The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Oakleaves Care Centre**

**Provider:** **Ann's Care Homes**

**Date of Inspection:** **13 January 2026**

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:** | Ann's Care Homes |
| **Responsible Individual/Responsible Person:** | Mrs Charmaine Hamilton |
| **Registered Manager:** | Ms Jennifer Lynch |
| **Service Profile –**<br>This home is a registered nursing home, which provides nursing care for up to 42 patients living with dementia and past or present alcohol dependency. The home is divided into three units situated on the ground floor. Patients have access to communal lounges, dining rooms and a garden. | |

## 2.0 Inspection summary

An unannounced inspection took place on 13 January 2026, from 9.45 am to 6.00 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 pharmacy inspection on 18 September 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was established that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.
Patients said that living in the home was a good experience. Patients 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 two areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next 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 patients, 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 spoken with said, "The food is lovely and it is lovely in the home". Generally, positive interactions and friendly chat was observed between staff and patients during the mealtime.

Some patients may have difficulties expressing their experiences in the home. Patients who could not tell us about their experiences were generally seen to be relaxed in their environment. This is discussed further in section 3.3.2.

Staff described the manager as, "Supportive and visible if advice needed". Staff also said they had received an induction for their roles and had continuing training provided.

## 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.

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

Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels. Staff said that efforts were always made to cover absences to ensure staffing levels were maintained.

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

Review of the system to manage the registration of nurses and care staff evidenced that the manager had oversight from the process to ensure staff maintained their registration with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

### 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 patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were generally good in communicating with patients and recognising their needs, however, were patients had distressed reactions, staff did not always respond in a timely way to assist with offering support with these behaviours. An area for improvement was identified.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patients choice of meals and where patients wished to spend their time.

At times some patients 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. While a system was in place to safeguard patients and manage this aspect of care, the use of lap belts requires to be reviewed and considered in auditing systems. This was discussed with the manager for her action and will be reviewed at a future inspection.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff supervision and the use of mobility aids. It was observed that care records for falls were not always reviewed and updated following a fall. This was discussed with the manager for her assessment and will be reviewed at a future inspection.

Review of actions taken following a fall in the home identified that concerns about equipment integrity were not appropriately reported to the Health and Safety Executive Northern Ireland (HSENI). This was discussed with the manager and an area for improvement was identified.

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

Observation of the lunch meal, review of records and discussion with patients, staff and the manager confirmed that there were robust systems in place to manage patients' nutrition and mealtime experience.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those patient who required a modified diet.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious. Meals, which were carried from the dining room to patients' bedrooms, were not always covered. This was brought to the attention of the manager for her action and will be reviewed at a future inspection.

There were no planned activities taking place in the home on the day of inspection. Observation identified that no activities were taking place for patients who were in their bedrooms and review of care records did not evidence that activities were taking place on a regular basis. An area for improvement was identified.

### 3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs.

Patients care records were held confidentially.

Review of the daily evaluation of care lacked oversight by the registered nurses of the supplementary care records, for example, food and fluid intake charts. This area for improvement has been stated for a second time.

The monthly evaluation of care records for dementia, flood and fluids, distressed reactions and mobility lacked detail and were not always person centred. An area for improvement was identified.

### 3.3.4 Quality and Management of Patients' Environment

The home was generally clean, warm and tidy. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. However, the outside area for the home required maintenance. This was discussed with the manager who agreed to address this and will be reviewed at a future inspection.

The environment throughout the home lacked dementia friendly colour, contrasts and sensory supports to reduce confusion and promote independence for patients. This was discussed with the manager and an area for improvement was identified.

A patients lounge was observed to be also used as a nurse administration area, with a desk, computer and filing area in place. This was discussed with the manager and an area for improvement was identified.

## 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Jennifer Lynch has been the manager in this home since 4 July 2022.

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

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. Actions required following audits were addressed, however, a small number required signed and dated. This was discussed with the manager for her action and will be reviewed at a future inspection.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, however, the satisfaction of the complainant was not always documented in the complaints records. An area for improvement was identified.

A record of compliments was kept regarding the quality of the care provided to patients. This was shared with staff.

## 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* | 9* |

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Jennifer Lynch, 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 Nursing Homes Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The Registered Person shall ensure that in-use insulin pens are labelled to denote ownership and have the date of opening recorded to facilitate audit and disposal at expiry.<br><br>Ref: 2.0 |
| **To be completed by:**<br>18 September 2025 | **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**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The Registered Person shall ensure that appropriate action is taken when refrigerator temperatures are outside the recommended range<br><br>Ref: 2.0 |
| **To be completed by:**<br>18 September 2025 | **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.** |
| **Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 4<br><br>**Stated:** First time | The registered person shall ensure detailed and patient centred care plans are in place for those patients who require bespoke one to one care.<br><br>Ref: 2.0 |
| **To be completed by:**<br>30 August 2024 | **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.** |
| **Area for improvement 2**<br><br>**Ref:** Standard 26<br><br>**Stated:** First time | The Registered Person shall ensure that staff have the knowledge and understanding to respond to patients with distressed reactions in a timely manner.<br><br>Ref: 3.3.2 |
| **To be completed by:**<br>14th January 2026 | **Response by registered person detailing the actions taken:**<br>A staff meeting was held following inspection where this area was discussed and in particular the identified resident who was displaying a distressed reaction on the day of the inspection. This resident's care plan was reviewed. Refresher CPI/ distressed |

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| | reaction training has been arranged for staff on Monday 2nd March and Wednesday 5th March 2026. |
| **Area for improvement 3**<br><br>**Ref:** Standard 45.7<br><br>**Stated:** First time<br><br>**To be completed by:**<br>13 January 2026 | The Registered Person shall ensure that processes are followed for the reporting of incidents in relation to hoisting equipment as required.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>The identified incident was reported to the HSENI following the inspection. Going forward, if any incidents occur involving hoisting equipment the correct process will be followed. |
| **Area for improvement 4**<br><br>**Ref:** Standard 11<br><br>**Stated:** First time<br><br>**To be completed by:**<br>14 January 2026 | The Registered Person shall ensure a programme of meaningful activities is provided and is seen as an integral part of the caring role.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>There is a weekly calendar of activities in place which is publicised on the notice board. There is also a monthly newsletter which documents past and current activities held in the home.<br>The activities co -ordinator records daily which resident has participated in which activity within the activities report on the Goldcrest system. She also reports how long the resident participated each day.<br>Each resident has an individualised care plan detailing their likes and dislikes which guides care staff when carrying out actvities in the absence of the activities co-ordinator. Care staff are advised to record all activities in the appropraite section within the Goldcrest system. This will be monitored by the HM. |
| **Area for improvement 5**<br><br>**Ref:** Standard 4<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>14 January 2026 | The Registered Person shall ensure the daily evaluations of care are meaningful; patient centred and include oversight of the supplementary care records. This is stated in reference, but not limited to, the food and fluid records.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>A supervision was held with all nursing staff in relation to ensuring that daily evaulations of care are meaningful, patient centred and include their oversight of supplementary care records. A Memo was also issued to the nurses to remind them of their responsibilty in complying with this area of record keeping.<br>Nursing staff now record the fluid/ food input in the daily evaluations and record actions taken if a resident has not met their daily fluid target. |

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| | The Home Manager monitors care records by spot checking and by carrying out care file audits. |
| **Area for improvement 6**<br><br>**Ref:** Standard 4<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 January 2026 | The Registered Person shall ensure the monthly evaluation of care plans is meaningful and patient focused.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>Supervisions have been completed with all nursing staff to highlight findings from inspection and to advise that when reviewing care plan evaluations, the records will be meaningful and person centred. The Home Manager monitors care records by spot checking and by carrying out care file audits. |
| **Area for improvement 7**<br><br>**Ref:** Standard 43<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 January 2026 | The Registered Person shall ensure review of the home's environment to ensure it meets the needs of the patients accommodated. This is stated specifically in relation to patients living with dementia.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>A dementia audit has been carried out and a subsequent action devised. Actions identified have a timescale for completion. |
| **Area for improvement 8**<br><br>**Ref:** Standard 44.3<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 January 2026 | The Registered Person shall ensure residents rooms in the home are used for the purpose they are registered. This is in relation to a nurse's station located in a patient lounge.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>A review of the identified lounge was discussed with management and it has been agreed to re configure this lounge. This has been included in the dementia audit action plan. |

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| **Area for improvement 9**<br><br>**Ref:** Standard 16<br><br>**Stated:** First time | The Registered Person shall ensure that complaints management includes the complainants' satisfaction with the outcome of the complaints process.<br><br>Ref: 3.3.5 |
| **To be completed by:**<br>14 January 2026 | **Response by registered person detailing the actions taken:**<br>A review of complaints within the home has been completed. Going forward the Home Manager will document the satisfaction of the complainant in the complaints record. |

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

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