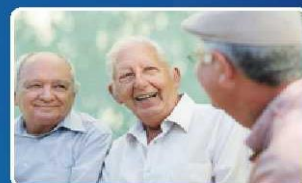


Inspection Report

5 September 2024



Oakridge Care Home

Type of service: Nursing

Address: 14 Magheraknock Road, Ballynahinch, BT24 8TJ

Telephone number: 028 9756 5322

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual: Mr Christopher Phillip Arnold	Registered Manager: Mrs Kelly Kilpatrick Date registered: 24 June 2016
Person in charge at the time of inspection: Mrs Kelly Kilpatrick	Number of registered places: 58 A maximum of forty (40) patients in the Dementia Unit. A maximum of eighteen (18) patients in the General Nursing Unit.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 53
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 58 patients. The home is divided into three units over two floors. The Tollymore unit on the ground floor and provides general nursing care and the Murlough and Tyrella which are in the first floor provides care for people with dementia. There is a Residential Care Home in the same building and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 5 September 2024 from 9.15 am to 6.15 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Oakridge Care Home was provided in a compassionate manner by staff that knew and understood the needs of the patients.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

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

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, relatives, visiting professionals and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Oakridge Care Home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect. One patient said, "It's a very well run place. Staff are very helpful and friendly", while another patient said, "I'm more than happy here." A third patient said, "I am happy. The staff are kind. I enjoy the food and love the porridge." A further patient said, "I am getting well looked after. The staff are awful friendly."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "We are happy. We have been able to raise things with staff and management. Staff are responsive and address things without delay. If there is an issue it is sorted," while a second relative said, "The staff are very good with my relative."

A visiting professional spoken with said the communication with the staff was good and referrals received were appropriate.

Staff spoken with said that Oakridge Care Home was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. One staff member said, "We all help each other out and put the residents first."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 13 July 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that repositioning records are appropriately and contemporaneously signed by two staff.	Not met
	Action taken as confirmed during the inspection: This area for improvement is not met and is stated for a second time. This is discussed further in section 5.2.2.	
Area for improvement 2 Ref: Standard 6 Stated: First time	The registered person shall ensure that where patients are in a twin room and share an en-suite bathroom there is a system in place to clearly identify and store each patient's individual toiletries and personal items.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for Improvement 3 Ref: Standard 37 Stated: First time	The registered person shall ensure that staff manage records in line with good practice guidance; this includes where an alteration is necessary.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff members were recruited safely ensuring that pre-employment checks had been completed prior to each staff member commencing in post.

Staff members, including agency staff, were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. Review of records confirmed all of the staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

Staff consulted with confirmed that they received regular training in a range of topics such as manual handling, infection prevention and control (IPC) practices and fire safety. However, review of staff training records confirmed that all staff were not up to date with mandatory training. This was discussed with the manager who agreed to arrange for outstanding training to be completed. An area for improvement was identified.

Review of staff training records confirmed that all staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

Review of records confirmed that staff meetings were not held on at least a quarterly basis. This was discussed with the manager and an area for improvement was identified.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

It was observed that the majority of staff working in the home did not have name badges to identify who they were and what role they worked in. An area for improvement was identified.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that 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 members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were not consistently signed by two staff. An area for improvement identified at the previous care inspection was stated for a second time.

Management of wound care was examined. Review of a selection of patient's care records confirmed that wound care was managed in keeping with best practice guidance.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Review of the management of falls evidenced appropriate actions were taken following the fall in keeping with best practice guidance.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of a selection of care records evidenced that not all care plans had been updated to reflect a change in patients assessed needs. In addition, some care plans had not been updated for up to two months. An area for improvement was identified.

Examination of care records evidenced that a selection of care plans had not been developed within a timely manner to accurately reflect the patients assessed needs. This was discussed with the manager and an area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. Shortfalls in personal care records were noted. For example, a selection of food and fluid intake records and repositioning records were not recorded contemporaneously. In addition, gaps were identified in personal care records and some hourly checks were not completed as directed. This was discussed with the manager who agreed to address this with staff and monitor compliance. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm and comfortable. Patients' bedrooms were tidy and personalised with items of importance to each patient, such as, family photos and sentimental items from home.

Pot holes and broken paving was noted at the entrance to the home. This is a trip hazard. This was discussed with the regional manager who confirmed this has been approved for fixing by the responsible individual.

Shortfalls in environmental cleaning was observed. For example, patient equipment such as wheelchairs were signed off by staff as clean although some of these were visibly dirty. One staff member reported a foul smell from a number of wheelchairs. Stains were noted on bed linen, door frames and bedroom furniture. This was discussed with the manager who agreed to meet with staff and monitor the cleanliness of the environment on their daily walk around. An area for improvement was identified.

Some patient equipment required fixing or replacing; this included damaged beds, some bedroom furniture and dining room tables. This was discussed with the manager and an area for improvement was identified.

It was observed that multiple areas in the home required repair or decoration such as damaged paintwork on the walls throughout the home, exposed and damaged woodwork on doors, doorframes and skirting and damaged plasterwork. This was discussed with the manager and regional manager who committed to reviewing the works required in the home without delay. An area for improvement was identified.

Concerns about the management of risks to the health, safety and wellbeing of patients, staff and visitors to the home were identified. For example, exposed electrical wires were accessible to patients, visitors and staff on an electrical fitting in an identified bedroom. A further call bell fitting was observed to be loose with electrical wires accessible. Food and fluid thickening agent and an open sharps box were accessible to patients, while bottled oxygen was inappropriately stored. These matters were discussed with staff who took immediate action. Areas for improvement were identified.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any

concerns or risks. A fire risk assessment had been completed on 4 April 2024 and there was evidence that the areas of concern identified by the fire risk assessor had not been fully addressed. This was discussed with the regional manager who confirmed a fire risk assessment was only received in July and that the areas identified for action have addressed or prioritised for action. An area for improvement was identified.

There were laminated posters displayed at hand washing points to remind staff of good hand washing procedures. Hand sanitisers were available throughout the home. A full selection of personal protective equipment (PPE) was readily available. Some signage was not laminated; this was displayed with adhesive tape. Incontinence wipes were observed to be inappropriately stored on top of toilet cisterns. This was discussed with the manager who agreed to address the matters without delay.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff were not familiar with the correct procedure for the donning and doffing of PPE, while other staff were not bare below the elbow. This was discussed with the manager and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room for meals.

Patients were observed enjoying listening to music, reading and watching TV, while others enjoyed doing arts and crafts or enjoying a visit from relatives.

There was evidence that planned activities were being delivered for patients within the home. An activity planner displayed in the home confirmed varied activities were delivered which included cinema and popcorn, sing a long, Roald Dahl day and wold Alzheimer's day.

5.2.5 Management and Governance Arrangements

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Mrs Kelly Kilpatrick, Registered Manager, has been the acting manager in this home since 24 June 2016.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were analysed on a monthly basis.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly. However, there was evidence that not all notifiable events were recorded and notified appropriately. At least four notifiable events had not been submitted to RQIA. The manager agreed to audit the accidents and incidents and notify RQIA retrospectively. An area for improvement was identified.

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.

However, based on the inspection findings and a review of a sample of audits it was evident that improvements were required regarding the audit process to ensure it is effective and proactive in identifying shortfalls and driving improvements through clear action planning. An area for improvement was identified.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. Although the reports of these visits were detailed, they were insufficiently robust so as to identify deficits and drive necessary improvements within the home. Reports had been completed for July 2024 and August 2024 but were not available for review on inspection. An area for improvement was identified.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	8	8*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Kelly Kilpatrick, 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 16 (1) Stated: First time To be completed by: 5 September 2024	The registered person shall ensure that care plans are prepared in sufficient detail and in a timely manner to direct staff as to how to meet the assessed needs of patients. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Registered Manager has addressed with Nursing staff the preparation of detailed care plans in a timely manner and will continue to monitor this through the auditing process.
Area for improvement 2 Ref: Regulation 27 (2) (c) Stated: First time To be completed by: 5 September 2024	The registered person shall ensure that equipment provided at the nursing home is in good working order, properly maintained and suitable for the purpose for which it is to be used. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Registered Person has replaced the dining room tables and chairs in the Frail elderly dining area, beds have been replaced and bedroom furniture.
Area for improvement 3 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 5 September 2024	The registered person shall ensure the environmental deficits identified on inspection are addressed without delay. A suitable and achievable time bound refurbishment program for this work should be submitted, along with the returned QIP, for information and comment. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Registered Manager has addressed with staff the cleanliness of the home. An extensive refurbishment plan is being submitted to RQIA to include replacement furniture and painting of the environment plus external work. The plan reflects all works completed and dates for other planned works.

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<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2024</p>	<p>The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager has addressed the fixing of call bell points and exposed electrical wires. Thickener is stored in a locked cupboard and staff are aware of risks this could pose if left unattended. The Registered Manager can confirm oxygen is chained to the wall and the sharps box is located out of resident reach.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2024</p>	<p>The registered person shall ensure recommendations made in the fire risk assessment are addressed in the recommended timeframe.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager has worked with the estates team to get all areas addressed in the Fire Risk Assessment. These were outside the timescales due to delay with external contractors. A new fire risk assessment is being completed next week.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2024</p>	<p>The registered person shall ensure a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene.</p> <p>Where deficits are identified during the monitoring system, an action plan should be put in place to drive the necessary improvement.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager carries out PPE audits to include observation of staff donning and doffing and hand hygiene audits. Any deficits are addressed at that time and recorded as an action. There is continuous monitoring of this within the home.</p>

Area for improvement 7 Ref: Regulation 30 (1) (d) (f) Stated: First time To be completed by: 5 September 2024	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager has completed the four retrospective notifications as advised. The Registered Manager continues to report any notifiable incident.</p>
Area for improvement 8 Ref: Regulation 10 (1) Stated: First time To be completed by: 5 September 2024	<p>The registered person shall ensure that there is a robust system of governance in place, that it is effective and proactive in identifying shortfalls and driving improvements through clear action planning.</p> <p>Ref 5.2.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager continues to carry out her governance of the home and has addressed through action planning improvements required.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 5 September 2024	<p>The registered person shall ensure that repositioning records are appropriately and contemporaneously signed by two staff.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager continues to carry out spot checks of repositioning records to ensure they are signed by two staff. Record keeping was discussed with staff at the staff meeting. Flash meetings are being held to address any issues on record keeping with staff.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 39.9</p> <p>Stated: First time</p> <p>To be completed by 5 September 2024</p>	<p>The registered person shall ensure that mandatory training requirements are met to enable staff to meet the needs of patients safely and effectively.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager has alerted all staff in relation to mandatory training requirements and continues to ensure all staff are trained to meet the needs of patients.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2024</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager has a plan for quarterly meetings for 2025 and will ensure meetings are held quarterly. The first meeting of the year has been held.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 19.4</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2024</p>	<p>The registered person shall ensure that there is a system in place to easily identify each member of staff by their name and role within the home.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager has ordered all staff a name badge with their name and role in the home so they are easily identified.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patient's care plans are kept under review and reflect any changes in the patient's assessed care needs.</p> <p>Ref: 5.2.2</p>

To be completed by: 5 September 2024	Response by registered person detailing the actions taken: The Registered Manager has spoken to nursing staff regarding the updating of care plans to reflect any changes in assessed needs. There is continuous auditing of care records to ensure that records are kept under review and evaluated monthly.
Area for improvement 6 Ref: Standard 4.9 Stated: First time To be completed by: 5 September 2024	The registered person shall ensure that supplementary care records are accurately maintained and are completed contemporaneously. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Registered Manager has addressed with all nursing and care staff the recording of supplementary records. Staff have received further supervision on this area and there is ongoing spot checking of supplementary records.
Area for improvement 7 Ref: Standard 46.2 Stated: First time To be completed by: 5 September 2024	The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection. This area for improvement specifically related to the cleaning of the environment and patient equipment within the home. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Registered Manager has addressed with staff the cleaning of wheelchairs and the environment in order to minimise the risk and spread of infection. The Registered Manager continues to monitor this area on her daily walkarounds.
Area for improvement 8 Ref: Standard 30.1 Stated: First time To be completed by: 5 September 2024	The registered person shall ensure that oxygen cylinders are stored in a safe and secure manner at all times. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Registered Manager has ensured all staff area aware that cylinders are stored in an upright position and chained to the wall. All are stored within the treatment rooms.

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