



# **Unannounced Care Inspection Report 21 & 22 August 2020**



## **Oak Tree Manor Nursing Home**

**Type of Service: Nursing Home (NH)**

**Address: 2A Hazel Avenue, Dunmurry, Belfast BT17 9QU**

**Tel No: 02890610435**

**Inspector: James Lavery**

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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> Runwood Homes Ltd  <b>Responsible Individual:</b> Gavin O'Hare-Connolly	<b>Registered Manager and date registered:</b> Michelle Montgomery 11 March 2020
<b>Person in charge at the time of inspection:</b> Nicoleta Grigorescu, Staff Nurse	<b>Number of registered places:</b> 24  A maximum of 24 patients in category NH-DE to be accommodated on the First Floor.
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> Day 1 – 19 patients Day 2 – 18 patients

### 4.0 Inspection summary

An unannounced inspection took place on 21 August 2020 from 19:10 to 21.00 hours, and 22 August 2020 from 07.55 hours to 16.40 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.

RQIA received information on 21 August 2020 from the South Eastern Health and Social Care Trust (SET) which raised concerns in relation to the nutritional care of patients. In response to this information, RQIA decided to undertake an inspection to this home.

It is not the remit of RQIA to investigate concerns 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 following areas were examined/discussed during and/or after the inspection:

- Personal care to patients
- the nutritional management of patients including the dining experience of patients
- activities provision
- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- managerial oversight.

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>	3	*6

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Gavin O'Hare Connolly, responsible individual, and Caron McKay, regional operations director, as part of the inspection process. The timescales for completion commence from the date of inspection.

A serious Concerns meeting resulted from the findings of this inspection. The evidence seen during and following the inspection in relation to: staffing rotas; the management of one patient's records in respect of their nutritional care; nutritional audits; and the statutory notification of incidents to RQIA, raised concerns that these aspects of the quality of care were below the standard expected. The responsible individual and registered manager were invited to attend a serious concerns meeting with RQIA via video teleconference on 2 September 2020 to discuss the inspection findings and their plans to address the issues identified.

During the meeting, the registered person and senior management team provided an action plan detailing the completed/planned actions to drive improvement and ensure that the concerns raised at the inspection were addressed. Following the meeting RQIA decided to allow the responsible individual a period of time to demonstrate that the improvements had been made and advised that a further inspection would be undertaken to ensure that the concerns had been effectively addressed.

RQIA informed the responsible individual that further enforcement action may be considered if the issues were not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

The enforcement policies and procedures are available on the RQIA website.

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services. The enforcement policies and procedures are available on the RQIA website at [https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

## 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/following the inspection:

- Two patients' wound care records
- supplementary eating and drinking care records / dining room menus
- a sample of quality assurance audits, including nutritional/wound care audits
- staff training matrix.

The findings of the inspection were provided to the responsible individual, manager and senior management team, during and/or following the inspection.

## 6.0 The inspection

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

The most recent inspection of the home was an unannounced care inspection undertaken on 1 July 2020.

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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> 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.	<b>Carried forward to the next care inspection</b>
	<b>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..</b>	

## 6.2 Inspection findings

### 6.2.1 Infection prevention and control / PPE use

Feedback from staff and observation of the environment evidenced that personal protective equipment was readily available throughout the home. No issues were raised with the supply and availability of PPE. Observation of staff evidenced that they were able to don and doff PPE appropriately. One staff member told us that they had “no problems” accessing PPE as and when required while on duty.

Staff who were spoken with/observed, also demonstrated a good understanding of how and when to effectively wash their hands as part of their care delivery to patients. The nurse in charge confirmed that staff compliance with regard to the use of PPE was monitored on a daily basis by nursing staff.

Upon arrival to the home on the first day of inspection, staff checked the inspector's temperature and asked him to complete a health questionnaire; these measures formed part of ongoing COVID-19 precautions within the home. While the inspector's temperature was checked again on the second day of inspection, staff did not ask for the health questionnaire to be completed. This was discussed with the responsible individual and it was agreed that staff should maintain a consistent approach at all times when implementing these measures.

### 6.2.2 The internal environment

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home appeared clean, tidy and fresh smelling throughout. Patients' bedrooms were tastefully decorated and personalised. We found corridors and fire exits were clear and unobstructed.

It was noted that one store room, in which nursing equipment was kept, was left unattended and unlocked. This was brought to the attention of the nurse in charge who immediately locked it; it was agreed that nursing staff should ensure that the room remains locked at all times when not in use by staff.

Discussion with domestic staff evidenced that there was a plentiful supply of domestic equipment and that concerns in relation to the environment could be escalated quickly to the manager, if necessary.

Observation of the environment highlighted one area in which cleaning products were not stored in keeping with the Control of Substances Hazardous to Health (COSHH) regulations; an area for improvement was made.

### 6.3.3 The nutritional management of patients / dining experience of patients

We observed the dining experience of patients within the home, specifically, the provision of breakfast and lunch. Staff demonstrated a good understanding of the dietary needs / preferences of patients; staff also served patients their meals in an unhurried, compassionate and patient manner. The meals which were served to patients looked and smelled appetising; portion sizes were generous and patients were provided with alternative meal choices if



needed. All patients spoke positively about the quality and quantity of food provided; they told us:

- “The food’s A1 ... “
- Breakfast was “lovely”
- “... breakfast was good!”

Similarly, staff also confirmed that patients were provided with a range of meal choices and that their dietary preferences were catered for. One staff member stated that patients “always compliment the food.”

Some staff did tell us that portion sizes were too small on some occasions in previous months; staff stated that this had occurred when agency kitchen staff were on duty. However, staff stated that they had escalated this matter to the attention of the manager / deputy manager and that it had been promptly addressed.

Observation of the kitchen area and feedback from both kitchen and care/nursing staff highlighted that there was a plentiful supply of food within the home and that a range of meal options were consistently available to patients. Feedback from the cook evidenced that effective measures were in place for the regular ordering of food to help ensure that the nutritional needs of patients are met. The cook demonstrated a thorough understanding of patients’ dietary needs and the importance of meeting their needs in a person centred manner; the cook stressed to the inspector the value he places on treating patients with “respect” and “as individuals.”

It was noted on the second day of inspection that patients were served lunch in their bedrooms rather than having the option of eating together within the dining room. The nurse in charge stated that this decision had been made in consultation with senior staff, following the home being notified of a patient testing positive for COVID-19. It was agreed with nursing staff and the regional operations director that patients could still have been served lunch within the dining room whilst effectively managing any identified risk. The need to ensure that COVID-19 measures are implemented in a proportionate and person centred manner at all times was stressed. RQIA was informed following the inspection that the positive COVID-19 status of the identified patient no longer applied.

We observed one patient struggling to eat their lunch independently while lying in bed. This was highlighted to the nurse in charge who immediately sent care staff to provide assistance. The need to ensure that effective assistance is given to patients who dine within their bedrooms was stressed.

Discussion with the manager and review of information submitted to RQIA following the inspection evidenced that records for one patient, who had experienced weight loss, were not effectively maintained in relation to staff communication with the multidisciplinary team. The manager informed the inspector that staff had not recorded such contact in a consistent manner resulting in the manager spending several hours to retrieve information relating to this aspect of the patient’s care. The outcome of communication with the multidisciplinary team was initially unclear. RQIA were not assured of the robustness of the current system to ensure that patients’ needs were met in a timely manner. An area for improvement was made. The use of nutritional audits is discussed further in section 6.3.6.

The responsible individual and manager were invited to attend a meeting with RQIA via video teleconference on 2 September 2020 to discuss this aspect of care, and their plans to address the identified shortfall. During this meeting, RQIA was advised that a regional operational manager for the home had commenced a rolling staff training programme in regard to use of the home's computerised record system; development sessions had also been arranged by the management team and would remain ongoing for registered nursing staff. In addition to these actions, further staff training had also been scheduled with the SET on 2 and 3 September 2020 in relation to the nutritional management of patients.

The responsible individual also advised that a 'Resident of the Day' system had been implemented effective 1 September 2020 to ensure a thorough and regular review of each patient at least once a month by the nursing staff, the manager and responsible individual.

#### **6.3.4 Personal care to patients**

The majority of patients were observed resting within their bedrooms throughout the inspection. Patients were seen to engage with staff in a relaxed and spontaneous manner while staff attended to patients' needs in a respectful, cheerful and dignified way. Observation of staff evidenced that they used safe moving and handling techniques when having to assist patients with various mobility needs.

Staff were observed attending to the personal care needs of patients in a prompt and compassionate manner. Patients appeared appropriately dressed, well-groomed and comfortable.

Patients spoke warmly and enthusiastically about the care they received from staff; patients told us:

- "I'm well looked after!"
- "I love it here!"
- "I like it here!"
- "The (staff) are fine."
- "It's good here."

We also considered the provision of wound care to patients. Review of wound care records for two identified patients provided assurance that wound care had been provided in a timely and consistent manner. However, care records evidenced the need for staff to ensure that the wound care plan should accurately reflect the frequency with which a wound should be dressed; it was also noted that the scheduling of such wound care dressings was not clearly or consistently recorded either within the home's electronic or paper based record systems. An area for improvement was made.

Discussion with nursing staff confirmed that they had access to any required medical equipment such as thermometers and blood pressure equipment, as needed.

#### **6.3.5 Activities**

Observation of the environment highlighted that an 'Activities Planner' erected on a corridor wall was out of date and had limited information for patients. Feedback from staff also highlighted that activities provision to patients was limited; one staff member stated "activities could be improved." This was discussed with the responsible individual who advised that one Wellbeing



Lead is currently employed within the home to organise activities for patients; however, it was agreed that further provision was required to improve this aspect of care. The responsible individual advised that the home is currently in the process of recruiting a full time additional Wellbeing Lead and was hopeful that this position would be filled shortly. We were also informed that Runwood Homes Ltd have recently appointed a new regional dementia services manager to assist all Wellbeing Leads within their care homes and develop this aspect of care delivery. An area for improvement was made.

### **6.3.6 Staffing arrangements / managerial oversight**

Review of governance records submitted following the inspection and feedback from staff evidenced that staff had access to various types of mandatory training, such as: fire awareness, food safety, manual handling and first aid. Staff also told us that they had received an effective period of induction after commencing their role within the home. One staff member told us their induction was “very good” while another staff member described their induction as “brilliant.”

Discussion with staff, the manager and senior management team highlighted that there is a daily ‘flash meeting’ within the home which is attended by various senior staff on duty; this meeting takes place in order to help prioritise tasks and identify any concerns. The inspector recommended that as the nurse in charge has responsibility for the entire building, in which Oak Tree residential care home is also situated, the nurse in charge should receive timely updates in regard to occupancy and staffing levels across both services on a daily basis. This will be reviewed at a future care inspection.

Staff spoke positively about the sense of teamwork which existed within the home; staff spoke passionately about their commitment to meeting the needs of patients and their families in a respectful, dignified and person centred way. Staff stated that they were well supported by both the manager and deputy manager. Staff feedback included the following comments:

- “Management are very approachable ... if I need advice, I can ask the deputy manager or manager.”
- “I feel all the (patients) are well looked after.”
- The care staff and nurses “are all a good team.”
- The deputy manager is “very approachable.”
- The manager “has been a fantastic home manager.”

We reviewed the duty rotas and discussed staffing levels with the nurse in charge. We observed that staffing levels were subject to regular review to ensure that the assessed needs of the patients were met.

Deficits were noted in relation to staff management, for instance: the kitchen staff rota did not reference the use of agency staff on several occasions across a three week period; care staff rotas were inaccurate in regard to the duration of a shift worked by an identified staff member; and care staff rotas lacked detail in regard to the use of agency staff. An area for improvement was made.

It was also noted that despite reduced staffing levels on Friday 21 August 2020, no attempt was made by senior staff to effectively address this, resulting in the reduced staffing level remaining unchanged. The need to ensure that robust and consistent measures are in place to manage staff absences was stressed. An area for improvement was made.

Review of governance audits relating to the nutritional care of patients highlighted that these were not completed in a consistently accurate or robust manner. An area for improvement was made.

In addition, analysis of accident / incident records highlighted that RQIA were not informed of all notifiable incidents in a consistent manner. An area for improvement was made.

The responsible individual and manager were invited to attend a meeting with RQIA via video teleconference on 2 September 2020 to discuss these shortfalls in regard to governance and managerial oversight, and their plans to address the identified shortfalls. RQIA was informed at this meeting that a regional operational manager would now be supporting the manager within the home to help improve existing governance oversight. In addition, the responsible individual stated that the manager will review all staff rotas on a weekly basis to ensure that these are maintained accurately and that staffing levels and skill mix is effectively maintained.

In response to deficits concerning statutory notifications, the responsible individual advised that the management team of the home have been reminded of which incidents should be reported to RQIA in a timely manner. In addition, a regional operational manager will now assist the manager with reviewing all accidents/incidents on a daily basis to help ensure that notifications are submitted to RQIA accordingly.

### Areas of good practice

Areas of good practice were highlighted in relation to staff communication with patients, the cleanliness of the environment and staff use of PPE.

### Areas for improvement

Areas for improvement were highlighted in relation to: COSHH, care records, wound care, activities provision, staff rotas, statutory notifications, the management of staff absences, and nutritional audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	6

## 6.3 Conclusion

Throughout the inspection, patients engaged with staff in a relaxed and spontaneous manner. Staff communicated with patients and met their personal care needs in a timely and compassionate way. The environment of the home was clean, tidy and fresh smelling. Staff possessed a good understanding of how to use PPE and demonstrated a consistent approach to infection prevention and control practices.

However, serious concerns were highlighted in regard to staffing rotas; the management of one patient's records in relation to nutritional care; nutritional audits; and the statutory notification of incidents to RQIA. The responsible individual and registered manager were invited to attend a meeting with RQIA via video teleconference on 2 September 2020 to discuss the inspection findings and their plans to address the issues identified; this is discussed further in section 4.1. New areas for improvement were highlighted and are discussed within the body of the report and section 7.2.

## **7.0 Quality improvement plan**

Areas for improvement identified during and following this inspection are detailed in the QIP. Details of the QIP were discussed with Gavin O'Hare Connolly, responsible individual, Michelle Montgomery, manager, and senior management team, 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	
<b>Area for improvement 1</b>  Regulation 14 (2) (a) (b) and (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that cleaning chemicals are suitably stored in accordance with COSHH regulations.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All chemicals are now stored in line with COSHH regulations and further training has been provided to staff to ensure compliance with the same at all times</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (a)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>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.</p> <p>Ref: 6.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> All communications are now adequately recorded on Goldcrest system to allow effective and timely retrieval, to include significant written correspondence</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 30 (1) (2)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>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.</p> <p>Ref: 6.3.6</p> <p><b>Response by registered person detailing the actions taken:</b> All back logged incidents have now been appropriately reported to Regulatory Body</p>
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>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time  <b>To be completed by:</b> 29 July 2020	<p>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.</p> <p>Ref: 6.1</p> <p><b>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.</b></p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall promote and make proper provision for the nursing, health and welfare of patients as follows:</p> <ul style="list-style-type: none"> <li>• Care plans must accurately reflect the frequency with which wounds should be dressed.</li> <li>• The scheduling of wound dressings must be clearly recorded in an effective and consistent manner.</li> </ul> <p>Ref: 6.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Care plans for all residents have been reviewed and reflect the current needs of the residents, including accurate treatment regimes</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<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> <p>Ref: 6.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> Further training provided to Wellbeing leader to ensure meaningful activities are carried out frequently, and recruitment is ongoing to ensure activities are carried out consistently</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that staff rotas accurately reference the presence of all staff on duty within the building at all times.</p> <p>Ref: 6.3.6</p> <p><b>Response by registered person detailing the actions taken:</b> Rotas are updated as required to reflect the staff present, only registered manager, deputy manager and administrator have permission to note changes on the rota.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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: 6.3.6</p> <p><b>Response by registered person detailing the actions taken:</b> A further number of temporary staff providers was added to the contacts, as well as the further recruitment of more bank staff, to ensure short notice absences are managed effectively</p>

<b>Area for improvement 6</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that nutritional audits are completed in an effective and robust manner at all times.  Ref: 6.3.6  <b>Response by registered person detailing the actions taken:</b> Nutritional audits are now carried out by the deputy manager on a regular frequency to ensure consistency of the same
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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