

# Inspection Report

13 July 2023



## Oakridge Care Home

Type of service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

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

## 2.0 Inspection summary

An unannounced inspection took place on 13 July 2023 from 9.15 am to 5.25 pm. The inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was 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.

Staff were seen to treat the patients with respect and kindness. There were sufficient numbers of staff on duty to meet the needs of patients in a timely manner.

It was positive to note that all areas for improvement identified at the last care inspection had been met. New areas requiring improvement identified are discussed in the main body of the report.

RQIA were assured that the delivery of care and service provided in the home was safe, effective, compassionate and that the home was well led. The findings of this report will provide the management team 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.

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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

#### 4.0 What people told us about the service

Patients said that they felt well looked after, staff were kind and helpful, the food was good and the home was kept clean and tidy. Comments made by patients included that “it is really good here”, “the staff are really good” and “they are looking after me really well”.

Staff said that they were satisfied with staffing levels and they spoke in positive terms about teamwork and support provided by the manager. Comments made by staff included that “it is a well organised team, things work well”, “staffing levels are good”, “everyone is approachable” and “teamwork is great”.

Relatives said that they were satisfied with the care provided, found staff to be kind and helpful and had no issues with communication. Comments made by relatives included that “staff are great”, “communication is excellent”, “it’s a great place” and “no complaints at all”.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Comments made by patients, staff and relatives were shared with the management team for information and action if required.

#### 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 15 November 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13(1)(b) <b>Stated:</b> First time	The responsible person shall ensure that all confirmed or suspected head injuries are managed in line with best practice guidance and that neurological observations are consistently and contemporaneously recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (1)(b)	The responsible person shall ensure that patients’ weights are consistently monitored and recorded on at least a monthly basis. Nutritional screening should be carried out	

<b>Stated:</b> First time	on at least a monthly basis and the malnutrition universal screening tool (MUST) should be completed accurately and in full.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time	The responsible person shall ensure that a suitable system is developed to record and monitor mattress settings and ensure that these are maintained in accordance with the recommended setting for individual patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The responsible person shall ensure that a menu is on display in a suitable format at mealtimes. The different courses of food available should be served in the correct order to help promote a balanced and nutritious dietary intake for patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The responsible person shall ensure that all equipment in use in the home is maintained in a clean and hygienic condition. Equipment should be cleaned in accordance with the cleaning schedule in place and also between patient use and/or when contamination occurs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 43  <b>Stated:</b> First time	The responsible person shall ensure that toiletries are stored in appropriate areas in patients' en-suite bathrooms.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. Staff were reminded when training was due. Staff said that they felt well trained to carry out their role and that the management team "really make an effort with training, both online and face to face, also with webinars".

There was a system in place to ensure that registered nurses, who take charge in the home in the absence of the manager, had completed relevant competency assessments.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

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

It was observed that staff responded to patients' requests for assistance promptly and in a caring manner.

### 5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly. Staff were seen to treat patients with respect and kindness.

Patients' needs were assessed 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 these included any advice or recommendations made by other healthcare professionals. There was evidence of consultation with patients and their relatives in the care records. Patients' care records were held confidentially.

Care records for patients with mobilising difficulties included recommendations regarding pressure relieving equipment in use and the frequency of repositioning. There was a system in place to monitor mattress settings were correct. Repositioning records were maintained to record the time of repositioning, however, these were not consistently signed by two staff. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were in place. Relevant risk assessments and care plans had been developed. Review of care records evidenced that staff took appropriate action in the event of a patient having a fall.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails, alarm mats and crash mats.

Where patients had a Deprivation of Liberty Safeguard (DoLS) there were systems in place to manage and monitor these.

Care records accurately reflected the patients' recommended care needs if they had a wound, relevant care plans had been developed and contemporaneous recording of wound care was maintained. If required, nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and/or the Podiatrist and followed the recommendations they made.

Review of care records evidenced that risk assessments and care plans were regularly reviewed by staff. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff ensured that patients were comfortably seated in their preferred location for their meal. An up to date menu was on display in a suitable format for patients.

The serving of lunch was well organised and unhurried. A designated member of staff had oversight of the mealtime and the 'safety pause' to help ensure that patients were served the correct consistency of diet. Staff were seen to assist patients with the level of support they required throughout the meal time; this ranged from simple encouragement through to full assistance.

It was positive to note that a 'nutrition assistant' role had been introduced to provide additional support over the meal time for patients who required assistance with feeding.

There was a choice of meals on offer, the food was attractively presented, smelled appetising and was served in appropriate portion sizes. Patients were offered a variety of drinks with their meal.



Records were kept of what patients had to eat and drink daily. Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. There was evidence that malnutrition universal screening tools (MUST) were accurately reviewed on a monthly basis.

Patients said they enjoyed the food in the home, comments made by patients after lunch included "lovely", "very nice", "the food is lovely and you get a choice" and "it was very good".

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was observed to be warm, clean, tidy and fresh smelling. Communal areas were bright and welcoming spaces for patients to relax and interact with other patients as they wished. Patients' bedrooms were attractively personalised with items that were important to them, such as, family photos, pictures, books, magazines and cushions. Fire exits and corridors were clear of clutter and obstruction.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Equipment was observed to be maintained in a clean condition and stored in appropriate areas of the home.

Toiletries were stored in appropriate areas within en-suite bathrooms. However, for patients who shared a twin room, the system in place to label and identify individual toiletries was not robust and could potentially result in communal use of these. An area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Patients were very satisfied that the home was kept clean and tidy.

### **5.2.4 Quality of Life for Patients**

The atmosphere throughout the home was welcoming and friendly. Observations of the daily routine and discussion with patients confirmed that staff offered them choices throughout the day regarding, for example, whereabouts they preferred to spend their time, what they would like to eat and drink and the option to take part in activities or not. Patients were seen to look well cared for and they were well presented.



The activity schedule was on display in various locations throughout the home. There was a wide range of activities on offer including, for example, painting, baking, knitting, sing-a-longs, arts and crafts, games and puzzles. Patients were offered the opportunity to help in the garden where they were growing vegetables and flowers. Cross-generational events were organised and singers were regularly booked to come in and provide entertainment. Planned entertainment included a country music singer and a '70's' disco. Patients' spiritual needs were provided for and birthdays and holidays were celebrated.

The enclosed garden was accessible from the ground floor; there were various seating areas, raised beds, a sensory section, potted plants and garden ornaments for patients' enjoyment. In the morning it was good to see that staff took time to offer patients an opportunity to go outside for a walk; several patients went out with staff and they said that they enjoyed getting some fresh air and exercise.

The activity therapist assisted patients to make scones during a morning baking session. Patients said they were especially keen on baking activities as they got to enjoy the results. The previous week patients had made quiche and had used vegetables they had grown themselves which they were very proud of.

Patients' meetings were arranged to provide patients with an opportunity to discuss issues such as menus, meals and activities. Patients said that they knew what was going on in the home and it was very much their choice whether or not to join in.

Patients spoke positively about the staff, the activities and their experience of living in the home. They said they felt listened to and that any concerns they might have were sorted out. Comments made by patients included "I love the music", "I know what is happening and when", "the monthly activity list is really useful" and "they are really great, from the day and hour I arrived".

Relatives expressed their satisfaction with the care provided and said they were involved in decision making and care planning.

### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Mrs Kelly Kilpatrick been the Registered Manager in this home since 24 June 2016. Staff 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 was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

It was observed that correction fluid had been used within various governance records and on the duty rota when alterations were made. However, where changes are made the original entry must remain visible, the alteration should be signed and dated and correction fluid should not be used. An area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Regional Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Relatives said that they knew how to report any concerns and that they were confident action would be taken to resolve these. There was a system in place to manage complaints. The management team confirmed that the outcome of complaints was shared with staff and used for learning.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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. The reports of these visits were completed in detail and where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

Staff commented positively about the manager and said she was supportive and approachable. Comments made by staff included that "the manager is lovely and really helpful" and "the manager really listens and tries to sort things".

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 Care Standards for Nursing Homes (April 2015)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that repositioning records are appropriately and contemporaneously signed by two staff.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed with all staff the Importance of completion of repositioning records and has addressed with nursing staff the importance of overseeing the recordings to ensure all are signed by two. The Registered Manager will continue to monitor this area.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	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.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed with staff to ensure all toiletries in shared ensuite's are clearly labelled.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 37  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that staff manage records in line with good practice guidance; this includes where an alteration is necessary.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager will ensure all governance records will be managed in line with good practice guidance.

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



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