The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Oak Tree Manor Nursing Home

Provider: Kathryn Homes Ltd

Date of Inspection: 11 November 2025

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

1.0 Service information

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 11 November 2025 from 9.15 am to 5.10 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

It was evident from discussions with patients and relatives that staff promoted patient's dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection eight areas for improvement were assessed as having been addressed by the provider. 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 very happy here. The staff are lifting and laying you. These people are brilliant."

Staff offered choices to patients throughout the day which included preferences for getting up and going to bed, 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: "The staff are very kind, friendly and professional. I am happy with the care. My relative's room is clean and serviceable."

Staff spoken with said that Oak Tree Manor Nursing Home was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments from staff included, "The teamwork with everyone is great. We love our team" and "The manager is very approachable. I have no concerns."

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

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.

While there was evidence of systems in place to manage some aspects of staffing; discussion with the manager and review of records established that a robust system was not in place to check the identity of agency staff or to induct agency staff to the home. Records reviewed confirmed a lack of consistent managerial oversight of these records. Two areas for improvement identified at the previous care inspection were stated for a second time.

Staff said there was good team work and that they were satisfied with the staffing levels. Staff were observed responding to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff 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. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included important information about patients, especially changes to care, that they needed to assist them in their caring roles.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care. A restrictive practice register was monitored and reviewed monthly.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were completed in line with the recommendations of the speech and language therapists and/or the dieticians.

Discussion with staff and observation of practice confirmed that a "safety pause" was completed at the start of each mealtime to ensure that every patient received their meals in accordance with the patients' assessed needs.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. It was observed that patients were not appropriately supervised in keeping with their assessed needs and the inspector had to intervene to ensure patients' safety. An area for improvement relating to assistance of patients with an identified choking risk was stated for a third time. Failure to meet this area for improvement may lead to enforcement action.

Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed highlighted events such as guest singers, bingo, fit and fun, balloon tennis, movies, arts and crafts.

Review of activity records confirmed improvements in record keeping was required. For example, records reviewed evidenced that some patients received only four activities in a monthly period. There was no evidence that registered nursing staff had oversight of these records. An area for improvement was identified.

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.

It was noted that patient menu choice records were not managed or retained in keeping with legislative requirements and best practice guidance. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were generally well decorated, suitably furnished, warm and comfortable. For example, patients' bedrooms were personalised with items important to the patient. However, surface damage was evident on identified walls and some woodwork required painting. In addition, some floor coverings required cleaning or replacing. This was discussed with the manager who provided assurances that these works would be raised with senior management and be addressed without delay. This is discussed further in 3.3.5.

Fire safety measures were in place to protect patients, visitors and staff in the home. The manager confirmed no actions were required from the most recent fire risk assessment.

There was evidence that systems and processes were in place to manage infection prevention and control (IPC) which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

A small number of shortfalls in individual staff practice with IPC practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

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.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. While some improvements were noted since the previous care inspection, shortfalls in the environment were not captured in the action plan of the environmental audit to drive the improvements required. An area for improvement was stated for a second time.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	*4	*3

*The total number of areas for improvement includes one that has been stated for a third time, three that have been stated for a second time and one which is 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, 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) (b) **Stated:** Third time **To be completed by:** 11 November 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: Supervision completed with all nursing and care staff to outline their responsibilities regarding safety pause and mealtime experience. Nursing staff are now the mealtime coordinator and responsible to carry out safety pause during lunch and dinner. Another staff member is allocated as the mealtime coordinator for the breakfast and snack times. This person will be identified on the duty rota and staff allocation sheet. Safer eating and drinking audits are completed weekly by Home Manager or Deputy Manager and during same person completing audit reviews if recommended cutlery or equipment is provided and the prescribed level of supervision is highlighted during safety pause and provided during the meal. If any issued are identified, an action plan is generated and signed off once completed.
Area for improvement 2 **Ref**: Regulation 21 (1) (b) Schedule 2 **Stated:** Second time **To be completed by:** 11 November 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: 2.0 and 3.3.1
	Response by registered person detailing the actions taken: Supervision has been completed with all nursing staff to outline their responsibility to ensure the appropriate checks are completed for temporary or agency staff working in home. There is now a file in place which hold all information for agency staff, who are booked to work in the home in the incoming week. Agency bookings and profiles are made available to nursing staff prior to commencement of shifts. The agency induction and ID checklist is completed by the nurse in charge and compliance is audited weekly by the Home Manager or Deputy Manager.

Area for improvement 3 **Ref:** Regulation 10 (1) **Stated:** Second time **To be completed by:** 11 November 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: 2.0 and 3.3.5
	Response by registered person detailing the actions taken: IPC audits are completed monthly and an action plan is developed to address areas of noncompliance. This will identify any maintenance issues that require action and these tasks will be transferred to the log maintenance issues retained in the home. The log of maintenance issues is reviewed regularly by the home's maintenance man, who will sign off each task once completed. The home manager meets with the maintenance man on a weekly basis to prioritised tasks requiring completion. completed. Any actions which cannot be completed by the home's maintenance man will be recorded on the elogs system and assigned to a contractor. The action plan will be reviewed and signed off by the home manager monthly.
Area for improvement 4 **Ref:** Regulation 19 (2) and (3) (b) **Stated:** First time **To be completed by:** 11 November 2025	The registered person shall ensure that patient menu choice records are effectively maintained and are available for inspection at all times. Ref: 3.3.3
	Response by registered person detailing the actions taken: Supervision completed with head chef regarding the retention of menu choices and process for same agreed. Menus will now be held in a central folder for the current month and archived at the end of each month. Compliance will be monitored during monthly kitchen audit.

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 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 39.1 **Stated:** Second time **To be completed by:** 11 November 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: 2.0 and 3.3.1
	Response by registered person detailing the actions taken: Supervision has been completed with all nursing staff to outline their responsibility to ensure the appropriate checks are completed for temporary or agency staff working in home. There is now a file in place which hold all information for agency staff, who are booked to work in the home in the incoming week. Agency bookings and profiles are made available to nursing staff prior to commencement of shifts. The agency induction and ID checklist is completed by the nurse in charge and compliance is audited weekly by the Home Manager or Deputy Manager.
Area for improvement 3 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 11 November 2025	The registered person shall ensure that a contemporaneous record of activities delivered is retained. Care plan evaluations should evidence oversight of these records by registered nursing staff. Ref: 3.3.2
	Response by registered person detailing the actions taken: An activity planner is in place in each unit. Supervision will be undertaken by the home manager with the home's activity coordinators to discuss the importance of accurately recording resident's participation in activities on Goldcrest following completion of any activity. Supervision will be undertaken with registered nurses to discuss the importance of the resident's activity care plans and monthly evaluation being representative of the resident's individual needs, preference and ability to participate.

	Monthly activity audits will be completed by the registered manager to ensure compliance with recording. An action plan will be developed to address areas of noncompliance. This will be reviewed and signed off by manager once completed.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews