The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Oakmont Lodge Care Home Residential Unit**

**Provider:** **Dunluce Healthcare Bangor Ltd**

**Date of Inspection:** **13 November 2025**

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:** | Dunluce Healthcare Bangor Ltd |
| **Responsible Person:** | Mr Ryan Smith |
| **Registered Manager:** | Ms Catherine Rea |
| **Service Profile –**<br>This home is a registered residential care home, which provides health and social care for up to 39 residents. The residential home includes a purpose built 12-bed unit for residents with dementia and is situated on the ground floor. Residents have access to communal lounges, dining rooms and a small coffee lounge in the residential unit.<br><br>A nursing home, which occupies the first floor is managed separately. | |

## 2.0 Inspection summary

An unannounced inspection took place on 13 November 2025, between 10.00 am and 5.30 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 25 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and 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 was assessed as having been addressed by the provider. One area for improvement has been stated for a second time and two areas for improvement will be reviewed at the next medicines management inspection. 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 residents, 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

Residents described staff as "Very good" and "Excellent." Residents spoken with said that they were happy living in Oakmont Lodge. Comments included, "The staff are terrific, I am happy to be here," and "This is very good, could not be finer, it has a very good name."

Relatives and a visiting professional spoken with during the inspection commented positively about the overall provision of care within the home. Comments included: "This is great, I have no concerns, they are all great," "There is very good communication, the staff are very friendly," and "The staff are very attentive."

There was no response to the online survey or questionnaires within the timeframe allocated.

### 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. There was evidence of systems in place to manage staffing. A discussion washeld with the manager regarding some discrepancies in the dates of one induction, the necessary assurances were received from the manager regarding this and that this will be reviewed at a further inspection.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt supported in their role and that they were mostly satisfied with the staffing levels. Some staff comments regarding staffing levels were shared with the manager for review. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

### 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.

Staff 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. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example, staff were observed supporting and reassuring one resident who appeared to be unsettled, staff adapted their communication style to ensure that the resident understood what was being said, resulting in the resident joining in with the conversation and appearing to relax.

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 were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

Review of records and discussion with residents confirmed that residents 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, the presentation of the home and menu choices.

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 systems were in place to safeguard residents and to manage this aspect of care, however, a review of care plans in relation to Deprivation of Liberty Safeguards (DoLS) evidenced lack of detail, this is discussed further in section 3.3.3.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Review of a sample of residents' post falls records evidenced that these were mostly well maintained. A discussion was held with the manager regarding a number of records with missing times that observations had been completed. The manager agreed to monitor this closely and to action where necessary. This will be reviewed at a future inspection.

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; the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious. One resident commented, "The food is amazing, there is plenty of it."

The importance of engaging with residents was well understood by the manager and staff. On the morning of the inspection residents and staff were engaged in an activity of making 'reindeer food', residents commented that this was for an upcoming Christmas fair that was taking place in the local community. Residents and staff explained that they would be attending the fair and the manager explained that this was part of a community development initiative involving local businesses and schools.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 healthcare professionals.

Residents care records were held confidentially.

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

As discussed in section 3.3.2 care plans relating to Deprivation of Liberty Safeguards (DoLS) lacked detail with regards to the level of support needed, in addition to this these care plans were not person centred. An area for improvement was identified.

## 3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

'Homely' touches such as a library area, a coffee bar and a reminiscence room were available for residents.

One area of the home was designed to support residents living with dementia. For example, it was well lit and spacious which ensured that residents could navigate the home safely.

Areas containing items with potential to cause harm such as the cleaning store and sluice room were appropriately secured. However, shortfalls were identified regarding the effective management of potential risk to residents' health and wellbeing; specifically, supervision of the domestic cleaning trolleys. An area for improvement was stated for a second time.

## 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Catherine Rea is now the Registered Manager of this home since 2 January 2025.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. One resident said, "She is fantastic, she is very supportive."

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Compliments to the home referred to the 'care and patience' of the staff and the 'wonderful care' provided.

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

* the total number of areas for improvement includes one regulation that has been stated for a second time and one regulation and one standard which are carried forward for review at the next medicines management 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.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</td></tr>
<tr><td rowspan="2">Area for Improvement 1<br><br>Ref: Regulation 13 (4)<br><br>Stated: First time<br><br>To be completed by:<br>17 January 2024</td><td>The registered person shall review the process for managing medicines for new admissions to the home to ensure that medicine records are completed accurately.<br><br>Ref: 2.0</td></tr>
<tr><td>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.</td></tr>
<tr><td rowspan="2">Area for improvement 2<br><br>Ref: Regulation 14 (2) (a)<br><br>Stated: Second time<br><br>To be completed by:<br>13 November 2025</td><td>The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety. This is specifically in reference to access to and supervision of the cleaning trolleys with in the home.<br><br>Ref: 2.0 & 3.3.4</td></tr>
<tr><td>Response by registered person detailing the actions taken: Domestic meeting eld and health and safety discussed regarding domestic trolleys.</td></tr>
<tr><td colspan="2">Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)</td></tr>
<tr><td rowspan="2">Area for Improvement 1<br><br>Ref: Standard 6<br><br>Stated: First time<br><br>To be completed by:<br>17 January 2024</td><td>The registered person shall ensure that care plans are in place to direct staff when a resident is prescribed medicines to manage chronic pain.</td></tr>
<tr><td>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.<br><br>Ref: 2.0</td></tr>
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| **Area for improvement 2**<br><br>**Ref:** Standard 6.6<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 November 2025 | The registered person shall ensure that care plans in relation to DoLS are kept up-to-date to reflect the resident's current needs.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>All DOLS care plans updated to include more personal details surrounding DOLS. |

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

The Regulation and Quality Improvement Authority

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