The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Oakridge Care Home

Provider: Spa Nursing Homes Ltd

Date of Inspection: 24 February 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:	Spa Nursing Homes Ltd
Responsible Individual:	Mr Christopher Arnold
Registered Manager:	Ms Louise Reilly- not registered
Service Profile – The home is a registered nursing home which provides nursing care for up to 58 patients. The home is divided into three units over two floors. The Tollymore unit on the ground floor provides general nursing care and the Murlough and Tyrella units, which are on the first floor, provided care for people living with dementia. There is a residential Care Home in the same building and the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 24 February 2026, between 9:40 am and 4:40 pm by two care inspectors.

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 3 September 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and trained to deliver safe and effective care.

As a result of this inspection RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A serious concerns meeting was held on 9 March 2026 to discuss concerns relating to staffing levels and the management of potential risks to the health, safety and welfare of patients. Details can be found in the main body of this report. At this meeting RQIA accepted the action plan completed by the provider, which detailed the actions they had taken and intended to take to ensure the minimum improvements necessary to achieve compliance, RQIA were satisfied with the plan and decided to take no further enforcement action. However, an unannounced follow up care inspection will be scheduled.

As a result of this inspection, four areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated again. One area for improvement under the standards has been subsumed into an area for improvement under the regulations to drive the necessary improvements. 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 told us they were happy with the care and services provided. Patients spoke positively in regards to meal times comments such as "food is lovely, it's nice and warm" were received.

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to patients 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 told us that they understood their own roles in the home and that teamwork was good.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff. Compliments received about the home were kept and shared with the staff team with comments such as "staff are beyond lovely".

Following the inspection, no staff or 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 patients. There was evidence of systems in place to manage staffing, however review of the staff training matrix evidenced insufficient compliance levels with mandatory training for staff and the system to monitor this was not driving or sustaining improvement details were further discussed at the meeting and adequate assurances were provided. An area for improvement was identified.

A number of staff told us that they felt that the staffing levels on the Tollymore unit and Murlough unit, particularly in the morning, were not adequate. Staff told us that due to the number of patients who required assistance with washing and dressing and assistance at meal times, it was having an impact on the quality of care they could deliver to patients during the morning period. Staff on duty were observed to be under pressure until the mid-afternoon, when there was a notably calmer atmosphere in the home. Staffing levels were discussed further at the serious concerns meeting and the manager confirmed that the staffing levels had been reviewed. An area for improvement was identified.

It was observed that staff responded to requests for assistance 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 patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff 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. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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.

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. It was established that safe systems were in place to manage this aspect of care. Review of the restrictive practice audits evidenced that they required further detail in regards to the type of restraint in place. This was discussed with the manager and assurances were given that this would be addressed. This will be reviewed at the next inspection.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position. Examination of records for patients using pressure relieving equipment, confirmed that in two patients' records there was no care plan in place for this equipment, additionally one patients mattress setting was incorrect. 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.

It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

However, it was observed that there were insufficient staff available to assist patients during the serving of the lunchtime meal in the Murlough and Tollymore units. Lunch began at 1:00 pm; and by 1:40 pm, a number of patients in these units were still awaiting assistance from staff. The dining experience was further discussed at the meeting with RQIA and adequate assurances were provided as to how the meal times were to be managed including, as stated in section 3.3.1 staffing levels had been reviewed. This area for improvement was stated for a second time.

There was a lack of choice and variety of snacks for patients at both the morning and afternoon tea round. Patients were offered biscuits at both times. This was identified as an area for improvement.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. Staff were observed sitting with patients and engaging in discussion. Patients 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

Review of a sample of care records evidenced that care plans and risk assessments were regularly reviewed, however some of the care plans were not patient centred and the monthly evaluation of care was found to be repetitive and had not been personalised for the patient. An area for improvement was identified.

Review of a sample of patient supplementary records evidenced gaps in recording, particularly in relation to regular checks carried out at night. This area for improvement was stated for a second time.

Patients care records were held confidentially.

3.3.4 Quality and Management of Patients' Environment

Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Patients' bedrooms were personalised with items important to the patient.

Concerns were identified in regards to the cleanliness of patient equipment. A number of crash mats, hoists and shower chairs were found to be unclean. This area for improvement had been stated for a second time at the care inspection in June 2025. This area for improvement has now been subsumed into a regulation to drive the necessary improvements.

In the dining rooms and adjoining kitchenettes, the cupboards and microwaves were observed to be unclean. An area for improvement was identified.

Observation of the environment identified concerns that had the potential to impact on patient safety. Food and fluids were accessible in a number of patient bedrooms in the dementia units and there was access to an unlocked store room with toiletries. This was identified as an area for improvement.

On the day of the inspection, contractors were replacing a number of doors throughout the home. Equipment, such as hammers, chain saws and other work tools and machinery were stored inappropriately along corridors and in unlocked rooms. This was identified as an area for improvement.

Both dining rooms in the dementia units were locked outside of planned meal times; meaning patients were not afforded the choice or opportunity to spend time in these communal areas. Access to these areas was discussed at the meeting and an area for improvement was identified.

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. A small number of staff were observed to be wearing jewellery. Assurances were given after the inspection that management had addressed this with the identified staff.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Miss Louise Reilly has been the manager since 9 February 2026.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. However in the weight loss and wound audit, there was no evidence that there was effective oversight by the manager to identify shortfalls and drive improvement. An area for improvement was identified.

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	5	8*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Louise Reilly, Manager and Mrs Linda Graham, Regional 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 20 (1) (a) **Stated:** First time **To be completed by:** 30 April 2026	The registered person shall ensure that staffing levels are reviewed to ensure that there are adequate staffing levels at all times. The review should take account of but not limited to dependencies of patients and the layout of the building. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Acting Manager has reviewed staffing levels in each unit and continues to monitor this in line with dependencies of residents.
Area for improvement 2 **Ref:** Regulation 27 (2) (d) **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall ensure that the infection prevention and control issues are addressed this is stated in reference but not limited to the cleaning of patient equipment. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Acting Manager carries out daily walkarounds checking all equipment is clean and monitoring the cleanliness of equipment and the cleaning records in the home.
Area for improvement 3 **Ref:** Regulation 14 (2) (c) **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This is specifically in relation to the management of food, fluids and toiletries. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Acting Manager has addressed this with staff and is monitoring this daily.Toiletries are all locked away and food, fluids are monitored to ensure no risks to others who would be on modified diets.
Area for improvement 4 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall ensure there is a system in place to ensure equipment in use by contracted workers is securely stored when not in use to ensure patient safety. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Acting Manager has addressed with all contractors the security of their equipment when on site and continues to monitor this area when contractors are on site. he Acting Manager can confirm that no contractors are now on site.

Area for improvement 5 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 30 April 2026	The registered person shall ensure that there is a robust system of governance audits in place, that are effective in identifying shortfalls and time bound action plans are developed to ensure necessary improvements are addressed Ref: 3.3.5
	Response by registered person detailing the actions taken: The Acting Manager ensures that all audits completed have timebound action plans in place for any deficits recorded in order to ensure necessary improvements are made.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4.9 **Stated:** Second time **To be completed by:** 28 February 2026	The registered person shall ensure that supplementary care records relating to patient checks are accurately maintained in accordance with the care plan and are completed contemporaneously. Ref: 2.0 & 3.3.3
	Response by registered person detailing the actions taken: The Acting Manager is checking supplementary charts to ensure they are accurately recorded in keeping with care plans. The Acting Manager continues to address with staff the recording of supplementary records so that they are completed contemporaneously.
Area for improvement 2 **Ref**: Standard 12 **Stated:** Second time **To be completed by** 28 February 2026	The registered person shall review staffing levels to ensure there is adequate staff supervision and/ or assistance in the dining rooms throughout mealtimes. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: The Acting Manager is reviewing and guiding staff in relation to supervision and / or assistance in the dining rooms throughout mealtimes. This area continues to be monitored.
Area for improvement 3 **Ref**: Standard 39 **Stated:** First time **To be completed by** 30 April 2026	The registered person shall ensure that a robust system is put in place to ensure compliance with mandatory training requirements. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Acting Manager is monitoring compliance with mandatory training and has addressed with staff their responsibility to complete their training.

Area for improvement 4 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall ensure there is a selection of suitable snacks available at all times for patients. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Acting Manager has addressed this area with both kitchen staff/care staff and continues to monitor the selection of snacks on offer.
Area for improvement 5 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 28 February 2026	The registered person shall ensure that care plans are in place for patients who require a pressure relieving mattress and that their care plan reflects the correct setting. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Acting Manager has addressed with nursing staff regarding care plans for residents who are nursed on pressure relieving devices and the type of mattress and settings are included in care plans.
Area for improvement 6 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** 30 April 2026	The registered person shall ensure that when staff review patient care records that they are meaningful and patient centred. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Acting Manager is reviewing with named nurses the care records and offering guidance on meaningful and person-centred entries.
Area for improvement 7 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 28 February 2026	The registered person shall ensure the environmental cleanliness deficits identified in the dining rooms and kitchenettes are addressed. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Acting Manager is monitoring the environmental cleanliness in the dining rooms and kitchenettes.
Area for improvement 8 **Ref:** Standard 43 **Stated:** First time	The registered person shall ensure that patients are afforded the opportunity to spend time in communal areas. This is stated in reference to the access to the dining areas. Ref: 3.3.4

To be completed by:	Response by registered person detailing the actions taken:
28 February 2026	The Acting Manager can confirm that all communal areas remain open for residents who choose to attend these areas.

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

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