



Announced Care Inspection Report

18 May 2020



Oak Tree Manor Nursing Home

Type of Service: Nursing Home

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

Tel No: 028 9061 0435

Inspector: Julie Palmer

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 with dementia.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Michelle Montgomery 11 March 2020
Person in charge at the time of inspection: Geraldine McKee-deputy manager	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: 19

4.0 Inspection summary

An announced inspection took place on 18 May 2020 from 12.05 hours to 17.30 hours. Short notice of the inspection was provided to the manager on the day in order to ensure that arrangements could be made to safely facilitate the inspection during the ongoing outbreak of coronavirus (COVID-19) within the home. An inspection was also undertaken at the same time in the residential care home which is in the same building.

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 an increase in concerns received by RQIA regarding the home a decision was made to undertake an inspection.

The concerns were in relation to the following:

- access and availability of personal protective equipment (PPE)
- staff knowledge regarding the use of PPE
- the availability of COVID-19 regional guidance
- staff knowledge of COVID-19 symptoms and when to isolate
- communication with relatives
- staff knowledge of the management arrangements in the home including the organisational structure

As a result of this inspection we evidenced that the concerns raised were partially substantiated. Details were discussed with the responsible individual and manager during feedback. Assurances were given that the areas for improvement would be addressed with immediate effect. Further details of areas for improvement identified during the inspection are included within the main body of this report.

The following areas were examined during the inspection:

- staffing
- management and use of personal protective equipment (PPE)
- infection prevention and control (IPC) measures/environment
- care delivery
- communication
- governance and management arrangements

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.

4.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5*	3*

*The total number of areas for improvement includes one under the regulations which has been stated for a second time. Additionally, one area under the regulations and two under the standards have been carried over for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Geraldine McKee, Manager, and Gavin O'Hare-Connolly, Responsible Individual, 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 a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- 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:

- staff duty rota for weeks commencing 11 May 2020 and the 18 May 2020
- three patients' care records
- three patients' food and fluid charts/repositioning charts
- COVID-19 information folder
- desk top monthly monitoring visit completed in April 2020

The quality improvement plan from the previous inspection was partially reviewed at this inspection. Areas for improvement not reviewed will be reviewed at a future inspection.

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 the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 14 January 2020.

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 16 Stated: Second 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.	Carried forward to the next care inspection
	Action taken as confirmed during the 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 (7) Stated: First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	Partially met
	A more robust system should be in place to ensure compliance with best practice on infection prevention and control.	
	Action taken as confirmed during the inspection: Review of the environment evidenced that IPC issues identified at the previous inspection had been partially met. This is discussed further in section 6.2. This area for improvement was partially met and will be stated for the second time.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: First time	The registered person shall ensure that the staffing arrangements in the home, including deployment of staff, are sufficient to meet the assessed needs of patients at all times.	Met
	Action taken as confirmed during the inspection: Review of the duty rota and observations during the inspection evidenced that staffing arrangements met the needs of patients. This area for improvement was met.	
Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall ensure that thickening agents are stored appropriately and are not left accessible to patients at any time.	Carried forward to the next care inspection
	Action taken as confirmed during the 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: Standard 30 Stated: First time	The registered person shall ensure that topical preparations are stored appropriately following use in the home.	Carried forward to the next care inspection
	Action taken as confirmed during the 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.	

6.2 Inspection findings

Staffing

On the day of the inspection we observed that staffing levels were satisfactory and consisted of a mix of the home's own staff and South Eastern Trust (SET) staff. The manager told us that patients' dependency levels were regularly reviewed to ensure their assessed needs could be met by the numbers and deployment of staff on duty. Staff were observed to be responsive to call bells and attentive towards the patients in their care. Review of the duty rota and observations during the inspection evidenced that staffing arrangements met the needs of patients; this area for improvement had been met. However, discussion with the nurse in charge at 15.10 hours evidenced that she had not been able to take a lunch break. Deployment of staff should be sufficient to ensure staff can take breaks at appropriate times. This was discussed with the manager and identified as an area for improvement.

Staff told us that working through the COVID-19 outbreak had been stressful but they felt well supported and that teamwork was good; staff commented:

- “Under pressure, a bit tough.”
- “The regional manager rang every day so we were supported.”
- “Teamwork has been good, we all work together.”

Personal protective equipment (PPE)

We observed that there was a supply of PPE at the entrance to the home and PPE stations were well stocked throughout. Staff told us that, whilst masks and visors had always been available, supplies had initially been limited; however, this issue had been quickly resolved. There were currently no issues with PPE supplies, accessibility or availability within the home. The manager told us that the SET had been very helpful in providing additional supplies of PPE.

On review of the notice board within each unit we observed that the guidance around the recommended PPE was not in accordance with the regional guidance. This was discussed with the responsible individual who agreed to review this and amend as necessary.

Staff were observed to wear masks appropriately, to don and doff PPE correctly and to carry out hand hygiene appropriately. However, we noted that staff were wearing aprons and gloves even when not required according to the regional guidance. Staff confirmed that they had received both online and face to face training in the use of PPE and IPC measures; however, we felt that this training had not yet been fully embedded into practice. We brought this to the attention of the responsible individual and the manager who told us that they had also addressed this issue with staff to reinforce the regional guidance and that additional IPC training was being provided by the Public Health Agency (PHA) the following week.

Infection prevention and control (IPC) measures/environment

We reviewed the home's environment and found that patients' bedrooms, ensuite bathrooms and communal bathrooms were clean, tidy and hygienic. Corridors and fire exits were clear and unobstructed. The home was fresh smelling throughout. However, we observed that IPC measures identified at the previous inspection had not been fully resolved; an identified store room was cluttered and items were inappropriately stored on the shelves and the flooring in both lounges needed to be thoroughly hoovered. Additionally, a patient's belongings were inappropriately stored in one of the lounges; a piece of identified equipment in use required more effective cleaning and some ensuite bathrooms did not contain a pedal bin. An area for improvement regarding IPC issues identified at the previous inspection had been partially met and will be stated for the second time.

The housekeeper and domestic assistant on duty told us that an enhanced cleaning programme was in operation with an emphasis on frequently touched surfaces and deep cleaning as and when required. We observed that frequently touched surfaces were cleaned regularly throughout the inspection and that the domestic assistant used PPE appropriately.

We observed that a domestic store which contained several cleaning products had been left unlocked, this presented a risk of potential access to hazardous substances; we secured the door and brought this to the attention of the nurse and the housekeeper for action as required. The door had a keypad type lock insitu which was in working order but had not been engaged. An area for improvement was made.

The treatment room was also left unlocked, this presented a risk around access to medications; we brought this to the attention of the nurse who immediately locked the room. An area for improvement was made.

Staff demonstrated their knowledge of COVID-19 symptoms and awareness of action to take if they became unwell; however, they told us that they were not consistently having a daily temperature check. An area for improvement was made.

Care delivery

We observed that patients looked well cared for and comfortable whether up and about or being nursed in bed. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Repositioning charts reviewed were up to date and in accordance with individual patient's care plans.

During the inspection staff confirmed that following COVID-19 tests for patients carried out on 15 May 2020 one patient remained positive for COVID-19 and this patient was appropriately monitored, cared for and isolated within their own bedroom.

We discussed patients' food and fluid intake needs with the nurse in charge who told us that poor appetite and swallowing difficulties had been observed in some patients who had been affected by COVID-19 and that referrals had been made to the appropriate members of the multi-disciplinary team, such as the dietician or speech and language therapist (SALT), as necessary. We observed that staff assisted patients with their nutritional needs and ensured patients were encouraged to maintain a satisfactory fluid intake. Food and fluid intake charts reviewed were up to date. We observed that some patients did not have a monthly weight recorded for May 2020; we discussed this with the nurse in charge who informed us that monitoring of patients' weights would be prioritised now that the majority of patients were making a good recovery.

Staff treated patients with kindness and respect; friendly and caring interactions were observed. We noted that doors were closed when personal care was being provided to ensure patients' privacy and dignity was maintained.

Review of records evidenced that patients' temperatures were monitored twice daily and discussion with staff evidenced that they were aware of the actions to take if a patient presented with symptoms of COVID-19. The management team was in regular contact with the PHA throughout the COVID-19 outbreak.

Communication

Staff acknowledged that this was a very difficult time for relatives and patients and whilst they did their best to communicate with all relatives they were sometimes overwhelmed by the volume of calls. We observed that during the afternoon staff took several phone calls from concerned relatives and they managed these effectively and with compassion. Staff told us that every effort was made to maintain contact and an emphasis was put on communicating with relatives via face time, telephone calls and facilitating visits by moving patients to the windows if appropriate. This was discussed with the management team who agreed to review their current system so as to ensure that there was a more effective way to communicate in a timely and efficient manner. Following the inspection the management confirmed that the wellbeing leads were delegated to communicate with relatives and arrange video calls with a record of these to be maintained.

Governance and management

In the absence of the registered manager an acting manager had been appointed to have an oversight of the home supported by the deputy manager. The regional manager and responsible individual were also available to offer ongoing support and to oversee the management of the home. Staff told us that they felt well supported and that they were aware of the current management arrangements within the home. The organisational structure was displayed on the notice board.

Staff had access to a COVID-19 information folder within the home which contained up to date information on the current guidelines around COVID-19. During discussion with the management team we reinforced the need for all guidance to be regional and pertinent to the current guidance in Northern Ireland; they agreed to review all COVID-19 information to ensure this was the case.

Areas of good practice

Areas of good practice were identified in relation to teamwork, availability of PPE, donning and doffing of PPE, hand hygiene, cleanliness of bedrooms and bathrooms, care provided to patients, treating patients with kindness and compassion and maintaining good working relationships.

Areas for improvement

Areas for improvement were identified in relation to deployment of staff, keeping the domestic store and treatment room securely locked and ensuring consistent monitoring of staff temperatures during the COVID-19 outbreak.

	Regulations	Standards
Total number of areas for improvement	3	1

6.3 Conclusion

The responsible individual assured us that an action plan would be developed to ensure issues identified during the inspection were resolved in a timely manner; we received a copy of the action plan in the days following the inspection.

The SET were provided with an update on the findings of the inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Geraldine McKee, Manager, and Gavin O'Hare-Connolly, Responsible Individual, 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 16 Stated: Second time To be completed by: 14 February 2020	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. 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 (7) Stated: Second time To be completed by: 15 June 2020	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system should be in place to ensure compliance with best practice on infection prevention and control. Ref: 6.1 and 6.2
	Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that staff temperatures are checked twice daily as per regional guidance during the Covid-19 crisis and records maintained. Ref: 6.2
	Response by registered person detailing the actions taken:
Area for improvement 4 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the domestic store is kept locked to prevent the risk of hazards to patients and to ensure compliance with Control of Substances Hazardous to Health (COSHH) legislation. Ref: 6.2
	Response by registered person detailing the actions taken:

Area for improvement 5 Ref: Regulation 13 (4) (a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the treatment room door is locked to ensure that medicines are safely and securely stored. Ref: 6.2 Response by registered person detailing the actions taken:
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that thickening agents are stored appropriately and are not left accessible to patients at any time. 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 30 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that topical preparations are stored appropriately following use in the home. 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 35.13 Stated: First time To be completed by: 15 June 2020	The registered person shall ensure that the staffing arrangements in the home, including deployment of staff, are sufficient to ensure that staff can take scheduled breaks at appropriate times. Ref: 6.2 Response by registered person detailing the actions taken:

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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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