The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Oak Tree Manor Nursing Home

Provider: Kathryn Homes Ltd

Date of Inspection: 8 April 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Kathryn Homes Ltd
Responsible Individual:	Mrs Tracey Anderson
Registered Manager:	Miss Veronica Sousa
Service Profile – This home is a registered nursing home which provides nursing care for up to 25 patients living with dementia. The home is situated on the first floor of the building and can be accessed by either a lift or by stairs. There is a separate registered residential care home which occupies the same site/building and the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 8 April 2025 from 9.30 am to 4.00 pm by care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 22 August 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that compassionate care was delivered to patients. Details and examples of the inspection findings can be found in the main body of the report.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection seven areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have been stated again or carried forward and will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I am happy here," "I'm ok. I was enjoying the sun today," "They are always looking after everyone very well in here. The food is lovely; I love the cottage pie," and "It's reasonably good. The staff are friendly and the food is acceptable."

Patients were offered choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

Relatives commented positively about the overall provision of care within the home. Comments included: "I have no concerns. As long as my sister is happy, I am happy."

Staff spoken with said that Oak Tree Manor Nursing Home was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. Staff comments included, "I love the staff here; working with them is like working with your family. We can challenge each other respectfully," and "Everyone is friendly and the teamwork is great. The manager is very approachable."

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients.

Concerns were identified regarding the lack of governance and management oversight regarding the staffing arrangements of one to one care for an identified patient. For example, there was no evidence that a robust system was in place to check the identity of agency staff providing the one to one care and there were no records to confirm that all agency staff had been inducted to the home following review of their profile provided by the agency. In addition, discussion with one to one staff confirmed that they did not receive a detailed handover at the start of their shift from a registered nurse as they were unable to describe the care needs of the patient they were caring for. These arrangements created a potential risk of harm to the identified patient and to the other patients living in the home. This was discussed with the manager and areas for improvement were identified.

Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Most staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Those staff who did not receive a detailed handover to provide one to one care to an identified patient were discussed with the manager who arranged for this to be done.

Staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice.

It was observed that a patient who was in receipt of one to one care was left unsupervised for a period of time; this was not in keeping with their assessed needs. This was discussed with the manager who gave assurances that the matter would be addressed without delay and arrangements put in place to minimise risks to patients. An area for improvement was identified.

The dining experience was an opportunity for patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was noted that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Patients were supervised during mealtimes. However, concerns were identified in relation to the supervision of patients requiring a modified diet due to their risk of choking. It was observed that one identified patient was not assisted appropriately in keeping with their assessed needs and the inspector had to intervene to ensure the patient's safety. This was concerning as this shortfall in practice was identified at the previous care inspection. In addition, review of records confirmed that at least two patients had care plans in place for management of choking risk. However, neither patient had an appropriate risk assessment in place.

This was discussed with the manager who confirmed all eating and drinking care plans were reviewed to ensure appropriate associated risk assessments were in place and further staff training and oversight would be implemented regarding the mealtime experience. An area for improvement relating to assistance of patients with an identified choking risk was stated for a second time and a further area for improvement was identified regarding choking risk assessments.

Discussion with patients, patients' relatives and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the noticeboard advising patients of forthcoming events. Patients told us that they were aware of the activities provided in the home and that they were offered the choice of whether to join in or not.

Patients' needs were met through a range of individual and group activities such as choir, balloon tennis, chair exercises, garden time, movies and one to one activities. Photos were displayed of patients enjoying events and entertainment that had been delivered in the home.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records, for the most part, were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care, although, review of care records confirmed a number of patients had not received an evaluation about the care the day previously. This was discussed with the manager who arranged for retrospective entries to be made. An area for improvement was stated for a second time.

Review of activity records identified that further work was required around record keeping to evidence that all patients are provided with meaningful activities. Records reviewed for an identified patient in receipt of one to one care contained entries which did not reflect the patient's likes and preferences, were repetitive and not person centred. Other records examined did not evidence meaningful activities were delivered on a regular basis to all

patients. This was discussed with the manager who gave assurances that additional supervision and support would be given to staff in this area. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were generally well decorated, suitably furnished, warm and comfortable. A number of environmental shortfalls were identified such as stained/damaged paintwork, bed ends that required fixing or replacing, exposed woodwork and stained carpets. Assurances were provided by management that a refurbishment plan would be developed without delay and all deficits would be addressed in a timely manner.

Discussion with staff confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks and drills.

Concerns about the management of risks to the health safety and wellbeing of patients, staff and visitors to the home were identified. Multiple topical medicines were stored in an area of the home that was accessible to patients; these were not under the supervision of staff at the time. These matters were discussed with staff who took immediate action. An area for improvement was identified.

Whilst improvements were noted since the previous care inspection, some staff were observed not washing their hands correctly or at appropriate times and to use personal protective equipment (PPE) inappropriately. Discussion with the manager confirmed that hand hygiene audits were carried out routinely, however, given the findings of the inspection how these audits are completed will be reviewed. An area for improvement was stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Veronica Souza has been the registered manager in this home since 3 January 2023.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. Review of the environmental audit evidenced that not all of the deficits highlighted on inspection were identified through the current audit systems. This was discussed at the previous care inspection. In order to drive the necessary improvements, an area for improvement was made.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	8*	5*

*The total number of areas for improvement includes three that have been stated for a second time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Veronica Sousa, Registered Manager, and Mrs Tracey Anderson, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (1) (a) **Stated:** First time **To be completed by:** 9 May 2023	The registered person shall ensure that all medicines are stored at the correct temperature and in accordance with the manufacturer's instructions. This area for improvement is made with specific reference to refrigerator temperature monitoring and the storage of in-use insulin pen devices. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 13 (1) (b) **Stated:** Second time **To be completed by:** 8 April 2025	The registered person shall ensure that patients who are identified as being at risk of choking are appropriately assisted at mealtimes in keeping with their assessed needs and plan of care. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: SLT folder reviewed against care plans and RAP reports and now as per SLT recommendations. SLT audit carrierd out by Trust on 17.04.25 and no deficits identified
Area for improvement 3 **Ref**: Regulation 13 (7) **Stated:** Second 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. This area for improvement relates to the following:

To be completed by: 8 April 2025	• donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Weekly hand hygiene and PPE audits are being carried out with staff to address donning and doffing of PPE, use of same for hand hygiene practice. Continual deficits will beaddressed via HR processes
Area for improvement 4 **Ref**: Regulation 21 (1) (b) Schedule 2 **Stated:** First time **To be completed by:** 8 April 2025	The registered person shall ensure that checks relating to proof of a person's identity; including a recent photograph, are completed before any staff commence working in the home and evidence retained of managerial oversight of all such records. This includes arrangements for temporary/agency staff employed to work in the home. Ref: 3.3.1
	Response by registered person detailing the actions taken: New checklist has been introdcued so that identity of agency is verified at start of shift and induction and handover given to staff member on duty and same is reviewed and signed of weekly by home manager. The management team spot check with 1:1 staff daily to ensure new processes are being adhered to
Area for improvement 5 **Ref:** Regulation 13 (1) (b) **Stated:** First time **To be completed by:** 8 April 2025	The registered person shall ensure that patients who are in receipt of one to one care are appropriately supervised at all times in keeping with their assessed needs and plan of care. Ref: 3.3.2
	Response by registered person detailing the actions taken: New checklist has been introduced to ensure staff attending one to one care are inducted and given a handover before commencing of shift by Nurse in Charge. Same is reviewed weekly by home manager. Handover includes details of bespoke package of care.

Area for improvement 6 **Ref:** Regulation 16 (2) (b) **Stated:** First time **To be completed by:** 8 April 2025	The registered person shall ensure choking risk assessments are in place for those patients at high risk of choking. Ref: 3.3.2
	Response by registered person detailing the actions taken: Records reviewed and risk of choking assessments in place for all residents and reviewed monthly.
Area for improvement 7 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 8 April 2025	The registered person shall ensure suitable arrangements for the storage and supervision of topical medicines. Ref: 3.3.4
	Response by registered person detailing the actions taken: Storage of topical medicines during use of same has been reviewed and addressed with staff via supervision.
Area for improvement 8 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 8 April 2025	The registered person shall ensure that there is a robust environmental audit in place, that it is effective and proactive in identifying shortfalls and driving improvements through clear action planning**.** Ref: 3.3.5
	Response by registered person detailing the actions taken: Robust IPC audit conducted monthly and any deficits identified are addressed within a defined timescale. Corrective actions required are overseen by the home manager
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 5 January 2023	The registered person shall ensure that the reason for and outcome of the administration of any medicine on a 'when required' basis for the management of distressed reactions, is recorded on every occasion. Ref: 2.0
	Action taken as confirmed during the inspection: **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**

Area for improvement 2 **Ref**: Standard 4 **Stated:** Second time **To be completed by:** 8 April 2025	The registered person shall ensure that care records are maintained in a person centred, sufficiently detailed and meaningful manner at all times. This relates specifically to the daily evaluations of care. Ref: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: Supervision completed with SN in question and daily records reviewed by HM/DM to ensure compliance.
Area for improvement 3 **Ref:** Standard 39.1 **Stated:** First time **To be completed by:** 8 April 2025	The registered person shall ensure that all staff newly appointed, including agency staff, complete a structured orientation and induction programme in a timely manner and that accurate records are retained for inspection. Records should evidence managerial oversight of all staff inductions. Ref: 3.3.1
	Response by registered person detailing the actions taken: New checklist has been introduced to ensure staff attending one to one care are inducted and given a handover before commencing of shift by Nurse in Charge. Same is reviewed weekly by home manager.
Area for improvement 4 **Ref**: Standard 41 **Stated:** First time **To be completed by:** 8 April 2025	The registered person shall ensure staff providing one to one care receive a comprehensive handover report from a registered nurse and are appraised with any other significant information regarding the patient they are assigned to care for. Ref: 3.3.1
	Response by registered person detailing the actions taken: New checklist has been introduced to ensure staff attending one to one care are inducted and given a handover before commencing of shift by Nurse in Charge. Same is reviewed weekly by home manager.

Area for improvement 5 **Ref:** Standard 11 **Stated:** First time	The registered person shall ensure that person centred activity records are retained. These should reflect the patient's individual likes and preferences. Ref: 3.3.3
To be completed by: 8 April 2025	**Response by registered person detailing the actions taken:** Meeting held on 24.04.25 with both wellbeing coordinators to ensure all residents are provided with person centred activities regularly and same documented. Monthly activity audits are being completed to ensure compliance.

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

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