

# Inspection Report

**Name of Service:** Oakmont Lodge Care Home Nursing Unit

**Provider:** Dunluce Healthcare Bangor Ltd

**Date of Inspection:** 10 January 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Dunluce Healthcare Bangor Ltd
<b>Responsible Individual:</b>	Mr Ryan Smith
<b>Registered Manager:</b>	Ms Sabah Abbad – not registered
<p><b>Service Profile:</b> This home is a registered nursing home which provides general nursing care, including patients living with a physical disability and dementia.</p> <p>The home is divided in two units; the McKee unit located on the first floor in which patients receive general nursing care; and a 12 bedded unit which provides care to people living with dementia.</p> <p>A residential care home is also located on the ground floor of the home.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 10 January 2025 from 07.20 am to 4.15 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 assess progress with the areas for improvement identified, by RQIA, during the last pharmacy inspection on 5 December 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to the environment, the provision of activities and the patient dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

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.

This inspection resulted in no new areas for improvement being identified. As a result of this inspection five areas for improvement were assessed as having been addressed by the provider; one area for improvement has been carried forward for review at a future inspection. Full details 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 patient's, 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 commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices. Patients said, "The staff are nice and they are kind to me. I have no issues at all" and "All's good and staff are attentive. I had my room decorated and I'm really happy with it as I've been involved in choosing colours and new pictures. I don't have any concerns but if I had I know I could discuss them with staff or the manager who would sort them out for me".

Patients' relatives spoken with said, "The care is good. Staff are like friends to us and there's always enough staff around." and "Mum is given daily choices of the activities she would like to attend and what she would like to eat. When she uses the nurse call system, they usually come to her quickly".

Staff confirmed that there were good working relationships; there was enough staff on duty to meet patients' needs; that the manager was approachable and they felt supported in their role.

Following the inspection, we received no patient, patient representative or staff questionnaires 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. There was evidence of systems in place to manage staffing.

Staff spoken with said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. Patient call systems were noted to be answered promptly by staff.

Patients told us that they felt well cared for; that there was enough staff on duty if they needed them; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

#### 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. 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.

It was observed that 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 on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. The menu was displayed on the notice board, outlining what was available at each meal time for patients and 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.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on noticeboards advising patients of forthcoming events. Records showed that staff discuss and observe patients' preferences for involvement in activity. Life story work with patients and their families helped to increase staff knowledge of their patients' interests and enabled staff to engage in a more meaningful way with their patients throughout the day.

Patients' needs were met through a range of individual and group activities such as playing boccia, bingo, listening to music and arts and crafts. Staff were observed to offer patients a choice of activities from a trolley they brought to each patient with a variety of puzzles, games and books.

Review of patients' activity records evidenced that a record is kept of all activities that take place, the names of the persons leading each activity and the patients who take part. Patients spoken with said they enjoyed the activities they attended.

### 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.

Patients care records were held confidentially.

Care records 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. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

### 3.3.4 Quality and Management of Patients' Environment

We observed the internal environment of the home and noted that refurbishment of the home was underway as a number of bedrooms in both units had recently been redecorated. Contractors spoken with confirmed that arrangements were in place to redecorate corridors in McKee unit in the near future.

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Treatment rooms, sluice rooms and cleaning stores were observed to be appropriately locked.

Review of records and discussion with the manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

### 3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Sabah Abbad has been the manager in this home since 8 April 2024. The manager was not on duty on the day of inspection.

Patients, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients' relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1*

\* the total number of areas for improvement includes one which is carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Ms Sarah Ross, Deputy Manager, and the management team, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (5 December 2023)	The registered person shall ensure that written confirmation of medicines is obtained from the prescriber at or prior to admission for new patients.  Ref: 2.0  <b>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.</b>

*\*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**

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