

Unannounced Care Inspection Report

28 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-acting 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 unannounced inspection took place on 28 May 2020 from 13.55 hours to 20.25 hours. 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 concerns raised by the South Eastern Trust (SET) regarding the home, a decision was made by RQIA to undertake an inspection. The SET had issued a performance notice to the home on 27 May 2020 as a result of the concerns.

The concerns received were in relation to the following:

- skin care
- access to information regarding patients' dietary recommendations
- communication
- leadership and management

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

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- infection prevention and control (IPC) measures/ environment
- care delivery
- care records

- communication
- leadership and management

As a result of the inspection we evidenced that the concerns raised were not substantiated. The SET removed the performance notice on 1 June 2020.

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	*1	0

*The total number of areas for improvement includes one under the regulations which has been stated for the third and final time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Geraldine McKee, manager; Gavin O'Hare-Connolly, responsible individual; Denise Donald, internal nurse inspector; and Dee Connolly, regional quality 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 a range of information relevant to the service was reviewed. This included the following records:

- written and verbal communication received since the previous care inspection which raised the concerns we were carrying out the inspection in response to
- the registration status of the home
- notifiable events since the previous care inspection

Questionnaires and 'Tell us' cards were provided to give patients the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. There was no response from patients or staff.

The following records were examined as part of the inspection:

- five patients' care records including food and fluid intake charts
- daily handover report record
- monthly monitoring report for May 2020
- staff temperature monitoring records
- duty rota for the week beginning 25 May 2020
- wound care audits

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 the most recent inspection

The most recent inspection of the home was an announced care inspection undertaken on 18 May 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.	Not met
	Action taken as confirmed during the inspection: Review of wound care documentation evidenced that wound care plans had not been updated in some cases and there was inconsistent documentation of wound care. This is discussed further in section 6.2. This area for improvement has not been met and has been stated for the third and final time.	
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. A more robust system should be in place to ensure compliance with best practice on infection prevention and control.	Met

	Action taken as confirmed during the inspection: Review of the environment evidenced that identified infection prevention and control issues had been resolved.	
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that staff temperatures are checked twice daily as per regional guidance during the Covid-19 crisis. Action taken as confirmed during the inspection: Following the inspection the manager provided RQIA with copies of records to confirm that staff temperatures were being checked twice daily.	Met
Area for improvement 4 Ref: Regulation 14 (2) (a) Stated: First time	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. Action taken as confirmed during the inspection: The identified domestic store was found to be maintained locked when not in use.	Met
Area for improvement 5 Ref: Regulation 13 (4) (a) Stated: First time	The registered person shall ensure that the treatment room door is locked to ensure that medicines are safely and securely stored. Action taken as confirmed during the inspection: The treatment room was found to be maintained locked when not in use.	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 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. Action taken as confirmed during the inspection: Discussion with staff and observations evidenced that thickening agents were not accessible to patients and were stored appropriately.	Met

Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall ensure that topical preparations are stored appropriately following use in the home.	Met
	Action taken as confirmed during the inspection: Discussion with staff and observation evidenced that topical preparations were stored appropriately.	
Area for improvement 3 Ref: Standard 35.13 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Discussion with staff and observations of the daily routine evidenced that staff were able to take scheduled breaks at appropriate times.	

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, agency staff and 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. Discussion with staff on duty confirmed that it had been possible for them to take scheduled breaks during their shift; this area for improvement had been met. Agency staff on duty told us that they had completed previous shifts in the home, had received an induction, felt supported and knew who to speak to if they had any questions or concerns.

Personal protective equipment (PPE)

We observed that there was a good supply of PPE at the entrance to the home and PPE stations were well stocked throughout. Signage relating to PPE had been reviewed to reflect the regional guidance.

The manager and responsible individual told us that adherence to the regional guidance in the recommended use of PPE was monitored during observations of staff practices and through relevant audits with action plans developed as required. Issues identified during the manager's daily walk around were addressed there and then. All staff had been actively encouraged to support colleagues who required advice on the recommended use of PPE. Staff were observed to use PPE according to the regional guidance during the inspection. Staff spoken with demonstrated their knowledge of the current guidelines on the use of PPE. Observation of staff evidenced good practice in donning and doffing of PPE and in hand hygiene.

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. An identified store room had been tidied and decluttered. Both lounges were clean and tidy. Equipment in use was observed to be maintained in a clean condition. Pedal bins had been supplied for ensuite bathrooms where required. An area for improvement regarding IPC issues had been met.

We observed that both the domestic store and the treatment room were locked; these areas for improvement had been met.

Discussion with staff and observation of storage arrangements for thickening agents and topical preparations assured us that these were safely and appropriately stored; these areas for improvement had been met.

Some minor environmental issues identified were discussed with staff and action was taken to resolve these during the inspection.

Staff spoken with told us that there was inconsistent monitoring of their temperature on arrival at work. We discussed this with the manager who agreed to review this process and ensure a record of staff temperatures was maintained. Following the inspection the manager provided RQIA with copies of records to confirm that staff temperatures were being checked twice daily. This area for improvement had been met.

The monthly monitoring visit for May 2020 was being undertaken on the day of the inspection; a copy of the report be provided to RQIA following the inspection.

Care delivery

We observed that more patients were up and about in the home than during the last inspection carried out on 18 May 2020; it was positive to see that patients were recovering well. Staff were seen to interact in a meaningful way with patients and to be attentive to those patients who were in their rooms. Patients looked well cared for, they were wearing clean clothes and attention had been paid to hair and nail care. Patients were seen to be comfortable and content in their surroundings.

Staff displayed a friendly attitude towards the patients and treated them with kindness and respect. We observed that staff encouraged patients to drink plenty of fluids; they were mindful of the fact that it was a warm day.

Care records

We reviewed the care records for five patients during the inspection. We looked at skin care, wound care and information regarding patients' dietary recommendations.

Concerns which had been raised regarding the skin care for an identified patient were not substantiated. We reviewed this patient's care records and observed that an up to date and relevant skin care plan was in place; the daily record was up to date and reflected that the recommended skin care regime was carried out. The patient had an up to date pressure area

risk assessment and was nursed appropriately on a pressure relieving mattress; a repositioning record was maintained. The patient appeared comfortable and well looked after.

The care records reviewed for patients who had a wound identified inconsistencies with wound care recording; these issues were brought to the attention of the manager for information and immediate action. However, we could see that wounds which were visible had clearly been redressed as required. Furthermore, there was evidence of referral to and recommendations from other health care professionals such as the tissue viability nurse (TVN), podiatrist and dermatologist where required. The issues identified centred around record keeping in this area; the area for improvement had not been met and will be stated for a third and final time. Following the inspection we were informed that nurses had received supervision in relation to the recording of wound care.

We reviewed record keeping regarding patients' dietary recommendations. The care records reviewed contained the up to date recommendations made by the speech and language therapist (SALT) and relevant risk assessments and care plans. We observed that risk assessments and care plans fully reflected the SALT recommendations in place. Food and fluid intake records reviewed were up to date. The daily handover report record given to staff at the commencement of their shift accurately reflected the SALT recommendations in place. It was positive to note that patients' weights had been monitored since the last inspection and a record of these was maintained. Staff spoken with demonstrated their knowledge of when to refer patients to SALT.

Communication

The manager and responsible individual informed us that the wellbeing leads had commenced a new communication strategy and were keeping a record of contacts made with families via telephone calls and facetime. All families had been contacted and invited to arrive at the home's car park during a designated time slot over the upcoming weekend for an appropriately risk assessed and socially distanced visit with their relative. We observed that the volume of calls received from families appeared to have diminished significantly since the last inspection.

Leadership and management

The COVID-19 outbreak had necessitated changes to management arrangements within the home and it was recognised that this had been an unsettled period of time for staff. We discussed the current management arrangements with the responsible individual who informed us of the arrangements that were in place to ensure managerial oversight was effectively maintained. The manager told us that she felt well supported in her current role by both the regional manager and the responsible individual.

We discussed a delay in notifications made to RQIA with the manager who assured us that every effort was being made to submit these as soon as possible. We recognised that the manager had only been appointed to the post and was not responsible for the delay in these notifications; this was brought to the attention of the responsible individual for information and action as required.

Staff generally commented positively about working in the home and told us that they felt supported. However, two members of staff told us that they felt teamwork varied depending on who was on and that they did not feel they could go to senior managers with confidential issues

although nurses in the home were approachable and effectively sorted out any issues regarding patients brought to their attention. Comments received from staff included:

- “I can go to anyone here.”
- “It’s well organised.”
- “Geraldine (manager) is always about as well or I just go the staff nurse.”
- “No confidentiality.”

Comments made by staff were brought to the attention of the manager and the responsible individual for their information and action as required. They told us that every effort was made to ensure staff felt supported and listened to and to ensure that confidentiality was appropriately maintained. Following the inspection the regional manager confirmed that posters were on display with the confidential HR helpline number for all staff as well as contact numbers for the regional manager and the responsible individual.

Areas of good practice

Areas of good practice were identified in relation to the recommended use and availability of PPE, donning and doffing of PPE, hand hygiene, IPC measures, care provided to patients, treating patients with kindness and compassion, management of patients’ dietary recommendations and communication.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Patients looked well cared for and appeared to be content and settled in their surroundings. Review of care records evidenced that recommendations regarding skin care and dietary needs were followed.

A new communication strategy had been introduced within the home.

Management arrangements had been reviewed to ensure there was appropriate leadership and support for staff.

The SET were provided with an update on the findings of the inspection. The performance notice that had been issued on 27 May 2020 was lifted on 1 June 2020 as the SET were satisfied that all requirements had been addressed.

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, acting manager, Gavin O'Hare-Connolly, responsible individual, Denise Donald, internal nurse inspector and Dee Connolly, regional quality 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 16 Stated: Third and final time To be completed by: 11 June 2020	<p>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.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: All wound care reviewed and updated to reflect residents needs and TVN advice. TVN file has been set up in the Managers for spot checks to be carried out to ensure compliance. New wound audit has also been implemented and is reviewed monthly by the home manager.</p>

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)

Assurance, Challenge and Improvement in Health and Social Care