felt they were well looked after. A resident told us of how, "The girls are more than good. My room is clean and tidy, I have no concerns." Another resident spoke of how, "The staff are first class; I am well cared for. The food is good."

Some staff told us they felt that concerns raised with management over an identified resident were not being followed through, and that staffing levels needed reviewed around mealtimes.

Some staff spoke of care in the home being of a different standard between day and night time shifts; this is discussed in section 5.2.1. Other staff told us they were happy working in the home, that there was enough staff on duty and they felt supported by the manager and the training provided. All comments were discussed with the manager for her review and action.

One relative spoke highly of the care and services provided by the home. Another relative raised some issues that were discussed with the manager for her attention.

No additional feedback was received from residents, relatives or staff following the inspection.

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 5 January 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
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.	

Area for improvement 2 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that the identified resident has an individual, and up to date comprehensive care plan.	Met
	Action taken as confirmed during the inspection: 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. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

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

Some staff spoken with were dissatisfied with staffing levels around mealtimes. Observation on inspection did not evidence this. Some staff also spoke of how they felt that care delivered at night time was not of the same standard as care provided in the day time. These comments on care delivery were passed back to management for their review and action as required. Residents commented positively on the care delivered in the home.

Other staff said there was good teamwork 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 Care Team Leader, requested that the Deputy manager from the nursing home complete a skin check for a resident in the Residential Care Home. RQIA were concerned that this practice would deplete the planned staffing in the nursing home. The home is required to use the community nursing service for this purpose, when specialist nursing advice is required. An area for improvement was identified.

There was a system in place to ensure staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

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.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

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.

Plastic cups that were stained were in use in the home for residents. This was discussed with the manager who told us that new cups had been ordered. The use of plastic cups by residents, the resident's choice to do so, and their assessed need, will be reviewed at a subsequent inspection.

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.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review.

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 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. 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.

Concerns were raised by staff around the management's response to safeguarding concerns in relation to potentially restrictive practices with an identified resident. The manager stated that she was unaware of these concerns. This was discussed with the management team, and two referrals were made to the adult safeguarding team in the Belfast Health and Social Care Trust (BHSCT). The safeguarding referrals to the BHSCT resulted in no action required to be taken.

RQIA were not assured that incidents had been reported appropriately to adult safeguarding, and there were no records of the alleged incidents held in the home. An area for improvement was made.

Records pertaining to the provision of one to one care lacked sufficient detail around the care that was being provided. An area for improvement was identified.

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.

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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

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

One domestic store on the first floor was found to be unlocked allowing residents' access to chemicals which could be harmful if ingested. A sluice room was also found to be unlocked. This was brought to the manager's attention who ensured that both rooms were secured. In one bedroom there was access to a medicated gel which would have been harmful if ingested. The manager arranged for this to be stored appropriately. An area for improvement was identified.

There was a malodour evident in two identified bedrooms. An area for improvement was identified.

A number of residents' bedrooms did not have a call bell lead available. There was no clear alternative system in place to ensure residents could summon assistance if required. This was discussed with the manager and an area for improvement was identified. The call bell system for the residential home and the nursing home was connected together as one system. This meant that residents could hear the system sounding in the adjoining nursing home, when they did not need to. This was discussed with the manager for her review.

Residents spoke highly about the upkeep of the homes environment.

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 personal protective equipment (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 stay up late to watch TV.

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.

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

5.2.5 Management and Governance Arrangements

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.

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.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. A senior manager in the organisation was identified as the appointed safeguarding champion for the home.

Staff were aware of who the person in charge of the home was and their own role in the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. A review of the records of accidents which had occurred in the home found that these were managed correctly and reported appropriately. There was a system in place to manage complaints.

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

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 (December 2022) (Version 1:2)**.

	Regulations	Standards
Total number of Areas for Improvement	1	6*

* 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 the management team, 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 14 (2)(a)(c) Stated: First time To be completed by: From the date of inspection	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. Ref: 5.2.3
	Response by registered person detailing the actions taken: All prescribed topical medication removed from residents rooms, supervision completed with staff in relation to this and Home Manager checks stores and sluices are kept locked at all times in daily 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: 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. Ref: 5.1
	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 9.3 Stated: First time To be completed by: From the date of inspection	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. Ref: 5.2.1
	Response by registered person detailing the actions taken: Going forward all residents should they require health care support from community services are being referred to same through designated trust without further advise being sought from deputy manager unless, deputy manager is scheduled to work in residential unit
Area for improvement 3 Ref: Standard 16.4 Stated: First time To be completed by: From the date of inspection	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: All safeguarding referrals are reported within 48h from its occurrence. Staff meeting held to ensure all staff are aware of their responsibilities in reporting concerns

<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</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>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All bespoke package care plans reviewed to reflect needs of resident, including levels of supervision required.</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</p>	<p>The registered person shall ensure that the malodour in the identified bedrooms are addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Carpets identified have been replaced with vinyl floors and carpeted rooms are reviewed regularly for malodour as part of manager daily walkarounds and any identified issues addressed by domestic staff.</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</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>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Call bell audit being carried out weekly to ensure call bells are accessible to all residents.</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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