

Inspection Report

29 February 2024



Oakridge Residential Unit

Type of service: Residential

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Spa Nursing Homes Ltd	Registered Manager: Mrs. Kelly Kilpatrick
Responsible Individual Mr Christopher Philip Arnold	Date registered: 23 January 2020
Person in charge at the time of inspection: Mrs. Kelly Kilpatrick	Number of registered places: 10
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 9
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 10 people with dementia. There is also a registered Nursing Home under the same roof. The residential home is located on the ground floor with access to an enclosed courtyard.	

2.0 Inspection summary

An unannounced inspection took place on 29 February 2024 from 10:20 am to 1:45 pm by a care inspector.

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

There was a welcoming atmosphere on the day of inspection. Residents had choice in where they spent their day either in their own bedrooms or in the communal rooms. Staff provided care in a compassionate manner and were sensitive to residents' wishes.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

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 residents, relatives, staff or the commissioning trust.

Throughout the inspection RQIA will seek to speak with residents, 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 residents 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 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.

4.0 What people told us about the service

Residents told us they were happy with the service provided. Comments included; "I am happy here" and "the staff treat me well". Residents were positive about the care provided. The meal provision was described as "the food is nice".

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

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

One response was received from the resident/relative questionnaire indicating that they were satisfied with the overall provision of care in the home.

No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team.

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 11 May 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time	The registered person shall ensure that residents who are deemed to be at risk of falls have a detailed falls care plan in place and a risk assessment completed after each fall.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 13 (1) (b) Stated: Second time	The registered person must ensure that there is a consistent approach with the recording of clinical observations following a fall or accident.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 Ref: Regulation 20 (1) (a) Stated: First time	The Registered Person must ensure that a competent and capable person is rostered to take charge of the home at all times.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 4 Ref: Regulation 19 (5) Stated: First time	The registered person shall ensure that confidential information relating to residents is safely secured.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 6 Stated: First time	The registered person shall ensure that a system is in place to monitor the timely completion of care records following a resident's admission to the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Standard 20 Stated: First time	The registered person should ensure that audits to monitor the delivery of nursing care services are completed regularly and deficits identified clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 23 Stated: First time	The Registered person shall ensure that all staff complete training in relation to Deprivation of Liberty Safeguards	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

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

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. Staff said there was good team work and that they felt supported in their role.

It was observed that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. Staff responded to requests for assistance promptly in a caring and compassionate manner.

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents' 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 residents' needs and included any advice or recommendations made by other health professionals. Residents' care records were held confidentially.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed.

Daily records were kept of how each resident 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. There was choice of meals offered. Residents commented positively about the quality of meals provided and the choice of meals.

Staff advised that they were made aware of residents' nutritional needs.

5.2.3 Management of the Environment and Infection Prevention and Control

Many residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable.

Shortfalls were identified in regard to the environmental cleaning in the home, such as the attention to detail of cleaning of floors and equipment such as raised toilet seats and shower chairs. This was discussed with the manager and an area for improvement was identified.

Concerns were identified about the management of patients' toiletries in the dementia unit ensuite bathrooms and a cleaning trolley with cleaning products was left outside a shower room unattended. The importance of ensuring that all areas of the home are hazard free was discussed with the manager and an area for improvement was identified.

5.2.4 Quality of Life for Residents

Residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to residents' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring resident privacy during personal interventions.

The activity schedule was on display. Activities were provided which involved both group and one to one sessions. However, examination of activity records lacked detail in regards to resident participation. This was discussed with the manager and identified as an area for improvement.

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 manager in this home since 23 January 2020.

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 management team and described them as supportive and approachable.

There was evidence of auditing across various aspects of care and services provided by the home.

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 safeguarding champion for the home.

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

The home was visited each month by a representative of the responsible individual (RI) to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Kelly Kilpatrick, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 29 February 2024	<p>The registered person shall ensure that the areas identified at this inspection in regards to the home's environment are addressed.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has addressed the areas identified on the day of the inspection and has ensured all areas have been cleaned. The Registered Manager will continue to monitor the cleaning within the unit.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) (b) Stated: First time To be completed by: 29 February 2024	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which residents have access are free from hazards to their safety. This is in relation to the safe storage of toiletries and cleaning chemicals.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has instructed domestic staff to ensure their cleaning trolley is visible to them at all times and will continue to monitor this with staff on her walkabouts. The Registered Manager will consult with residents and families regarding their choices for storage of toiletries and will risk assess this area.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 13 Stated: First time To be completed by: 31 March 2024	<p>The registered person shall ensure that a record is kept of all activities that take place, the names of the person leading each activity and the residents who participate.</p> <p>Ref: 5.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has addressed with staff activity provision and completion of a key worker diary to record and reflect what activities residents are taking part in.</p>

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