



Unannounced Follow Up Care Inspection Report 14 January 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: Dermot Walsh

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(s): Gavin O'Hare-Connolly	Registered Manager and date registered: Michelle Montgomery – registration pending
Person in charge at the time of inspection: Michelle Montgomery	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 14 January 2020 from 09.30 to 16.45 hours.

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.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection.

The following areas were examined during the inspection:

- staffing – including deployment and recruitment
- environment
- wound care
- monitoring of falls
- patient hydration
- activity provision
- consultation

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others. Comments received from patients, people who visit them, a visiting professional and staff during and after the inspection, are included in the main body of this report.

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	*2	3

*The total number of areas for improvement includes one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Michelle Montgomery, manager and Nora Curran, internal compliance inspector, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 13 June 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 13 June 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent 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

During the inspection the inspector met with five patients, two patients' relatives, one visiting professional and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients/patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- two staff recruitment files
- three patient care records
- a sample of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits records pertaining to falls
- RQIA registration certificate

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous 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 16 Stated: First 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.	Partially met
	Action taken as confirmed during the inspection: A review of two patients' wound care records evidenced that this area for improvement had not been fully met. This will be further discussed in section 6.2. This area for improvement has been partially met and has been stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Criteria (1) Stated: Second time	The registered person shall ensure that all storage areas within both identified kitchenettes are maintained in a clean and hygienic manner at all times.	Met
	Action taken as confirmed during the inspection: The kitchenette had been refurbished and maintained in a clean and hygienic manner.	

Area for improvement 2 Ref: Standard 38 Criteria (3) Stated: First time	The registered person shall ensure that all appropriate pre-employment checks are conducted prior to all new staff members commencing in post.	Met
	Action taken as confirmed during the inspection: A review of two recently employed staff members' recruitment records evidenced that this area for improvement has been met.	
Area for improvement 3 Ref: Standard 22 Criteria (1) Stated: First time	The registered person shall ensure that falls in the home are monitored on a monthly basis for patterns and trends and that a preventative action plan is developed where appropriate.	Met
	Action taken as confirmed during the inspection: A review of governance records pertaining to falls evidenced that this area for improvement has now been met.	
Area for improvement 4 Ref: Standard 12 Stated: First time	The registered person shall ensure that patients who are brought to the dining room are supervised at all times while in the dining area.	Met
	Action taken as confirmed during the inspection: Patients in the dining room had been supervised appropriately.	
Area for improvement 5 Ref: Standard 12 Stated: First time	The registered person shall ensure that patients' fluid targets are consistently met and the patients' care plans identify the actions to take when this target is not met.	Met
	Action taken as confirmed during the inspection: A review of two patients' hydration records evidenced that this area for improvement has now been met.	

6.2 Inspection findings

Staffing – including deployment and recruitment

The manager confirmed that the number of staff and the skill mix of staff on duty at any given time was determined through the monitoring of patient dependency levels. Requests for assistance during the inspection were observed to have been met in a caring and timely manner. However, four staff were of the opinion that the staffing arrangements in the home were not sufficient to enable staff to supervise the lounge. Staff also raised concerns in relation to their workload and the availability of staff to respond to requests for assistance. We also observed that by 14.40 hours, three of the four care staff had not received a morning or lunch break. Staff confirmed that breaks were regularly missed. One relative consulted also raised concerns in regard to the supervision of patients and availability of staff to respond to patients' needs in the lounge. This was discussed with the manager and identified as an area for improvement.

A review of two recently employed staff members' recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff members commencing in post. References had been obtained and records indicated that AccessNI checks had been conducted.

Checks were evidenced to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC). Similar checks were made on care workers to ensure that they were registered on the Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified. An area for improvement in relation to pre-employment NISCC checks has now been met.

The manager confirmed that a new deputy manager had recently been recruited within the nursing home and once their induction was complete, they would be allocated supernumerary time to support and assist the manager with governance procedures such as monitoring the quality of care and services provided.

Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. As previously stated, the kitchenette attached to the dining room had been fully refurbished and maintained clean and tidy. However, during the inspection the kitchenette was observed accessible to patients when staff were not present. A thickening agent was observed on the counter top which would present a risk to patients if ingested. This was discussed with the manager and identified as an area for improvement.

Fire exits, corridors and stairwells were observed to be clear of clutter and obstruction. Bedrooms and communal rooms were maintained clean and tidy. There were no malodours detected in the home. One relative consulted commented positively on the cleanliness of the home, although, environmental cleanliness had not been well maintained within identified areas in the home. This was discussed with the manager and identified as an area for improvement.

We identified that topical preparations had not been stored appropriately following use within three areas in the home. This was discussed with the manager and identified as an area for improvement.

Wound care

We reviewed the wound care records for two patients in the home. The first patient's wound care records had been maintained appropriately and included appropriate treatment plans and clear monitoring of wound progress. A visiting Clinical Nurse Facilitator had commented positively on the management of this patient's wound and with the associated wound care record keeping.

The second patient's wound care records evidenced deficits on the ongoing management of skincare and repositioning regimes. This was discussed with the manager and an area for improvement in this regard has been stated for the second time.

Monitoring of falls

Falls in the home were monitored monthly for any patterns or trends in times or locations of the fall to proactively plan for any potential way to reduce the incidences of falls. An area for improvement in this regard has now been met.

Patient hydration

We reviewed two patients' hydration records. Both patients' records included a fluid target for the patients to assist staff in determining if hydration needs were being met. Fluid intake records were accurately maintained for each patient demonstrating that each patient was maintaining their fluid target. Both patients had care plans developed directing how to manage the risk of dehydration which included the actions to take should the patients not maintain their fluid target. Total fluid intake was monitored daily by registered nursing staff and recorded in the patients' daily evaluation records. An area for improvement in this regard has now been met.

Activity provision

Three wellbeing leads had been employed in Oak Tree Manor which will now allow for the provision of activities seven days a week. The manager confirmed that Runwood had also recruited a new Dementia Services Manager (DSM) for Northern Ireland who will be based at Oak Tree Manor. The DSM and wellbeing leads were working together on scheduling a new activity programme for patients in the home. On the day of inspection the wellbeing leads were attending a planned forum for all Runwood wellbeing leads to network ideas and discuss aspects pertaining to their roles. The provision of activities will be reviewed at a subsequent care inspection.

Consultation

Consultation with five patients individually, and with others in smaller groups, confirmed that they were happy living in Oak Tree Manor. Patient questionnaires were left for completion. None were returned.

Patients consulted during the inspection commented:

- “It’s nice to sit here and look out. They look after us well.”
- “I like it here alright.”
- “It is quite nice here. We are happy here, all of us.”
- “Very nice here. Home from home. Staff are very helpful.”

Two patients’ representatives were consulted during the inspection. Patient representatives’ questionnaires were left for completion. Five were returned. Patients’ representatives’ comments included:

- “I am very happy with the care here. Can’t complain. ... is always kept very clean.”
- “It is alright now. I have good craic with the nurses. Have to go looking for staff at times if needed.”
- “Content my family member is being cared for.”
- “Lovely home and lovely staff. Food is lovely and the home is lovely and clean. The manager helps my relative and us as a family. The new nurse manager is lovely. Very happy.”
- “I love seeing my uncle be cared for here. Staff are so lovely.”
- “Fantastic team. Family member well looked after.”
- “I am completely satisfied with the level of care provided at this home.”

Six staff were consulted during the inspection. Staff were asked to complete an online survey; we had eight responses within the timescale specified. Seven of the respondents indicated that they were very satisfied the home was providing safe, effective and compassionate care and that the home was well led. Comments from staff included:

- “It is good here. Better now.”
- “There have been good improvements here.”
- “I enjoy the job but the work can be very stressful.”
- “I love the team but stressful work.”
- “The manager Michelle is a credit to the home and I believe very supportive toward staff.”
- “I have worked in many a place and this is the first job I have went on and thought I have made a difference in someone’s life.”
- “Michelle is a very fair manager and has turned the place around for the best.”
- “We get bad press which is unfair as we are great workers with a great manager.”
- “I look after the clients as if they were my own granny or granda because they deserve the best.”

Some additional negative comments from staff were shared with the manager for their review and action as appropriate.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

Areas of good practice

There were areas of good practice identified in relation to recruitment, professional registration checks, management of hydration, monitoring of falls in the home and planning for the provision of activities in the home.

Areas for improvement

Areas for improvement were identified in relation to compliance with best practice on infection prevention and control, staffing arrangements, patient access to thickening agents and with the storage of topical preparations.

	Regulations	Standards
Total number of areas for improvement	1	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michelle Montgomery, manager and Nora Curran, internal compliance inspector, 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	<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: 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: A new weekly audit tool on all wounds has been implemented. The Manager/Deputy Manager will check it off weekly and sign.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: 29 February 2020	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Storage areas to be cleaned has now been added to the allocation charts and Domestic staff have recieved supervision. The manager/deputy manager will check daily on walk rounds that standards are being maintained.</p>
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 41 Stated: First time To be completed by: 29 February 2019	<p>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.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Staffing levels have been reviewed by Runwood Senior management and will continued to be reviewed monthly. There is a new staffing allocations chart in place and all routines and deployment of staff has been reviewed by the manager/deputy manager.</p>

Area for improvement 2 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: 6.2 Response by registered person detailing the actions taken: A keypad has been fitted to the kitchenette doors and a notice to remind staff and relatives to keep the door closed at all times.
Area for improvement 3 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: 6.2 Response by registered person detailing the actions taken: A memo has went out to all staff and supervision reminding them to store topical preparations appropriately. Home manager will advise families in the forth-coming relatives meetings.

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



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