



The Regulation and  
Quality Improvement  
Authority

Oakridge Clinic  
RQIA ID: 1276  
14 Magheraknock Road  
Ballynahinch  
BT24 8TJ

Inspector: Gavin Doherty  
Inspection ID: IN021595

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**Announced Estates Inspection  
of  
Oakridge Clinic**

**01 March 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced estates inspection took place on 01 March 2016 from 10.30 to 12.30. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes 2015.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report were discussed with the Mr Ryan Murphy, responsible for estates matters within the home, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Spa Nursing Homes Ltd/Mr Christopher Philip Arnold	<b>Registered Manager:</b> Ms Jessica Dezzuttos (Acting)
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms Jessica Dezzuttos, Acting	<b>Date Manager Registered:</b> 07 March 2016
<b>Categories of Care:</b> NH-I, NH-PH, NH-PH(E), NH-TI, NH-DE	<b>Number of Registered Places:</b> 58
<b>Number of Patients Accommodated on Day of Inspection:</b> 41	<b>Weekly Tariff at Time of Inspection:</b> Not ascertained

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 44: Premises**

**Standard 47: Safe and Healthy working Practices**

**Standard 48: Fire safety**

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months.

Discussion with Ryan Murphy, of Spa Nursing Homes Ltd.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, and fire risk assessment.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 19 June 2015. The completed QIP was returned and approved by the specialist inspector.

#### 5.2 Review of Requirements and Recommendations from the last Estates Inspection on

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> Ref: Regulation 14 (2)(a),(c)	Replace the missing light cover from the fitting in the Linen Store adjacent to bedroom 4 in the General Nursing Unit (Tollymore).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This was confirmed as completed during the inspection of the premises.	
<b>Requirement 2</b> Ref: Regulation 14 (2)(a),(c)	Replace the floor covering and coved skirtings in the following areas of the General Nursing Unit (Tollymore) with suitable slip resistant floor finishes: <ul style="list-style-type: none"> <li>• Bedroom En-suites 4, 10, &amp; 10s</li> <li>• Cleaners Store</li> <li>• Shower Room.</li> </ul>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> This was confirmed as completed during the inspection of the premises.</p>	
<p><b>Requirement 3</b>  Ref: Regulation 27 (2)(b),(d)</p>	<p>The following works should be carried out in a timely manner:</p> <ul style="list-style-type: none"> <li>the planned bathroom upgrade in the Nursing Dementia Unit (Murlough)</li> <li>sealing of worktop and shelf edges in the laundry</li> <li>replacing the cupboard doors and redecorating the staff rest room.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> This was confirmed as completed during the inspection of the premises.</p>	
<p><b>Requirement 4</b>  Ref: Regulation 14 (2)(a),(c)</p>	<p>Ensure that the requirements and recommendations contained in the recently completed risk assessment in relation to the 'control of legionella bacteria in the home's hot and cold water systems' are fully implemented within the stipulated timescales and maintained accordingly.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Refer to paragraph 5.4 in the main report for further details on this requirement and a further recommendation.</p>	
<p><b>Requirement 5</b>  Ref: Regulation 14 (2)(a),(c)</p>	<p>Forward the current certificate in relation to the servicing of the thermostatic mixing valves for the home to RQIA for comment and approval.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> This was confirmed as completed during the inspection of the premises.</p>	

<b>Requirement 6</b>  <b>Ref:</b> Regulation 27 (4)(a)	Ensure that the significant findings contained in the recently completed fire risk assessment are fully implemented within the stipulated timescales and maintained accordingly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This was confirmed as completed during the inspection of the premises.	

### 5.3 Standard 44: Premises

#### Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

#### Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

#### Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

#### Areas for Improvement

No areas for improvement were identified as a result of this inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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### 5.4 Standard 47: Safe and Healthy Working Practices

#### Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this estates inspection. This supports the delivery of safe care.

#### Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective

care. One issue was however identified for attention during this estates inspection. This is detailed in the 'areas for improvement' section below.

### **Is Care Compassionate? (Quality of Care)**

There are health & safety procedures and control measures in place which support the delivery of compassionate care. One issue was however identified for attention during this estates inspection. This is detailed in the 'areas for improvement' section below.

### **Areas for Improvement**

Spa Nursing Group Ltd acquired this home in January 2016. The home's existing risk assessment regarding the control of legionella bacteria (31 July 2014) remains valid but it is essential that the control measures required as part of this risk assessment continue to be implemented with suitable records maintained and available for inspection within the home. These control measures will include:

- Servicing and maintenance of all thermostatic mixing valves as per the manufacturer's recommendations or at least annually
- Suitable temperature monitoring regime for the calorifiers, tanks and sentinel outlets
- Regular cleaning and descaling of all showerheads and flexible pipes
- Suitable chemical treatment of the home's hot and cold water systems
- Flushing of all infrequently used outlets twice weekly.

Further information is freely available from the Health & Safety Executive at the following address: <http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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## **5.5 Standard 48: Fire Safety**

### **Is Care Safe? (Quality of Life)**

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

### **Is Care Effective? (Quality of Management)**

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

### **Is Care Compassionate? (Quality of Care)**

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

## Areas for Improvement

No areas for improvement were identified as a result of this inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.6 Additional Areas Examined

No additional areas were examined as part of this inspection.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ryan Murphy as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Nursing Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Persons

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

Recommendations			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 47  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>Ongoing</b>	Ensure that the control measures required as part of the existing control of legionella bacteria risk assessment continue to be implemented with suitable records maintained and available for inspection within the home.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Control measures required for legionella risk assessment will continue to be implemented and records maintained by Maintenance man.		
<b>Registered Manager Completing QIP</b>	K.Kilpatrick	<b>Date Completed</b>	19/04/16
<b>Registered Person Approving QIP</b>	C.Arnold	<b>Date Approved</b>	19/04/16
<b>RQIA Inspector Assessing Response</b>	G Doherty	<b>Date Approved</b>	12/05/16

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**