The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Oakmont Lodge Care Home Nursing Unit

Provider: Dunluce Healthcare Bangor Ltd

Date of Inspection: 7 January 2026

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:	Dunluce Healthcare Bangor Ltd
Responsible Individual:	Mr Ryan Smith
Registered Manager:	Ms Sarah Ross – not registered
This home is a registered nursing home which provides general nursing care, including patients living with a physical disability and dementia. The home is divided in two units; the McKee unit located on the first floor in which patients receive general nursing care; and a 12 bedded unit which provides care to people living with dementia. A residential care home is also located on the ground floor of the home.	

2.0 Inspection summary

An unannounced inspection took place on 7 January 2026 from 09.50 am to 5.20 pm by a care inspector.

This inspection was undertaken to evidence how the home is performing in relation to the regulations and standards. The last care inspection on 10 January 2025 resulted in no new areas for improvement being identified.

Evidence of good practice was found throughout the inspection in relation to staffing, the patient dining experience and the provision of activities. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

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. Refer to Section 3.2 for more details.

As a result of this inspection one area for improvement in relation to medicines management has been carried forward for review at the next inspection and two new areas for improvement have been identified. 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 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 commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of attending activities or not; where to sit and where to take their meals. Some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices. Patients said, "The staff are wonderful. I'm well cared for and I have no concerns at all" and "Staff are nice and the food's good. I really love the stew and sponge puddings".

Patients unable to voice their opinions were observed to be well presented, comfortable and relaxed with staff.

A patients' relative spoken with said, "I'm more than happy with the care. Mum's always well presented and she knows all the staff by name. I find the manager and staff approachable, if there is anything I need to discuss".

Staff confirmed that there were good working relationships; morale was good; there was enough staff on duty to meet patients' needs and complete tasks; they enjoy working in the home and take pride in their work; that the manager was approachable and they felt well supported in their role.

Staff said, “It’s a very pleasant working environment and I’m content in my job. The manager and staff team are supportive” and “All’s good. I have no issues as it’s a good supportive company to work for”.

Following the inspection, we received no patient/patient representative questionnaires or any responses from the staff online survey 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 systems in place to manage staffing and recruitment was underway.

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence.

Review of mandatory training records evidenced that the training provided staff with the necessary skills and knowledge to care for the patients.

Patients told us that they felt well cared for; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff told us they were aware of individual patient’s wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients’ care, to ensure good communication across the team about any changes in patients’ needs. Staff were knowledgeable about individual patient’s needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising patients’ needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

It was observed that staff respected patients’ privacy and dignity by knocking on patients’ doors before entering, offering personal care to patients discreetly and discussing patients’ care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. We observed the serving of the lunchtime meal in the dining room in the McKee unit. The menu was displayed on the notice board outlining what was available at each mealtime for patients and the atmosphere was calm, relaxed and unhurried. Patients enjoyed their meal and their dining experience.

Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff demonstrated their knowledge of patients' individual needs, likes and dislikes regarding food and drinks. They were able to describe the various International Dysphagia Diet Standardisation Initiative (IDDSI) levels of modified foods and demonstrated how to modify the consistency of drinks for patients with swallowing difficulties. Adequate numbers of staff were observed assisting patients with their meal appropriately. Patients spoken with said that they enjoyed lunch and that there was always plenty to eat.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on the notice board advising patients of forthcoming events.

Patients' needs were met through a range of individual and group activities such as quizzes and arts and crafts. On the morning of inspection, the activity therapist was observed offering patients a choice of games, books and puzzles.

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 and included any advice or recommendations made by other healthcare professionals.

Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Review of a sample of patient care plans identified that nursing staff had not been regularly reviewing or updating care plans to ensure they reflected the patients' current care needs. Details were discussed with the manager and an area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was welcoming, clean, tidy, well maintained and nicely decorated. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Treatment rooms were noted to be appropriately locked. However, a number of cleaning products in an identified sluice room and in a cleaning store, were observed to be accessible and not stored securely that could cause potential risk to the health and welfare of patients. An area for improvement was identified.

Equipment used by patients such as hoists were noted to be effectively cleaned.

Review of records and discussion with the manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit.

Personal protective equipment (PPE), for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Sarah Ross has been the manager in this home since 30 September 2025.

The manager confirmed that staff supervision and appraisal had commenced and that arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. 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 the quality of services provided by the home.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. Review of the homes complaint's records evidenced that systems were in place to ensure that complaints were managed appropriately.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

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	1	2*

* the total number of areas for improvement includes one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Sarah Ross, Manager, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that patients are protected from hazards to their health. Ref: 3.3.4
To be completed by: 7 January 2026	**Response by registered person detailing the actions taken:** Key pad locks have been installed on cleaning stores. All domestic staff to undergo COSHH training. Supervisions carried out with staff that were on shift at time of inspection.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 28 **Stated:** First time	The registered person shall ensure that written confirmation of medicines is obtained from the prescriber at or prior to admission for new patients. Ref: 2.0
To be completed by: Immediate action required (5 December 2023)	**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 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure that care plans are regularly reviewed and updated, in order to reflect the patients' current care needs. Ref: 3.3.3
To be completed by: 14 January 2026	**Response by registered person detailing the actions taken:** Mattress audit reviewed to now include care plan checks. Care file audits continued monthly. Number of care file audits increased to capture discrepencies.

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

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