

# Inspection Report

<b>Name of Service:</b>	<b>Oakridge Care Home</b>
<b>Provider:</b>	<b>Spa Nursing Homes Ltd</b>
<b>Date of Inspection:</b>	<b>3 September 2025</b>

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Spa Nursing Homes Ltd
<b>Responsible Individual:</b>	Mr Christopher Philip Arnold
<b>Registered Manager:</b>	Mrs Irene Nazareth – not registered
<p><b>Service Profile –</b>  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 provides general nursing care and the Murlough and Tyrella units, which are on the first floor, provide care for people living with dementia.</p> <p>There is a Residential Care Home in the same building and the registered manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 3 September 2025 from 9.40 am to 6.30pm by two care inspectors.

The inspection was undertaken to assess compliance with the actions required within the Failure to Comply (FTC) Notice (FTC Ref: 000249) issued on 9 July 2025 under The Nursing Homes Regulations (Northern Ireland) 2005; Regulation 10 (1) in relation to management and governance arrangements. The date for compliance was 3 September 2025.

The outcome of this inspection evidenced that management within Oakridge Care Home had taken appropriate action to comply with the FTC notice.

Six areas for improvement were not reviewed during this inspection and will be carried forward to a future inspection. Five areas for improvement were assessed as having been addressed by the provider and one new area for improvement was identified. Full details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Details of our enforcement procedures and notices issued can be found on our web site [www.rqia.org.uk](http://www.rqia.org.uk)

### 3.0 The inspection

#### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

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

Patients told us that they were happy with the care provided, commending some staff individually. Patients unable to express their opinions were relaxed and comfortable in their surroundings and in their interactions with staff; smiling and laughing.

Staff told us that they felt well supported by the management team; that they felt more confident in delivering good quality care since they had received additional training, and that they felt the staff and patients had benefited from the systems implemented by the management team.

Following the inspection, RQIA did not receive surveys or questionnaires from staff or patients and relatives.

A healthcare professional who was visiting the home at the time of this inspection told us that they found the staff to be responsive to their instructions regarding prescribed care.

#### 3.3 Inspection findings

**FTC Ref: FTC000249 Notice of Failure to comply with Regulation 10 (1) The Nursing Home Regulations (Northern Ireland) 2005**

**Registered person: general requirements**

**Regulation 10 (1) – (1)**

The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manager the nursing home (as the case may be) with sufficient care, competence and skill.

**The Responsible individual must ensure that:**

- an application to register a manager is submitted to RQIA without delay
- the home's governance systems, including the monthly monitoring reports conducted under Regulation 29, are reviewed to ensure they are sufficiently robust to identify, drive and to sustain improvements
- where deficits are identified through any audit process, a time bound action plan is developed to evidence that the necessary improvements have been made
- the manager's oversight of the audit system is clearly evidenced
- there is an effective system in place to manage and report on the quality of the home's environment
- there is an effective system in place for staff to report maintenance issues, faults or required repairs and there is evidence of timely managerial oversight of same
- there is an effective system in place to manage the safe use of patient wheelchairs; this includes but is not limited to the reporting of faults or required repairs, the safe use of lap belts when transporting patients, and that any unsafe wheelchairs are decommissioned until repairs or replacements are in place
- patients' confidential records are securely stored to prevent unauthorised access
- there is an effective system in place to ensure that when a patient is readmitted to the home that the patient's care plans are comprehensively reviewed to reflect their current needs
- patients receive a hot meal and are assisted with their meals in a timely manner as required
- there is a system in place to evidence that management regularly monitor/review the quality of life as experienced by patients. This includes but is not limited to; the quality of patients' mealtime experience and how patients are enabled to make choices about how and where they spend their day
- the practice of patients queuing for long periods prior to mealtimes must cease
- staff training in relation to dementia care is embedded into practice. For example, the meaningful communication and engagement with patients living with dementia and staff consideration of the quality of the patients' lived experience
- staff training in relation to Adult Safeguarding is embedded into practice. For example, staff can demonstrate their knowledge of what constitutes neglect and abuse and how it is to be reported commensurate with their role.

**Action taken by the registered persons:**

An application to register a manager was submitted to RQIA on 8 August 2025.

The home's governance systems were reviewed. Additional audits had been developed to ensure management reviewed a broader scope of the care and environment. These were also reviewed in the monthly monitoring reports under Regulation 29, which were more detailed. Actions identified in these reports were time bound and identified a person to drive the improvement.

There was improvement in the audit process; where deficits were identified, time bound action plans were now in place.

Completed audits evidenced clear management oversight;

An effective system was in place for staff to report on the quality of the home's environment and there was evidence that the management team had taken action to ensure identified deficits were addressed.

An effective system was in place for staff to report maintenance issues, faults or required repairs, with evidence of timely management oversight of this.

Staff demonstrated knowledge of safe practice while assisting patients in wheelchairs and with lap belts. Any equipment in need of repair or replacement was not in use.

Patient records were securely stored.

When a patient returns from a hospital stay, there is now an effective system in place to ensure that care records are reviewed and updated if required.

There were robust systems in place to ensure patients were served a warm meal, assisted if required, and offered alternative options to meet their preferences.

A robust system was in place to ensure management monitored patient's quality of life. There was evidence that the management team had made efforts to capture the patients' lived experience in the home in order to make the required changes to improve their experience and quality of life. This includes mealtimes, which were more organised, relaxed and unhurried. Patients were observed to be enjoying the atmosphere. Patients were enabled to make choices about how and where they spend their day.

The practice of patients queuing for long periods before mealtimes had ceased.

There was evidence that staff training in relation to dementia care had been embedded into practice. Refresher training had been completed. Staff demonstrated improvement in their efforts to interact with patients. Observation of care delivery evidenced staff having meaningful communication and engagement with patients; staff were engaging with patients in a positive way, and patients responded by laughing and smiling. Staff made efforts to spend time with patients who struggled to articulate their wants and needs; staff engaged patients in positive social interaction through use of positive touch and appropriate eye contact.

There was evidence that staff training in relation to Adult Safeguarding was embedded into practice. Discussion with staff demonstrated improvement in knowledge of Adult Safeguarding indicators and process used to report and escalate concerns. Staff demonstrated an understanding of their role in protecting patients.

### **3.4 Quality of Life and Care Delivery**

Effective systems were in place to manage mealtimes; each dining room had a mealtime coordinator who directed the serving of the meals to ensure that patients received the correct meal. Observation of the lunch meal demonstrated staff's improved efforts to engage patients socially during and prior to the serving of the meal.

However, inspectors had to intervene on two occasions to ensure there were sufficient numbers of staff available to effectively supervise patients during the serving of the lunchtime meal. An area for improvement was identified.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	6*

\*the total number of areas for improvement includes one Regulation and five standards which are carried forward for review at the next inspection.

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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (a)  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 July 2025	<p>The registered person shall ensure recommendations made in the fire risk assessment are addressed in the recommended timeframe.</p> <p>Ref: 3.3.4</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46.2  <b>Stated:</b> Second time  <b>To be completed by:</b> 23 June 2025	<p>The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection.</p> <p>This area for improvement specifically related to the cleaning of the environment and patient equipment within the home.</p> <p>Ref: 3.3.4</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> 23 June 2025	<p>The registered person shall ensure that when a care record in relation to patient dietary requirements has been commenced or reviewed that this is shared with the kitchen staff.</p> <p>Ref: 3.3.2</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	<p>The registered person shall ensure that where a patient is disorientated to time, that there is evidence of sufficient effort made to encourage good nutrition between planned mealtimes.</p> <p>Ref: 3.3.2</p>

<p><b>To be completed by:</b> 23 June 2025</p>	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 4</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that supplementary care records relating to patient checks are accurately maintained in accordance with the care plan and are completed contemporaneously.  Ref: 3.3.3</p>
<p><b>To be completed by:</b> 23 June 2025</p>	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 5</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that supplementary care records are accurately maintained and are completed by the staff member(s) delivering the care.  Ref: 3.3.3</p>
<p><b>To be completed by:</b> 23 June 2025</p>	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 6</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time</p>	<p>The registered person shall review staffing levels to ensure there is adequate staff supervision and/ or assistance in the dining rooms throughout mealtimes.  Ref: 3.3.1</p>
<p><b>To be completed by</b> 3 September 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> The acting Manager and senior staff continue to monitor mealtimes and can confirm that staffing levels are adequate to meet the needs of resident's who require supervision/ assistance in dining rooms.</p>



## The Regulation and Quality Improvement Authority

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