



# **Unannounced Follow Up Care Inspection Report 1 July 2020**



## **Oak Tree Manor Nursing Home**

**Type of Service: Nursing Home**  
**Address: 2A Hazel Avenue, Dunmurry, BT17 9QU**  
**Tel No: 028 9061 0435**  
**Inspector: Sharon McKnight**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 24 persons living with dementia.

### 3.0 Service details

|  |  |
|--|--|
| <b>Organisation/Registered Provider:</b><br>Runwood Homes Ltd<br><br><b>Responsible Individual:</b><br>Gavin O'Hare-Connolly   | <b>Registered Manager and date registered:</b><br>Michelle Montgomery<br><br>11 March 2020   |
| <b>Person in charge at the time of inspection:</b><br>Geraldine Magee – Deputy manager<br>19:40 – 20:30 hours<br><br>Michelle Montgomery – Registered manager<br>20:30 – 22:00 hours | <b>Number of registered places:</b><br>24<br><br>A maximum of 24 patients in category NH-DE to be accommodated on the First Floor. |
| <b>Categories of care:</b><br>NH-DE – Dementia.  | <b>Number of patients accommodated in the nursing home on the day of this inspection:</b><br>17                                    |

### 4.0 Inspection summary

An unannounced inspection took place on 1 July 2020 from 19:20 to 22.00 hours.

Due to the COVID-19 pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to concerns raised with RQIA, a decision was made by RQIA to undertake an inspection.

The concerns received were in relation to the following areas:

- wound care and pressure relief care
- use of personal protective equipment (PPE)
- provision and availability of equipment for moving and handling patients
- moving and handling training

Details of the concerns were discussed with the responsible individual and the manager on our arrival at the home and at the conclusion of the inspection.

The following areas were examined during the inspection:

- care delivery
- wound care
- pressure relief care
- induction and training for new staff
- staff practice and the use of PPE
- infection prevention and control (IPC) measures/ environment

One area for improvement was identified under the standards in relation to the use of alarm mats.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Michelle Montgomery, Registered Manager and Gavin O'Hare Connolly, Responsible Individual (RI), as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 28 May 2020.

The most recent inspection of the home was an unannounced care inspection undertaken on 28 May 2020. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 May 2020.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

The following records were examined during the inspection:

- two patients' wound care records
- two patients' care records
- four patients' repositioning charts
- moving and handling training records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

| Areas for improvement from the last care inspection   |  |                          |
|---|--|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005           |  | Validation of compliance |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 16<br><br><b>Stated:</b> Third and final time | The registered person shall ensure that wound care plans contain accurate dressing regimes and frequency of dressing. Wound care plans must be updated to reflect any changes made to the dressing and/or frequency. | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>A review of two patients' care records evidenced that this area for improvement has been met.   |                          |

## 6.2 Inspection findings

### 6.2.1 Care delivery

We arrived in the home at 19:20 hours. There was a quiet, calm atmosphere throughout; some patients were in bed sleeping, some were watching television or relaxing in their bedrooms and some were in the sitting room. Patients were served a cup of tea and light supper at 20:00 hours. Staff were knowledgeable of the patients' individual likes and preference with regard to their evening routine. We spoke with the majority of patients; all of them were warm and content and those who could speak with us confirmed that they were comfortable.

We observed that a number of patients had alarm mats in place. Staff spoken with were knowledgeable of their use and the indications for each patient. However, in the two care records reviewed the rationale for their use and when they were required to be insitu was not clearly stated. This was identified as an area for improvement.

### 6.2.2 Pressure relief and wound care

We discussed the care of patients in bed who, due to their reduced mobility, would be at risk of developing pressure ulcers. Risk assessments and care plans were in place for the management of pressure care. Staff explained that there were a number of patients who were assisted to change their position regularly and explained that records were maintained to evidence care delivery. A review of four patients' repositioning charts confirmed that patients were assisted regularly to change their position. The last entry in each chart correlated with the position we observed the patients in.

We observed that each patient had a sliding sheet in their bedroom for use by staff when repositioning the patient. Staff confirmed there was a range of equipment available to assist patients with moving and handling needs.

We reviewed the management of wound care for two patients. Records confirmed that wound care was delivered in keeping with the care plan instructions. Records also evidenced that, where necessary, advice on the management of wounds was sought from healthcare professionals in the local health and social care trust. Some patients declined to have their dressings done or allow the dressing to remain in place and when this occurred this was included in the care plans and regularly communicated and reviewed with relevant healthcare professionals.

### 6.2.3 Staff practice and the use of PPE

Signage had been placed at the entrance which provided advice and information about Covid-19. Personal protective equipment (PPE) was available in the foyer of the home for staff and visitors. PPE was also readily available throughout the home.

No issues were raised by staff regarding the supply and availability of PPE. Staff spoken with were knowledgeable of the correct use of PPE and the correct procedure for donning and doffing.

Patients appeared to be accepting of the need for staff to wear masks and/or visors. Staff advised that they explained the need for the use of the masks if any patients presented as confused or distressed by this.

Clinical waste bins were provided throughout the home for safe disposal of used PPE. Alcohol based hand sanitiser was available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

### 6.2.4 Training for newly appointed staff

We observed that a number of new staff had been appointed since the beginning of the Covid-19 pandemic. We discussed how practical moving and handling training sessions were being delivered given the current pandemic restrictions. The manager explained that they have a moving and handling trainer in-house who completed the required training. Records were maintained of the dates the training took place and signatures of those staff who attended. The records also evidenced those staff who were due to attend and failed to attend.

### Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, care delivery and the provision and usage of PPE.

### Areas for improvement

One area for improvement was identified with the care records for alarm mats.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | <b>0</b>    | <b>1</b>  |

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michelle Montgomery, Registered Manager and Gavin O'Hare Connolly, Responsible Individual (RI), as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

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

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



| Quality Improvement Plan  |   |
|---|---|
| Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015 |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 4.9<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>29 July 2020            | The registered person shall ensure that care records contain the rationale for the use of alarm mats and when they are required to be insitu.<br><br>Ref: 6.2.1<br><br><b>Response by registered person detailing the actions taken:</b><br>Ratioale for the use of alarm mats is now noted in the care plan records. |

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







The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

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

Assurance, Challenge and Improvement in Health and Social Care