

Unannounced Care Inspection Report 25 February 2021



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.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Tracey Anderson – Registration pending
Person in charge at the time of inspection: Tracey Anderson	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: 17

4.0 Inspection summary

An unannounced inspection took place on 25 February 2021 from 09.30 to 17.45 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control measures
- the environment
- leadership and governance.

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	*1	*4

*The total number of areas for improvement includes one under regulation and four under standards which have been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Gavin O'Hare Connolly, Responsible Individual, Tiago Moriera, Regional Operations Director and Tracey Anderson, 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:

- 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 eight patients and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' and patients' relatives/representatives questionnaires were left for distribution. None were returned. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for week commencing 7 February 2021
- staff training records
- a selection of quality assurance audits
- incident and accident records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- complaints/compliments records
- menu
- RQIA certificate
- monthly monitoring reports
- eight patients' care records.

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 persons in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 5 October 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 14 (2) (a) (b) (c) Stated: First time	The registered person shall ensure that cleaning chemicals are suitably stored in accordance with COSHH regulations.	Not met
	Action taken as confirmed during the inspection: Chemicals were observed accessible to patients within two separate areas in the home. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that all staff communication with members of the multidisciplinary team is recorded in a consistent and robust manner which allows for effective and timely retrieval by nursing staff.	
	Action taken as confirmed during the inspection: A review of three patients' care records evidenced that this area for improvement has now been met.	
Area for improvement 3 Ref: Regulation 30 (1) (2) Stated: First time	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the nursing home which adversely affects the wellbeing or safety of any patient.	Met

	<p>Action taken as confirmed during the inspection: Discussion with the manager; review of recent incidents and a review of notifications submitted to RQIA evidenced that this area for improvement has now been met.</p>	
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 4.9 Stated: First time</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: The rationale for use of alarm mats had been included within two patients' care records reviewed, however, these records did not clarify when the alarm mats were required to be insitu.</p> <p>This area for improvement has not been fully met and has been stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 2 Ref: Standard 4 Stated: First time</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"> • Care plans must accurately reflect the frequency with which wounds should be dressed. • The scheduling of wound dressings must be clearly recorded in an effective and consistent manner. <hr/> <p>Action taken as confirmed during the inspection: Discussion with staff and a review of two patients' wound care records evidenced that a system had been developed to ensure wounds were dressed when required and that the frequency of wound dressings was included within the patients' wound care plans.</p>	<p>Met</p>

<p>Area for improvement 3</p> <p>Ref: Standard 18</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: A review of the provision of activities during the inspection evidenced that this area for improvement has not been met. This will be discussed further within section 6.2.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: A review of the duty rota for week commencing 7 February 2021 confirmed that this area for improvement has now been met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 1</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and a nurse who takes charge of the home in the absence of the manager confirmed the actions now taken to manage short notice absences.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that nutritional audits are completed in an effective and robust manner at all times.</p> <hr/> <p>Action taken as confirmed during the inspection: Nutritional audits had been conducted since the previous care inspection.</p>	<p>Met</p>

<p>Area for improvement 7</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall review the record keeping in relation to distressed reactions to ensure that dosage directions are fully recorded on personal medication records and the reason for and outcome of each administration are recorded.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Medication administration charts reviewed clearly identified the information identified above.</p>		
<p>Area for improvement 8</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall make the necessary arrangements to ensure that disposal of medicines records are fully maintained; and clearly indicate that all controlled drugs in Schedule 4 (Part 1) have been denatured prior to disposal by two trained staff.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A record of all medications which had been destroyed had been signed and witnessed by two trained staff.</p>		
<p>Area for improvement 9</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall develop an effective audit process which includes all formulations of medicines and covers all areas of medicines management.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the most recent medicines management audits evidenced that this area for improvement has been met.</p>		

<p>Area for improvement 10</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the dining experience for patients is reviewed in line with best practice guidance in dementia care. This review should include, but not limited to, the provision of menus in a suitable format and a review of the crockery in use.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Work was progressing in the provision of pictorial menus. A new menu was in development. The crockery in use was clean and intact.</p>		
<p>Area for improvement 11</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall review the current dining experience in the home and ensure that those patients who require a modified diet have at least two options at meal times.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Patients who required a modified meal did not have a meal choice during the lunchtime meal.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>		
<p>Area for improvement 12</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure there is a system in place to ensure the meal choices are recorded and communicated to the kitchen staff.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was no system in place to ensure that meal choices were recorded and communicated with kitchen staff.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>		
<p>Area for improvement 13</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the food and fluid recording charts are completed effectively including the amount, type and texture of food or fluid consumed, as required.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Two patients' food and fluid intake records reviewed had been completed in full.</p>		

Area for improvement 14 Ref: Standard 46.2 Stated: First time	The registered person shall ensure that the IPC training in the use of PPE and hand hygiene is embedded into practice.	Met
	Action taken as confirmed during the inspection: Staff we observed during the inspection performed hand hygiene at the appropriate intervals and were compliant in the use of personal protective equipment.	

6.2 Inspection findings

Staffing

On the day of inspection 17 patients were accommodated in the home. The manager confirmed the staffing arrangements in the home at the commencement of the inspection. Planned staffing levels were reflected on the duty rota week commencing 7 February 2021. The nurse in charge of the home in the absence of the manager was highlighted on the duty rota. Staff consulted during the inspection confirmed that patients' needs were met with the planned staffing levels and skill mix. There was evidence within the duty rotas of a recent increase in the staffing levels. Observation of care delivery during the inspection raised no concerns in relation to the staffing arrangements. Patients spoke positively on the care that they received. One told us, "Staff are great; always help me when I need them."

Staff confirmed that they had a good understanding of one another's roles in the home. Staff also confirmed they were satisfied that the training provided in the home was sufficient in enabling them to perform their roles safely. Compliance with mandatory training was monitored on a training matrix by the homes management on a monthly basis. The majority of staff were compliant with training requirements. Staff consulted confirmed that they had received training on infection prevention and control (IPC) and with the use of personal protective equipment (PPE) such as visors, facemasks, gloves and aprons.

Staff spoke positively in relation to the teamwork in the home. One commented, "It's brilliant. We all work well together here." Staff were observed to communicate well with each other during the inspection.

Care delivery

There was a relaxed environment in the home throughout the day. Staff were observed to interact with patients in a compassionate and caring manner. One patient told us, "I like it in here." Patients who could not verbally communicate appeared relaxed and comfortable in their surroundings. Patients which we encountered were well presented in their appearance. Staff were aware of patients' needs and requirements. Each staff member was given a handover sheet at the commencement of their shift which included information on each patient's dietary requirements, mobility, medical history and personal care needs.

A programme of activities was available for review. We did not observe any activity provision during the inspection. Discussion with staff confirmed that the provision of activities for patients within the nursing home was not consistent. This was discussed with the manager and an area for improvement, previously identified in this regard, was stated for the second time.

An indoor visiting area had been identified in the home taking IPC measures into consideration. Visits were by appointment only. Visitors were required to complete a self-declaration form, perform hand hygiene and wear a facemask before entering the visiting room. In addition to indoor visiting, virtual visiting was encouraged.

The manager confirmed that they would normally communicate any change with residents' relatives via the telephone. A remote meeting with relatives had been arranged using technology. A mobile telephone had been dedicated for patient/relative communications only.

The manager confirmed that they were open to the care partner concept and three care partner arrangements were progressing. A letter had been sent to patients' relatives/representatives providing information in relation to the care partner concept. Arrangements have been put in place to include care partners in the home's COVID – 19 weekly testing programme. Measures were in place to ensure that the care partners received training on hand hygiene and the use of PPE.

During the inspection we reviewed the lunchtime meal experience. Patients dined in the dining room or their own bedrooms. Social distancing was promoted in the dining area and staff were observed wearing the correct PPE when serving or assisting with meals. However, there was no system evident that patients pre-selected meals prior to lunch. Meals had been plated in the kitchen and then sent to the Hill Unit in a heated trolley. Plate coverings identified which patient the meal was for and the consistency of the meal. Areas for improvement in these regards have now been stated for a second time. The winter menu reviewed offered a clear choice of meal at lunch times. There was a good variety of food offered on the menu and the food served did appear nutritious and appetising. Staff maintained a checklist to ensure that all patients received a meal. Drinks were served with meals and any food transferred from the dining room was covered during transfer. The manager confirmed that a new chef was due to commence in post from March 2021 and that new menus for tables were required. This was also identified within the most recent monthly monitoring report.

A number of compliments were noted and logged from thank you cards and letters received by the home, examples included:

- 'Just a note to thank you all sincerely for the care and friendship you have given to We as a family knew that ... was very happy in the home and had formed many relationships.'
- 'Thank you for all you do for... . You are all ... family now.'
- 'Just to say a huge thank you to all of you for the love and care shown to ... during the time they were with you.'

Care records

Eight patients' care records were reviewed during the inspection. Care records were maintained electronically using the Goldcrest system. Supplementary care records such as food/fluid intake records and repositioning were handwritten to ensure accuracy in recording.

Wound care records had been maintained well. Wound care plans included wound dressing regimes and a system was in place to ensure that wounds were redressed when required. Wound evaluations were completed at the time of dressing.

We reviewed two patients' nutritional records. Nutritional assessments had been conducted monthly using the Malnutrition Universal Screening Tool. Patients' weights were monitored monthly for weight loss and/or weight gain. Nutritional care plans were in place identifying specific nutritional requirements for each patient.

A system was in place to monitor the bowel patterns of patients. Bowel management was recorded on daily charts utilising the Bristol Stool Score for each patient.

Infection prevention and control measures

When we arrived to the home we were required to wear a facemask, complete a self-declaration form regarding recent contacts and symptoms and have our temperature checked and recorded. Hand hygiene was available at the entrance to the home. Personal protective equipment such as masks, visors, gloves and aprons were readily available throughout the home. No issues or concerns were identified with staff in relation to the availability or supply of PPE.

When staff presented to the home, their temperatures were checked; staff sanitised their hands and PPE was donned before any contact with patients. Staff were aware not to come to the home if they were experiencing any signs or symptoms of COVID-19. As part of the regional testing programme, all staff were tested for COVID-19 on a weekly basis and all patients on a four weekly basis. Patients' temperatures were checked twice a day as a means to detect if any were developing symptoms. The majority of staff and patients in the home had received the second dose of a COVID – 19 vaccine.

Staff confirmed that training on IPC measures and the use of PPE had been provided. Regular hand hygiene audits had been conducted to ensure this vital practice had been conducted appropriately. We observed staff performing good hand hygiene practices during the inspection. Signage was available throughout the home advising on appropriate hand hygiene technique and safe donning and doffing of PPE. Enhanced cleaning measures had been introduced into the home's cleaning regime. The frequency of the cleaning of touchpoints had increased. Night duty staff had a separate cleaning schedule to complete.

The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Corridors and stairwells were clear of clutter and obstruction. Fire exits and fire extinguishers were also maintained clear of obstruction. Chairs and tables in the dining area and lounges had been adequately spaced to allow for social distancing. The home was clean, warm and tidy.

Compliance with infection prevention and control had been well maintained. Isolated areas were managed during the inspection.

Two doors leading to rooms containing chemicals, which could be potentially hazardous to patients, were found to be open and accessible to patients. This was discussed with the manager and an area for improvement previously made in this regard has been stated for the second time.

Leadership and governance

Since the last inspection there had been a change in the management arrangements. A new home manager was in post and an application for the manager's registration with RQIA had been made and was in process. Discussion with staff confirmed that the manager's appointment has had a positive impact with staff. Staff described the manager as 'approachable and friendly' and confirmed that they would be 'comfortable in raising any concerns' with her.

There was a clear organisational structure in the home. The manager confirmed that they were currently recruiting for a deputy manager to assist in the running of the nursing home. The manager confirmed that they felt well supported by senior management within Runwood Homes Ltd.

A record of all accidents, incidents and injuries occurring in the home was maintained and any required to be reported to RQIA had been received. Accidents had been reviewed monthly for patterns and trends as a means to identify if any further falls could potentially be prevented.

Monthly monitoring visits were conducted by a senior manager. Reports of the visits were available and included an action plan identifying any improvements required. The action plan was reviewed at the subsequent monthly visit to ensure completion.

The manager confirmed the areas which were audited on a monthly basis. These included care records, accidents/incidents, patient's weights, wound care, medicines management, infection control and hand hygiene. We reviewed the patients' weights audit. The audit compared individual patients' weights from previous weights and was colour coded as green, weight remains the same; yellow, weight gain; red, weight loss and pink, weight loss with concern. Auditing records also evidenced the actions taken in relation to any significant weight gain or weight loss.

Areas for improvement

Five areas for improvement have been stated for the second time in relation to the secure storage of chemicals, use of alarm mats, provision of activities and with the dining experience.

	Regulations	Standards
Total number of areas for improvement	1	4

6.3 Conclusion

The atmosphere in the home was relaxed. Staff were observed attending to patients in a caring and compassionate manner. Patients have commented positively on the care that they received and were well presented in their appearance. Compliance with IPC had been well maintained. Staff had received IPC training and training in the use of PPE. The staffing arrangements in the home were suitable to meet the needs of patients. There was evidence of good working relationships between staff and management. Five areas for improvement have been stated for the second time.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gavin O'Hare Connolly, Responsible Individual, Tiago Moriera, Regional Operations Director and Tracey Anderson, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) (b) (c) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that cleaning chemicals are suitably stored in accordance with COSHH regulations.</p> <p>Ref: 6.1 and 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: This was addressed with the individual member of staff at the time, all domestics have also had an update on COSHH training. IPC suitable signs have been placed on the doors to prompt people to lock the doors behind them. Spot checks are now also completed regularly and documented to ensure compliance is 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 4.9 Stated: Second time To be completed by: 11 March 2021	<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 and 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: This has been actioned. An alarm mat audit was completed and all actions from audit have been achieved. A staff meeting was conducted to address this and to ensure that everyone who has care planning responsibility is aware of the documentation requirements needed for any restrictive practice</p>
Area for improvement 2 Ref: Standard 18 Stated: Second time To be completed by: 25 March 2021	<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: 6.1 and 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Our activities programme was impacted by unexpected staff sickness. There is now an activity plan in place, with a diverse programme based on the choices and needs of the residents. Our Director of Wellbeing and Dementia Services has supported development of this programme which reflects the need for social distancing. Our 'tools down' initiative, usually from 2:30pm-3pm every day, also encourages all the staff to actively engage with individual residents. The Home Manager leads the development of our person-centred wellbeing programme.</p>
Area for improvement 3	The registered person shall review the current dining experience in

<p>Ref: Standard 12</p>	<p>the home and ensure that those patients who require a modified diet have at least two options at meal times.</p>
<p>Stated: Second time</p>	<p>Ref: 6.1 and 6.2</p>
<p>To be completed by: 25 March 2021</p>	<p>Response by registered person detailing the actions taken: As planned, the Manager carried out a survey with all residents to identify their preferences. A new chef commenced employment on 30th March 2021 and has created new menus which enable choice for all residents, including those who need a modified diet.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p>	<p>The registered person shall ensure there is a system in place to ensure the meal choices are recorded and communicated to the kitchen staff.</p> <p>Ref: 6.1 and 6.2</p>
<p>To be completed by: 25 March 2021</p>	<p>Response by registered person detailing the actions taken: Staff now complete menu cards with residents to show their choices, based on our new menus. These menu cards are given to the catering team in a timely manner so that meals can be prepared reflecting residents' individual meal selections, and to support effective management of the kitchen.</p>

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



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