The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Oakridge Residential Unit

Provider: Spa Nursing Homes Ltd

Date of Inspection: 4 November 2025

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

1.0 Service information

Organisation/Registered Provider:	Spa Nursing Homes Ltd
Responsible Individual:	Mr Christopher Philip Arnold
Registered Manager:	Mrs Irene Nazareth- not registered
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. There is a separate registered nursing home, which occupies the same building, and the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 4 November 2025 from 10:15 am to 3: 15 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 10 February 2025; 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 was assessed as having been addressed by the provider and three areas for improvement will be reviewed at the next pharmacy 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 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. 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 told us they were happy with the care and services provided. Comments made included "the staff are good to me and the food is good" and "they treat me well".

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 said there was good team work and that they felt well supported in their role. One staff member expressed a level of dissatisfaction about the staffing arrangements and the staff morale in the home. These comments were shared with the manager to review and action as necessary.

Following the inspection, no response was received regarding resident/relative questionnaires and no staff 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 patients. There was evidence of robust systems in place to manage staffing.

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

The staff duty rota reflected the staff working in the home on a daily basis. However, review of the duty rota identified that a number of alterations had not been made in line with best practice guidance. An area for improvement was identified.

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.

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. A member of staff was identified to be in charge of the home on night duty, however they had not been deemed competent to administer medications, which was resulting in the nurse in charge of the adjacent nursing home at times administering medication in the Residential unit. Oakridge Residential Unit is a registered service in its own right and therefore must be staffed independent of the adjacent nursing home; this was identified as an area for improvement.

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. 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.

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 music, games, hairdressing and movies.

Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

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**.** 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.

Review of the care records for an identified resident who presented with distressed reactions provided evidence that care plans were in plans, however, these care plans lacked specific details of the care and support required. An area for improvement was identified.

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.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Irene Nazareth has been the acting manager for this home since 3 June 2025, an application for registration is in progress with RQIA.

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. However, care plan audits were not being carried out on a regular basis. This was identified as an area for improvement.

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	4*	3

* the total number of areas for improvement includes 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 the management team, 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 13 (4) **Stated:** First time **To be completed by:** 13 December 2024	The registered person shall ensure the maximum, minimum and current temperature of the medicine refrigerator is recorded each day and the thermometer reset. Action should be taken if temperatures outside 2^{o}C – 8^{o}C are observed. Ref: 2.0
	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.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 13 December 2024	The registered person shall ensure that medicines, including controlled drugs, are returned to the community pharmacy for disposal. Ref: 2.0
	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.
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 13 December 2024	The registered person shall ensure there are robust arrangements in place for the management of controlled drugs. Specifically relating to: • the receipt of medications in the controlled drug register • accurate reconciliation checks should be carried out at each handover and signed by two staff members Ref: 2.0
	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.

Area for improvement 4 **Ref:** Regulation 20 (1) (a) **Stated:** First time **To be completed by:** 30 November 2025	The registered person must ensure that a competent and capable person is rostered to take charge of the home at all times. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Acting Manager has recruited a senior carer for night duty and has completed competency assessments in order to ensure they can take charge of the home at all times. Further training of senior carers is also in place to ensure there is cover at all times.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 25 **Stated:** First time **To be completed by:**	The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Acting Manager will ensure at all times that the duty rota is legible. When changes are made to the rota then it will be retyped to ensure all changes are reflected on the rota.
Area for improvement 2 **Ref:** Standard 6 **Stated:** First time **To be completed by:**	The registered person shall ensure detailed and resident centred care plans are in place for those residents who present with distressed reactions. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Acting Manager has implemented a system for review of the care plans for residents with distressed reactions and updated care plans have been put in place.
Area for improvement 3 **Ref:** Standard 20 **Stated:** First time **To be completed by:** 30 November 2025	The registered person should ensure that care file audits are completed regularly to review the quality of care delivery within the home. Ref: 3.3.5
	Response by registered person detailing the actions taken: The Acting Manager has ensured all care files have been audited and updated to ensure they are kept up to date with care delivery. The Acting Manager will continue to oversee the audits completed within the home.

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

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