

Inspection Report

14 September 2021



Oak Tree Manor Nursing Home

Type of Service: Nursing Home
Address: 2A Hazel Avenue, Dunmurry,
Belfast, BT17 9QU
Tel no: 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 Responsible Individual Mrs Andrea Feeney (Applicant)	Registered Manager: Mrs Tracey Anderson – registration application received
Person in charge at the time of inspection: 9 00am – 12pm Clinical lead Candice Boal 12pm – 5 15pm Manager Tracey Anderson	Number of registered places: 24 A maximum of 24 patients in category NH-DE to be accommodated on the First Floor.
Categories of care: Nursing Home (NH) DE – Dementia	Number of patients accommodated in the nursing home on the day of this inspection: 21
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 24 patients and is registered to provide care to patients living with dementia. The home is situated on the first floor of the building and can be accessed by either a lift or by stairs. Oak Tree Residential Home occupies the ground floor; the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 14 September 2021 from 9.00am to 5.15pm by a care Inspector.

The focus of this inspection was to assess the day to day operation of the home since Kathryn Homes 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.

Systems were in place to ensure that patients' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet the needs of the patients. Care records provided details of the care each patient required and were reviewed regularly to reflect the changing needs of the patients. There was good oversight of the day to day running of the home by the manager.

As a result of this inspection areas for improvement were identified with recruitment processes, the completion of repositioning charts, the dating of records and the management of pressure relieving mattresses. Compliance with this area will further improve the services provided in the home.

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 patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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. 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.

Questionnaires and 'Tell Us' cards were provided to give patients 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.

At the end of the inspection the manager was provided with details of the findings.

4.0 What people told us about the service

All of the patients and seven staff were spoken with. Due to the nature of dementia some patients found it difficult to share their thoughts on their life in the home. However all of the patients were well presented and it was obvious from their personal appearance that staff had supported them to wash and dress that morning. Patients smiled when spoken with and were relaxed in the company of staff. When asked if they were warm and comfortable those who could express their opinion confirmed that they were.

Staff were knowledgeable of patients assessed care needs and also of patients likes, dislikes and preferred routines. They explained that they used the information from the morning handover report to shape the morning routine. For example, if patients had an unsettled night and were sleeping soundly they will be attended to later in the morning. Observations of staff working practices evidenced there was good communication between them to ensure that patients' needs were met.

There were no visitors or care partners present in the home during the inspection and no questionnaires were received following the inspection. The record of recent compliments and minutes of care management reviews contained positive feedback from relatives and indicated that they were satisfied with the delivery and outcomes of care.

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 25 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (b) (c) Stated: Second time	The registered person shall ensure that cleaning chemicals are suitably stored in accordance with COSHH regulations.	Met
	Action taken as confirmed during the inspection: Observations confirmed that the area previously identified where cleaning chemicals were not securely stored was locked and a laminated notice displayed on the door to remind staff. This area for improvement has been met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.9 Stated: Second time	The registered person shall ensure that care records contain the rationale for the use of alarm mats and when they are required to be in situ.	Met
	Action taken as confirmed during the inspection: A review of care records confirmed that this area for improvement has been met.	

Area for improvement 2 Ref: Standard 18 Stated: Second time	<p>The registered person shall ensure that effective arrangements are in place to ensure that person centred activities are provided to patients in a consistent manner.</p> <hr/> <p>Action taken as confirmed during the inspection: An activity co-ordinator had been recruited but, due to staffing pressures, was redeployed to caring duties. Due to the current outbreak in the home staff cannot move between homes. The staffing provision has been reviewed and a fulltime activity co-ordinator has now been recruited for the nursing home. They were due to commence employment the week following the inspection. Action to support compliance with this area for improvement was evident therefore it is carried forward to the next inspection when the outcome of this action can be assessed fully.</p>	Carried forward to the next inspection
Area for improvement 3 Ref: Standard 12 Stated: Second time	<p>The registered person shall review the current dining experience in the home and ensure that those patients who require a modified diet have at least two options at meal times.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records and observations made at lunchtime confirmed that this area for improvement has been met.</p>	Met
Area for improvement 4 Ref: Standard 12 Stated: Second time	<p>The registered person shall ensure there is a system in place to ensure the meal choices are recorded and communicated to the kitchen staff.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records and discussion with staff confirmed that this area for improvement has been met.</p>	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a system in place to ensure staff were safely recruited prior to commencing work. The need to ensure that a reference is sought from the person's current, or most recent, employer (if any) was identified as an area for improvement.

All staff were provided with an induction programme to prepare them for working with the patients. A range of training to help staff undertake their role was provided; records were in place to assist the manager in monitoring who completed which training and when. Records evidenced good compliance with the completion of mandatory training.

Systems were in place to check that staff were appropriately registered with a professional body and their registration remained live. Newly appointed care staff were supported to register 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 manager told us that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients were met. Observations confirmed that there was enough staff to respond to the needs of the patients in a timely way and to support flexible routines to suit patients' individual needs.

One patient commented that they liked living in the home and they praised the staff for their level of attention.

Staff were satisfied that the planned staffing was sufficient for them to meet the needs of the patients in a timely manner. They spoke of good team work and were respectful of each other's role within the home.

5.2.2 Care Delivery and Record Keeping

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

Patients' 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 patients' needs. Care records contained good detail of the individual care each patient required and were reviewed regularly to reflect the changing needs of the patients. Records included any advice or recommendations made by other healthcare professionals. Daily records were kept of how each patient spent their day and the care and support provided by staff.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Records were maintained of when patients were assisted to reposition however, the records did not consistently evidence that patients were repositioned in accordance with their care plan. The date of completion was not always recorded on the charts. This was identified as an area for improvement. Some

patients had pressure relieving mattresses in place which required to be set manually. A number were not set accurately in accordance with the patient's weight. Systems to ensure that the correct setting is maintained must be implemented. An area for improvement has been made.

Patients with wounds had these clearly recorded in their care records; records also reflected the care delivered to encourage the healing of wounds.

If a patient had an accident or a fall a report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents.

A number of patients had bedrails erected or alarm mats in place; whilst these types of equipment had the potential to restrict patients' freedom there was evidence that these practices were the least restrictive possible and used in the patient's best interest.

Patients' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Records confirmed that appropriate referrals were made for patients who were losing weight. Records were kept of what patients had to eat and drink but again the date was not always recorded on the charts. The precise nature of the meal was not always recorded to evidence that patients were receiving a varied diet. This information was available from the food choice sheets but these were not routinely retained as patient records. This was discussed with the manager who agreed to review the records to evidence patient meal choices.

Patients had the choice of having their lunch in the dining room, their bedroom or a quiet area of the home. Meals were transported from the kitchen in a heated trolley. The food served was attractively presented and smelled appetising. There was a variety of drinks offered with meals. Staff attended to patients in a timely manner offering patients encouragement with their meals.

A choice of two main dishes was available at each meal for all patients, including those who required a modified diet. Staff were knowledgeable of the International Dysphagia Diet Standardisation Initiative (IDDSI) and patients were provided with meals modified to their assessed need. It was observed that patients enjoyed their meal.

The manager confirmed that patients had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home. Records of recently completed reviews confirmed that changes to the patients' condition were discussed and the opinion of relatives sought on their level of satisfaction with care delivery.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean and fresh smelling throughout. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Patients' bedrooms were personalised with items which reflected the patient's likes and interests. Many displayed photographs of family and friends.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. A fire risk assessment had been completed and a range of fire checks were carried out daily and weekly.

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. There were adequate supplies of PPE stored appropriately throughout the home.

Arrangements were in place for visiting and care partners; ten patients were benefiting from the support of their care partners. Precautions such as a booking system, temperature checks and completion of a health declaration were in place for visitors to minimise the risk of the spread of infection. Staff were enthusiastic to have families visiting again.

Patients participated in the regional monthly Covid-19 testing and staff continued to be tested weekly.

5.2.4 Quality of Life for Patients

Staff demonstrated respect for the patients' privacy and dignity by the manner in which they supported them. Staff responded in a quiet, calm manner. They recognised when their attempts to reassure patients were potentially increasing the agitation. Staff introduced us to patients using their preferred name. Staff were knowledgeable of the life experience of patients and used this knowledge in their everyday interactions with them, at times to provide a diversion and to build relations.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the Covid-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

In the morning, following breakfast a number of patients enjoyed a musical dvd; one patient has a selection of art materials which staff encouraged them to use. The manager explained that the provision of activities has been a challenge over the recent months. Due to unplanned shortages with care staff the wellbeing lead (activity therapist) was periodically redeployed. To mitigate for this change the wellbeing lead from the residential home was providing activities. However, due to the recent outbreak of infection in the residential home staff could not work between the two homes. A full time wellbeing lead has recently been employed for the nursing home and is due to commence employment soon. As previously discussed the provision of activities will be reviewed at the next inspection when the impact of this appointment can be assessed.

5.2.5 Management and Governance Arrangements

There was a clear management structure within the home. The manager was supported in their daily role by a clinical lead and administrator. A range of systems were in place to provide the manager with oversight of the delivery of care. Management support was also provided by the

regional management within the company. An application to register the manager with RQIA has been submitted; following the inspection the inspector liaised with the registration team to progress this application.

Staff commented positively about the manager and described them as supportive, approachable and knowledgeable of the day to day life in the home. They were confident that if they brought concerns to her attention they would be addressed.

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis; records confirmed that there was good compliance with this training.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager completed regular audits of the incidence of accidents, environment, infection prevention and control (IPC) practices and care records.

There was a system in place to manage complaints and to record any compliments received about the home.

Unannounced visits were undertaken each month, on behalf of the applicant Responsible Individual, to consult with patients, 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. The reports were available in the home for review by patients, their representatives, the Trust and RQIA if requested.

6.0 Conclusion

A review of patient and management records, discussion with staff and observations of care delivery and the interactions between patients and staff evidenced that care in Oak Tree Manor was delivered in a safe, effective and compassionate manner with good leadership provided by the manager.

Staff engaged with patients on an individual and group basis. Patients were well presented and relaxed in the company of staff.

Systems were in place to ensure that patients' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet the needs of the patients. Care records provided details of the care each patient required and were reviewed regularly to reflect the changing needs of the patients.

As a result of this inspection areas for improvement were identified with recruitment processes, the completion of repositioning charts, the dating of records and the management of pressure relieving mattresses. Compliance with this area will further improve the services provided in the home.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	1	4*

* The total number of areas for improvement includes one which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21(1)(b) Stated: First time To be completed by: Ongoing from the date of inspection	The registered person must ensure that a reference is sought from the persons current, or most recent employer (if any) prior to commencing employment. Ref: 5.2.1 Response by registered person detailing the actions taken: Recruitment has occurred since inspection and after discussion with staff involved in recruitment, this will be a focus moving forward and all previous employers will be asked to provide a reference.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 18 Stated: Second time To be completed by: 25 March 2021	The registered person shall ensure that effective arrangements are in place to ensure that person centred activities are provided to patients in a consistent manner. 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.

<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection.</p>	<p>The registered person shall ensure that repositioning charts evidence that patients are repositioned in accordance with their care plan.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: An audit has been completed of repositioning charts and coordinating careplans. Any discrepancies have been corrected, repositioning charts have been altered to include space for frequency of repositioning. These documents are then audited daily by the nurse in charge of each shift. The Home Manager is also completing spot checks of all documentation. A further updat to the electronic care plan system will give staff access to record care delivery electronically.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection.</p>	<p>The registered person shall ensure that repositioning charts and food and fluid charts have the date of completion recorded.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All staff have had supervision to highlight the importance of documenting all information. All documents are now replaced nightly by the night nurse in charge who is responsible for ensuring all documents are accurately dated and contain all relevant information.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 23.5</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The registered person shall ensure that pressure relieving mattresses which require the setting to be completed manually are set accurately.</p> <p>Systems to ensure that the correct setting is maintained must be implemented.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A document is in place to record the checking of all pressure relieving mattresses twice daily, once during the day and again by the night staff. This is monitored by the nurse in charge and the Home Manager completes spot checks of the documents</p>

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