



Inspection Report

Name of Service: Oakridge Residential Unit

Provider: Spa Nursing Homes Ltd

Date of Inspection: 17 September 2024

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

1.0 Service information

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| Organisation/Registered Provider: | Spa Nursing Homes Ltd |
| Responsible Individual: | Mr Christopher Philip Arnold |
| Registered Manager: | Mrs Kelly Kilpatrick |
| Service Profile: 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 first floor of the same building. | |

2.0 Inspection summary

An unannounced inspection took place on 17 September 2024 from 9:50 am to 3:10 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 29 February 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. Refer to Section 3.2 for more details.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider; but two areas for improvement have been stated again. Full details, including new areas for improvement identified, 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 "it's a good place to be" "the meals are lovely" and "staff treat me well, things are excellent."

Discussions 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.

Following the inspection, we received two completed staff questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led.

No resident/relative questionnaires were received within the timescale specified.

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 residents. Review of a selection of records evidenced that generally staffing arrangements were managed well. However, recruitment records evidenced that gaps in applicants'

employment history had not been recorded or explored during interview. An area for improvement was identified.

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.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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 and 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.

Residents told us that staff offered them choices throughout the day which included 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.

The weekly programme of social events was displayed on the noticeboard. Live music was planned for the afternoon on the day of the inspection and residents said that they were looking forward to it. It was evident from records reviewed and discussions held that the provision of social activities and other meaningful interactions was an important aspect of the care delivery. For example, birthdays and annual holidays were celebrated; and a recent garden party had been held with staff and residents stating it had been well attended and an enjoyable day.

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.

Review of care records identified that the content of reviews and evaluations undertaken by care staff. Some of the evaluations were found to be generic and had not been personalised for the resident. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment Control

Many residents' bedrooms were personalised with items importance 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 the detail of cleaning under radiator covers and of equipment such as raised toilet seats and shower chairs and waste bins. This area for improvement has now been stated for a second time.

The importance of ensuring that all areas of the home are hazard free was identified as an area for improvement in February 2024. 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 items were accessible in an unlocked cupboard. The area for improvement has now been stated for a second time.

3.3.4 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.

Both the manager and regional manager have recently completed the "My Home Life" leadership support project, run by the University of Ulster, which aims to improve the quality of life for people, living, dying, visiting and working in care homes. They both said they felt that it had been a very positive experience.

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 |
|--|-------------|-----------|
| Total number of Areas for Improvement | 2* | 2 |

* the total number of areas for improvement includes two regulations that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Kelly Kilpatrick, Manager and Linda Graham, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2024</p> | <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: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has addressed this with the housekeeping team and continues to monitor this.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2024</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> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed the storage of toiletries in resident rooms/ ensuite bathrooms and continues to keep this area under review. The Registered Manager has addressed with all domestic and staff in the unit regarding the safe storage of cleaning chemicals.</p> |

| Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021) | |
|--|--|
| Area for improvement 1 Ref: Standard 19 Stated: First time To be completed by: 17 September 2024 | <p>The registered person shall ensure there is evidence that gaps in staff employment are explored before staff commence working in the home.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager has spoken with the Hr team regarding exploring gaps in employment before staff commence working in the home and will oversee recruitment of new staff.</p> |
| Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: 31 October 2024 | <p>The registered person shall ensure that when staff review residents care records that the record made is personalised to the resident.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager has addressed with all care staff the need to ensure evaluation of care needs are personalised for each individual resident.</p> |

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