

# Inspection Report

**18 August 2022**



## Oakridge Care Home

**Type of service: Nursing Home**  
**Address: 14 Magheraknock Road,**  
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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> Mrs Kelly Kilpatrick	<b>Number of registered places:</b> 58 A maximum of forty (40) patients in the Dementia Unit. A maximum of eighteen (18) 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> 39
<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 Tollymore unit on the ground floor provides general nursing care. The Murlough unit on the first floor provides care for people living with dementia.  There is a residential care home in the same building and the registered manager for the nursing home manages both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 18 August 2022 from 9.25 am to 5.15 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 positive experience. Patients who were less well able to communicate their opinions were seen to be content and settled in their surroundings and in their interactions with staff.

Staff were seen to provide care to the patients in a caring and compassionate manner.

Areas requiring improvement were identified regarding monitoring mattress settings, completion of neurological observations, recording of weights, the mealtime experience, ensuring equipment is clean and storage of toiletries.

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 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 who were able to discuss how they find life in the home spoke positively about their experience and said they felt well looked after by the staffs that were helpful and friendly. Comments made by patients included that, "the staff are great and are good fun", "you could not wish for better, we are well looked after", "staff come and help you if you need them" and "I have no complaints". Patients who were less able to communicate their opinions were observed to receive kind and caring attention from the staff.

Staff said that teamwork was good and they felt well supported in their role. The majority of staff said that staffing levels had improved since the last inspection and this was a positive development.

A relative said they were very pleased with the care provided, communication was good and they have had no cause for complaint to date. Another relative said that they had limited experience of the home as yet and their loved one was still in the settling in period.

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

No completed questionnaires or responses to the staff survey were received following the inspection.

Comments made by patients, staff and relatives were brought to the attention of the manager 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 24 February 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 (7)  <b>Stated:</b> Second time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene.</li> </ul>	<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 16 (2) (b)  <b>Stated:</b> First time	<p>The registered person shall ensure that patients' wound care needs are managed in an effective manner at all times; this includes but is not limited to ensuring that: records are updated in a timely manner to reflect the assessed needs of patients; wound assessments and evaluations are completed after each dressing and daily progress notes include meaningful and patient centred entries regarding patients' skin condition.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals and thickening agents.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<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 4.9  <b>Stated:</b> Second time	<p>The registered person shall ensure repositioning, personal care and food and fluid intake charts are completed in full. These should be signed by staff with the accurate time of care delivery recorded.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35.3  <b>Stated:</b> Second time	The registered person shall ensure a robust audit system is in place to ensure compliance with best practice on infection prevention and control and care records. This should include supplementary care records such as repositioning, food and fluid intake and personal care records.	<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 was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. An overview of staff training was maintained. Staff said they felt well trained to carry out their roles.

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 obtain bank or agency staff cover in the event of a shortfall.

The management team said that recruitment was continually ongoing for new staff but recruitment had been extremely challenging in the area for some time now. As a result, they had taken the decision to temporarily close one of the dementia units in order to ensure that they had sufficient staffing numbers available to meet the needs of the patients. The majority of staff said that staffing levels were satisfactory and confirmed that these had improved due to the changes made.

Staff said that teamwork was good and they helped each other out. It was observed that there were enough staff on duty to attend to the needs of patients in a timely manner.

Patients said there were enough staff to help them and they felt well looked after.

### 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.

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 included any advice or recommendations made by other healthcare professionals. There was evidence of consultation with patients and their relatives, if this was appropriate, in planning care. Patients' care records were held confidentially.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs regarding the use of pressure relieving mattresses and the frequency of repositioning. However, there was no system in place to record and monitor recommended mattress settings. An area for improvement was identified.

Review of wound care records evidenced that wounds were redressed as required with the recommended type and frequency of dressing. Wound care records were well maintained, contemporaneous and individualised. There was evidence that the Tissue Viability Nurse (TVN) or podiatrist was consulted regarding wounds, where required, and their recommendations were followed.

At times some patients may be required to use equipment that can be considered to be restrictive such as bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Where a patient was at risk of falling, measures to reduce this risk were in place. The manager completed a monthly falls analysis. There was evidence that relevant risk assessments and care plans were reviewed and updated monthly and/or following a fall. However, neurological observations were not consistently completed, in the event of a confirmed or suspected head injury, in line with current best practice guidance. An area for improvement was identified.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. 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. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

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. Repositioning, personal care and food and fluid intake charts were up to date and completed in full.



Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals from simple encouragement through to full assistance from staff.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The food was attractively presented, smelled appetising and was served in appropriate portion sizes. There was a choice of meals available but there was no menu on display in the Tollymore dining room to make patients aware of this. Staff assisting patients in this dining room placed desserts on the tables prior to the main meal being served and as a result some of the patients ate dessert before their main meal. Menus should be on display in a suitable format. Different courses of food should be served in the correct order, especially for those patients who may be disordered regarding time and routine, in order to help promote a balanced and nutritious dietary intake. An area for improvement was identified.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. Records were kept of what patients had to eat and drink daily. Review of care records evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT) and/or the dietician.

There was inconsistent evidence that patients' weights were checked at least monthly to monitor weight loss or gain; the weights' audit in the Murlough unit was not up to date. There were gaps in weights' recording and in nutritional screening assessments in care records. An area for improvement was identified.

Patients said the food was lovely and that there was a good choice available. Comments included that the food was "tasty and good" and "there is always a good choice and plenty of it too".

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

The home was observed to be clean, tidy, warm and fresh smelling throughout. Patients' bedrooms were attractively personalised with items that were important to them, such as, family photos, ornaments and paintings. The lounges were attractively decorated and welcoming spaces for patients. Fire exits and corridors were observed to be clear of clutter and obstruction.

It was observed that thickening agents were appropriately stored and not accessible to patients. The hairdressing room was kept locked when unattended.

Various pieces of equipment in use in the home were seen to need more effective cleaning. This was brought to the attention of the manager for information and immediate action. An area for improvement was identified.

Toiletries were routinely stored on toilet cisterns in patients' en-suite bathrooms. This was brought to the attention of the manager for information in order that these items could be removed to appropriate storage areas. An area for improvement was identified.



The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

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 said that the home was kept very clean and tidy and their bedrooms were cleaned every day. A relative commented that "the place is spotless".

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

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

The hairdresser was in the home during the inspection. She explained that she provides hairdressing services for the patients once a week and that staff were very helpful in supporting the patients to avail of these.

The activity co-ordinator said that various activities were offered and the differing needs of the patients were taken into account when planning these, for example, patients living with dementia often prefer more sensory based activities such as music and singing. Patients' birthdays and national holidays/events were celebrated. The day after the inspection was National Potato Day; therefore, a potato print activity was planned. Other activities available included dancing, knitting club, painting stones and arts and crafts classes. Some patients preferred one to one activities such as doing jigsaws and knitting squares for larger projects.

Patients' spiritual needs were taken into account with a pastor visiting regularly. Therapy dogs and entertainers were also visiting the home again. The activity therapist said patients really enjoyed and benefitted from these visits.

Review of records of meetings evidenced that patients had not recently been offered an opportunity to provide their views on the running of the home at patients' meetings. This was discussed with the management team who offered assurances that patients' views had recently been obtained through a patient survey. Following the inspection RQIA were provided with the results of the survey which demonstrated that patients' views had been sought on various aspects such as the care provided, the food and the activities. The management team said that patients' meetings will be reconvened going forward as COVID-19 restrictions have eased; progress in this area will be reviewed at the next care inspection.

Visiting arrangements were in place in line with the current guidance in this area.

Patients said they really enjoyed the activities on offer and confirmed that it was very much their choice whether to join in or not.

### 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 has been the Registered Manager in the home since 24 June 2016. 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. Staff commented positively about the manager and the support she provided.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Audits were completed to review areas such as care records, supplemental charts, falls and wounds.

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 vulnerable adults.

The manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity to for the team to learn and improve. Patients and their relatives said that they knew who to approach if they had a complaint or a concern and had confidence that these would be dealt with.

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.

## 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 (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Kelly Kilpatrick, Registered Manager, Linda Graham, Regional Manager, and Gill Finlay, Regional Support 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(1)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	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.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed with her nursing staff best practice guidance following unwitnessed falls, confirmed or suspected head injuries and will continue to monitor staff nurses recordings of neurological observations after unwitnessed falls.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	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 on at least a monthly basis and the malnutrition universal screening tool (MUST) should be completed accurately and in full.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed with her nursing staff the need to ensure weights are consistently monitored and recorded monthly. The importance of the monthly Must Tool recording and use of nutritional screening has also been addressed with nursing staff. The Registered Manager will continue to monitor this area through her auditing systems. The Registered Manager can confirm that monthly weights are recorded through to the South Eastern Trust Dietician for review.

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	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.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager has a mattress audit that she completes to monitor mattress settings and ensure they are maintained in accordance with the recommended setting for individual residents dependent on weights. She has addressed with all staff the importance of not adjusting settings and has a system where the resident weight is checked and setting of mattress is attached to the mattress control box.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	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.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed this with kitchen and care staff. Staff have received supervision on the dining experience and the serving of courses in the correct order to help promote a balanced and nutritious dietary intake. The Registered Manager will monitor this area of compliance when completing her dining experience audits and has instructed her senior nursing staff to monitor this area of compliance.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	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.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed with staff cleaning of equipment and will continue to monitor this area on her daily walkabouts. The Manager will continue to audit all areas in the home in relation to the environment and cleaning.

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 43  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The responsible person shall ensure that toiletries are stored in appropriate areas in patients' en-suite bathrooms.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager has removed all toiletries from toilet cisterns and has instructed staff on correct storage within the unit. This will be monitored by the Registered Manager on her daily walkabout.

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



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