



Unannounced Care Inspection Report 5 October 2020



Oak Tree Manor Nursing Home

Type of Service: Nursing Home (NH)

Address: 2a Hazel Avenue, Dunmurry, Belfast, BT17 9QU

Tel No: 028 90610 435

Inspectors: Gillian Dowds and Marie Claire Quinn

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.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual(s): Gavin O'Hare-Connolly	Registered Manager and date registered: Tiago Moreira – acting manager - no application required
Person in charge at the time of inspection: Tiago Moreira	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: 15

4.0 Inspection summary

An unannounced care inspection took place on 5 October 2020 from 12:15 to 17:15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

RQIA received information on 5 October 2020 which raised significant concerns in relation to the catering arrangements in the home, specifically: staffing arrangements within the kitchen; the availability/quality of food within the home; and governance oversight. In response to this information RQIA decided to undertake an onsite inspection, focusing on the following aspects of care delivery to patients:

- dining experience
- availability and supply of food in the home
- staffing and management arrangements
- care recording
- infection prevention and control (IPC) measures.

It is not the remit of RQIA to investigate whistleblowing made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

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
Total number of areas for improvement	*3	14

*Areas for improvement include three under regulation and nine under the standards which were not reviewed as part of this inspection and are carried forward to the next care inspection.

New areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Tiago Moreira, manager, and Geraldine McKee, deputy manager, 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.

5.0 How we inspect

Prior to the inspection, we reviewed:

- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

The following records were examined during the inspection:

- a sample of food delivery records
- staff duty rota 27 September 2020 to 26 October 2020
- residents' weight records and action plans for September 2020
- food and fluid charts for three residents from 3 to 5 October 2020.

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

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 September 2020 which resulted in three areas for improvement; these were not reviewed during this inspection and have been carried forward to be reviewed at a future inspection.

The most recent unannounced care inspection was undertaken on 21 and 22 August 2020 and resulted in nine areas for improvement; these were not reviewed during this inspection and have been carried forward to be reviewed at a future inspection.

Areas for improvement from the last care inspection		
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: First time	The registered person shall ensure that cleaning chemicals are suitably stored in accordance with COSHH regulations.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that all staff communication with members of the multidisciplinary team is recorded in a consistent and robust manner which allows for effective and timely retrieval by nursing staff.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 3 Ref: Regulation 30 (1) (2) Stated: First time	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the nursing home which adversely affects the wellbeing or safety of any patient.	Carried forward to the next care inspection

	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.9 Stated: First 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.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall promote and make proper provision for the nursing, health and welfare of patients as follows: <ul style="list-style-type: none"> • Care plans must accurately reflect the frequency with which wounds should be dressed. • The scheduling of wound dressings must be clearly recorded in an effective and consistent manner. 	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 3 Ref: Standard 18 Stated: First time	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.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 4 Ref: Standard 41 Stated: First time	The registered person shall ensure that staff rotas accurately reference the presence of all staff on duty within the building at all times.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Area for improvement 5 Ref: Standard 1 Stated: First time	The registered person shall ensure that robust arrangements are in place to ensure that short notice staff absences are effectively responded to and managed.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 6 Ref: Standard 35 Stated: First time	The registered person shall ensure that nutritional audits are completed in an effective and robust manner at all times.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: First time	The registered person shall review the record keeping in relation to distressed reactions to ensure that dosage directions are fully recorded on personal medication records and the reason for and outcome of each administration are recorded.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall make the necessary arrangements to ensure that disposal of medicines records are fully maintained; and clearly indicate that all controlled drugs in Schedule 4 (Part 1) have been denatured prior to disposal by two trained staff.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Area for improvement 3 Ref: Standard 28 Stated: First time	The registered person shall develop an effective audit process which includes all formulations of medicines and covers all areas of medicines management. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	Carried forward to the next care inspection
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6.2 Inspection findings

6.2.1 Dining experience

We observed the serving of the lunch time meal. Staff were visible and attentive to patients. The interactions we observed between patients and staff were friendly and pleasant. One patient spoken to stated her meal was, “very nice.”

Patients were offered a choice of chicken or beef, served with mashed potatoes, carrots and parsnips and gravy. Dessert was apple crumble and custard. The meals being served were appetising in appearance. However, we observed that food had been plated before being brought to the dining room which meant that large portions were served to some patients regardless of individual preference. Staff did offer alternatives if the meal was declined. Staff were knowledgeable in regard to the patients’ needs at meal times and dietary preferences. However, we noted that patients who required a modified diet were not given an option concerning their choice of meal. An area of improvement was made.

There was no written or pictorial menu available for residents in the dining room; the use of such menus would help assist patients to better understand the meals options available. This includes implementing a more dementia friendly dining experience for residents, in line with best practice, such as displaying of menus in an appropriate manner, choice of foods and crockery used. An area for improvement was made for management to ensure that the overall quality of the dining experience is improved.

While patients were offered a choice for their lunch time meal, there was a lack of written records evidencing patients’ involvement in choosing their meals and preferences. An area for improvement was made.

6.2.2 Availability and supply of food in the home

Inspection of the kitchen including, stores, fridges and freezers established there was a sufficient supply of food and snacks available in the home.

The home’s chef outlined the process for monitoring, ordering and receiving food supplies in the home. The chef informed us that food deliveries are made to the home three times a week and provided delivery receipts which confirmed this.

We were informed that on 2 October 2020 a food delivery was late, due to unforeseen circumstances outside staff control; this subsequently delayed food preparation for the next day.

In order to ensure that patients' dietary needs were effectively met, alternative arrangements, including the purchasing of additional food supplies, were made by staff in the home. Management and staff stated that due to this delivery delay, meals served during the inspection did not match the planned menu plan set by kitchen staff. We were also advised that the planned menu plan is currently being reviewed by the organisation's regional chef in order to enhance the dietary experience of patients.

6.2.3 Staffing and management arrangements

The home's management arrangements had changed since the previous care inspection. There is currently an acting manager in place for the home. RQIA were notified appropriately of this change.

With regard to staffing arrangements, the manager identified that there was a reliance on agency and bank staff in the home and outlined an ongoing recruitment drive including the recruitment of an assistant chef. The manager stated that the employment of additional permanent staff will promote consistency with regard to care delivery and enhance the dining experience of patients. The manager was also mindful of ensuring adequate staffing levels and skill mix within the home at all times.

Discussion with the manager and review of the staff rota evidenced that there were sufficient staff on duty in the home on the 2 and 3 October 2020. We were informed that two agency cooks had been booked in advance to cover the shifts on those dates, but had cancelled at short notice. Suitably trained care assistants agreed to cover these shifts, the subsequent care assistant shifts were also covered with other care staff.

The home's permanent cook was working on the day of inspection. Two kitchen assistants had commenced work on the day of inspection and confirmed they were receiving appropriate training and induction in these roles.

During the inspection, we spoke with six staff. Staff presented with good knowledge of patients' individual dietary needs and preferences. Specific comments from staff included:

- "We regularly communicate with the kitchen about any meal changes."
- "(Patients) have a choice of meal if they don't like it they are offered an alternative."
- "I haven't had any issues with availability or quantity of the food in the home."
- "We split the team to assist all patients with the food and fluids and we are seeing a rise in fluid intakes."

A poster was displayed for staff inviting them to provide feedback to RQIA on-line following the inspection. No responses were received.

6.2.4 Care recording

We reviewed care records in relation to the management of patients' weights.

Review of care records confirmed that patients' weights were being monitored and that staff were taking appropriate action, if required. We observed that where it was identified that a patient had lost a significant amount of weight, they were referred to multi-disciplinary professionals such as Dieticians or Speech and Language Therapists. The advice and recommendations of these professionals were outlined within clear action plans to guide staff.

Records reviewed confirmed that management maintained robust oversight of this and ensured that the action plans were adhered to by staff.

We observed a sample of supplementary care records relating to patients' dietary and fluid intake. We found that the amount of detail included on these documents was variable. The manager is currently reviewing how the food and fluid records are maintained and told us that these paper records are going to be replaced by an electronic recording system. The manager stated that the use of electronic records will help to improve the accurate completion of these charts in a consistent manner. An area for improvement has been made.

A poster was displayed for staff inviting them to provide feedback to RQIA on-line following the inspection. No responses were received.

6.2.5 Infection Prevention Control measures

We noted occasions when staff were not wearing face masks correctly and were required to wear additional Personal Protective Equipment (PPE) such as gloves. A minority of staff were observed not sanitising their hands when necessary and did not adhere to IPC best practice of 'bare below the elbow' by wearing jewellery and/or nail polish.

We also noted a lack of sufficient and clear written guidance displayed within the home for staff on the use of PPE. The manager advised that staff training regarding IPC including the use of PPE is ongoing although accepted that additional supervision and guidance was required; the manager agreed to action this as a matter of priority. An area for improvement was made regarding staff's adherence to IPC measures and management oversight of this.

Achieving social distancing in an effective and compassionate manner can be challenging when caring for individuals living with dementia. However, we observed that the use of social distancing measures within the dining rooms could be improved. For instance, meal times could be staggered to reduce the number of patients in the dining room at one time. The manager agreed to review this.

Areas of good practice

Areas of good practice were identified in relation to the friendly and kind interactions between patients and staff, and staff knowledge of patients' individual dietary needs and preferences.

Areas for improvement

New areas for improvement were identified in relation to the patients' dining experience and the completion of nutritional care records. A further area for improvement was identified in relation to IPC measures.

	Regulations	Standards
Total number of areas for improvement	0	5

6.3 Conclusion

RQIA conducted an unannounced care inspection on 5 October 2020 in response to the catering arrangements in the home, specifically: staffing arrangements within the kitchen; the availability/quality of food within the home; and governance oversight. While concerns in regard to staffing arrangements within the kitchen and the availability/quality of food were not substantiated, areas for improvement were made in regard to patients' dining experience. New areas for improvement were also made in relation to IPC practices.

Throughout the inspection, staff were observed interacting with patients in a relaxed, friendly and compassionate manner. Staff also demonstrated a thorough understanding of patients' dietary needs and preferences.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tiago Moreira, manager, and Geraldine McKee, deputy manager, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) (b) (c) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that cleaning chemicals are suitably stored in accordance with COSHH regulations. Ref: 6.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all staff communication with members of the multidisciplinary team is recorded in a consistent and robust manner which allows for effective and timely retrieval by nursing staff. Ref:6.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 3 Ref: Regulation 30 (1) (2) Stated: First time To be completed by: With immediate effect	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the nursing home which adversely affects the wellbeing or safety of any patient. Ref:6.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 4.9 Stated: First time To be completed by: 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 in situ. Ref:6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: With immediate effect	The registered person shall promote and make proper provision for the nursing, health and welfare of patients as follows: <ul style="list-style-type: none"> • Care plans must accurately reflect the frequency with which wounds should be dressed. • The scheduling of wound dressings must be clearly recorded in an effective and consistent manner. Ref:6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 3 Ref: Standard 18 Stated: First time To be completed by: With immediate effect	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:6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 4 Ref: Standard 41 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that staff rotas accurately reference the presence of all staff on duty within the building at all times. Ref:6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

<p>Area for improvement 5</p> <p>Ref: Standard 1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that robust arrangements are in place to ensure that short notice staff absences are effectively responded to and managed.</p> <p>Ref:6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that nutritional audits are completed in an effective and robust manner at all times.</p> <p>Ref:6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall review the record keeping in relation to distressed reactions to ensure that dosage directions are fully recorded on personal medication records and the reason for and outcome of each administration are recorded.</p> <p>Ref:6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall make the necessary arrangements to ensure that disposal of medicines records are fully maintained; and clearly indicate that all controlled drugs in Schedule 4 (Part 1) have been denatured prior to disposal by two trained staff.</p> <p>Ref:6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall develop an effective audit process which includes all formulations of medicines and covers all areas of medicines management.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 10</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that the dining experience for patients is reviewed in line with best practice guidance in dementia care. This review should include, but not limited to, the provision of menus in a suitable format and a review of the crockery in use.</p> <p>Ref:6.2.1</p> <p>Response by registered person detailing the actions taken: New menu's have been designed in partnership with community Dietetic services and pictorial menu's are being prepared and these will be available in the dinning room for all residents.</p>
<p>Area for improvement 11</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<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> <p>Ref:6.2.1</p> <p>Response by registered person detailing the actions taken: New menu's include a provision for two options for residents who require a modified diet for their safety</p>
<p>Area for improvement 12</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<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> <p>Ref:6.2.1</p> <p>Response by registered person detailing the actions taken: Menu list is now implemented by which the residents choose between the two options on the menu. This list is provided to the kitchen who prepares the meals accordingly.</p>
<p>Area for improvement 13</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that the food and fluid recording charts are completed effectively including the amount, type and texture of food or fluid consumed, as required.</p> <p>Ref:6.2.4</p> <p>Response by registered person detailing the actions taken: Supervision has been carried out with all care staff to ensure that food and fluid charts provide detailed information regarding the residents meal.</p>

Area for improvement 14	The registered person shall ensure that the IPC training in the use of PPE and hand hygiene is embedded into practice.
Ref: Standard 46.2	Ref: 6.2.5
Stated: First time	
To be completed by: Immediately and ongoing	Response by registered person detailing the actions taken: Audits and competencies are carried out on a regular basis to ensure the IPC training in the use of PPE and hand hygiene is embedded into practice.

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



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