

Inspection Report

Name of Service:	Oakridge Care Home
Provider:	Spa Nursing Homes Ltd
Date of Inspection:	3 June 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/Responsible Person:	Mr Christopher Philip Arnold
Registered Manager:	Ms Sarlah Chauresia – not registered
Service Profile – This 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, provide care for people with living with dementia. There is a Residential Care Home in the same building and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 3 June 2026, from 4.00 pm to 9.45 pm by two care inspectors.

Prior to the inspection RQIA received information raising concerns in relation to staffing levels within Oakridge Care Home. In response to this information, RQIA decided to undertake an unannounced inspection. Please see section 3.3.1 for further detail.

As a result of this inspection, six areas for improvement from the previous care inspection were assessed as having been addressed by the provider. One area for improvement has been stated for a second time and other areas for improvement have been carried forward and will be reviewed at a future 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff. Patients' comments included: "Very comfortable" and "Everything lovely".

Staff told us that they understood their own roles in the home and that teamwork was good. A number of staff reported insufficient staffing in an identified unit; see section 3.3.1 for further detail.

Relatives consulted told us, "Very happy with the care and attention from staff and well looked after".

Following the inspection, there were no responses received from the staff questionnaires or patient/relative questionnaires.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Prior to this inspection concerns were raised with RQIA regarding staffing, in particular in the late evening.

The previous inspection had identified an area for improvement in relation to a review of staffing levels; management confirmed that staffing levels had been reviewed and that the planned staffing was consistently provided. Observation of care delivery in the Tollymore unit and Tyrella unit confirmed that there were sufficient staff on duty to meet the needs of the patients. However, in the Murlough unit, at times when staff were attending to the personal care needs of the patients there were no staff available to provide supervision and regular reassurance to patients. Staffing levels were discussed with staff who reported that staffing levels on the Murlough unit were not sufficient to meet the needs of patients. A further review of staffing is required; therefore the previous area for improvement was stated for a second time and a new area for improvement was identified in regards to ensuring that there are sufficient staff available in the Murlough unit to supervise the patients and provide assurance as required.

It was positive to note that staff responded to requests for assistance in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff confirmed that they received a detailed handover record at the commencement of their shift and the information shared included important aspects of patients' needs to include for example levels of supervision at mealtimes. See below for further information.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients were observed having their meals in a number of areas within the home to include the dining room or their bedroom. Staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients ensuring they had a meal that they enjoyed. There was a choice of meals offered, the food was attractively presented and smelled appetising. Whilst staff were knowledgeable, regarding the patients assessed needs a small number of inconsistencies were noted on the handover record pertaining to the level of assistance required for two patients at mealtimes; this was discussed with the management for immediate review; an area for improvement was identified.

3.3.3 Management of Care Records

Care records in general were person centred, regularly reviewed and updated to ensure they continued to meet the patients' needs. A small number of records required further detail pertaining to distressed reactions, these were discussed with the management for immediate review and action as appropriate; this will be reviewed at a future inspection.

A sample of patient observation records were reviewed and noted that the records required further development to ensure the actual time that care was delivered is recorded. an area for improvement was identified.

Observation identified inappropriate storage of documentation pertaining to patients diet requirements. This was discussed with the management and assurance was provided that this would be immediately addressed; this will be reviewed at a future inspection.

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.

Corridors and fire exits were clear from clutter and obstruction.

Staff 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. Mrs Sarlah Chauresia has been the Manager in this home since 20 March 2026.

Discussion with the manager confirmed that they have support from other members of the management 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	2*	7*

* The total number of areas for improvement includes one regulation that has been stated for a second time, one regulation and four standards that have been carried forward for review at a future inspection..

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team. 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: Second time To be completed by: 3 June 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 continues to monitor staffing levels against dependency of residents. Two residents who had enhanced needs have moved to suitable placements. Two units have been amalgamated and new system to improve teamwork in place and this is being monitored.
Area for improvement 2 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
	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 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
	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 39 Stated: First time	The registered person shall ensure that a robust system is put in place to ensure compliance with mandatory training requirements. Ref: 3.3.1

To be completed by 30 April 2026	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 3 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 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 4 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 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 5 Ref: Standard 41 Stated: First time To be completed by: 3 June 2026	The registered person shall ensure that there are sufficient staff on duty in the Murlough unit to supervise the residents and provide assurance as required. Ref: 3.3.1 Response by registered person detailing the actions taken: The Acting Manager can confirm that Murlough unit and Tyrella unit have been amalgamated and all staff are working now as one team of staff to ensure that there are sufficient staff to supervise resident's and provide assurance as required.
Area for improvement 6 Ref: Standard 4 Stated: First time To be completed by: 3 June 2026	The registered person shall ensure that the handover record accurately reflects the patient's level of supervision at meal times, where required. Response by registered person detailing the actions taken: The Acting Manager can confirm that handover records accurately reflect the levels of supervision at mealtimes and the manager continues to monitor this.
Area for improvement 7 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that supplementary care records reflect the actual time + of care delivery. Ref; 3.3.3

To be completed by: 3 June 2026	Response by registered person detailing the actions taken: The Acting Manager can confirm she has addressed this with staff and continues to monitor this to ensure all records are timed for actual care delivery.
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