

# Inspection Report

**Name of Service:** Oakridge Residential Unit

**Provider:** Spa Nursing Homes Ltd

**Date of Inspection:** 10 February 2025

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 Kelly Kilpatrick
<b>Service Profile –</b> This home is a registered Residential Home which provides social care for up to 10 people with dementia. The residential home is located on the ground floor with access to an enclosed courtyard. Bedrooms are all single rooms with ensuite facilities and there is a choice of communal living and dining areas. There is a separate registered nursing home which occupies the same building and the registered manager for this home manages both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 10 February 2025 from 10:10 am to 2 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 17 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection one area for improvement has been stated again, three areas for improvement were assessed as having been addressed by the provider; and three areas for improvement will be reviewed at the next pharmacy inspection. Full details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## **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 resident'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.

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**

Residents told us they were happy with the care and services provided. Comments made included "the staff are very good and the food is good too" and "they treat me well here".

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents told us that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support with comments such as "I love it here, I enjoy coming to work"

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences; and were prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

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. Staff also offered residents choice in how and where they spent their day or how they wanted to engage socially with others.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, the importance of ensuring the genre of music playing was in keeping with the residents' age group and tastes was discussed with the manager and will be reviewed at the next inspection. The atmosphere was calm, relaxed and unhurried. Residents were seen to be enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Residents told us that they were encouraged to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. Activities planned for the week included board games, crosswords, movie afternoon and a Valentines ball.

### **3.3.3 Management of Care Records**

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.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents', where possible, were involved in planning their own care and the details of care plans were shared with relatives' relatives, if this was appropriate.

### **3.3.4 Quality and Management of Residents' Environment**

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

Observations evidenced that resident toiletries and food items that could present as a hazard to other residents were easily accessed. Residents' toiletries in ensuite bathrooms and food and fluid items were accessible in a number of bedrooms. This area for improvement has now been stated for a third time.

### **3.3.5 Quality of Management Systems**

There has been no change in the management of the home since the last inspection. Mrs Kelly Kilpatrick has been the registered manager for this home since January 2020.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

It was clear from the records examined that the management team had processes in place to monitor the quality of care and other services provided to residents.

Residents said that they had confidence that any complaint would be managed well.

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

## **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>	4*	0

\* the total number of areas for improvement includes one regulation that has been stated for a third time and three regulations which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Kelly Kilpatrick, Manager as part of the inspection process. This inspection resulted in no new areas for improvement being identified. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (b)</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 10 February 2025</p>	<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: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed with all staff in the unit regarding risk management and ensuring residents do not have access to toiletries or cleaning chemicals. All toiletries are now stored in locked cupboards out of residents sight.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 December 2024</p>	<p>The registered person shall ensure the maximum, minimum and current temperature of the medicine refrigerator is recorded each day and the thermometer reset.</p> <p>Action should be taken if temperatures outside 2°C – 8°C are observed.</p> <p>Ref: 2.0</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>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 December 2024</p>	<p>The registered person shall ensure that medicines, including controlled drugs, are returned to the community pharmacy for disposal.</p> <p>Ref: 2.0</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 December 2024</p>	<p>The registered person shall ensure there are robust arrangements in place for the management of controlled drugs. Specifically relating to:</p> <ul style="list-style-type: none"> <li>• the receipt of medications in the controlled drug register</li> <li>• accurate reconciliation checks should be carried out at each handover and signed by two staff members</li> </ul> <p>Ref: 2.0</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>

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



## The Regulation and Quality Improvement Authority

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