The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Oak Tree Manor Residential Home

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 1 September 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:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Bijini Madathiparambil John, not registered

Service Profile –

This home is a registered residential care home, which provides health and social care for up to 53 residents living with dementia. The home is divided into three units (Rowan, Cedar and Seymour) over two floors.

There is a separately registered nursing home, which occupies the same building, and the registered manager for this home manages both services.

2.0 Inspection summary

An unannounced inspection took place on 1 September 2026, between 9.30 am and 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 care inspection on 16 October 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 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.

Staff working in the home raised concerns regarding staffing levels. Refer to Sections 3.2 and 3.3.1 for details.

As a result of this inspection, three areas for improvement were assessed as having been addressed by the provider. Full details of the inspection findings, including the 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 spoken with told us that they were happy living in Oak Tree Manor. Comments included, "I like it fine, I have no complaints," and "it is good, the staff are very good to us."

Staff said there was good teamwork within the home and that they all "worked well together." However, some staff expressed concerns about staffing levels in the home. Specific feedback was discussed in detail with the manager throughout the inspection and during feedback. The manager confirmed that she was aware of these concerns and was reviewing staffing levels.

Visitors to the home commented, "They offer good care, the staff are friendly, we have no concerns."

A professional visiting the home commented, "This is a good place, I have no concerns."

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 residents. There was evidence of systems in place to manage staffing.

Discussion with staff on duty confirmed that before commencing work in the home inductions are carried out. However, a review of records evidenced that inductions for permanent staff had in some cases been signed off in one day. Gaps in signatures and inconsistencies in dates for both permanent and agency staff inductions were noted throughout the induction paperwork. An area for improvement was identified.

There was evidence that staff had received their formal appraisal; however, there was limited evidence that all staff had received formal supervision within the required timeframes. An area for improvement was identified.

As discussed in section 3.2 staff raised concerns about staffing levels in the home. Discussion with the management team confirmed that they were aware of staff concerns, assurances were provided by the manager that this was being closely monitored and assessed against the resident's dependency levels. Given these assurances an area for improvement was not identified at this time and this will be reviewed at the next inspection.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role.

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

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

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.

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

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 were observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents 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 safeguard residents and to manage this aspect of care.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of care records and discussion with the staff and manager confirmed that the risk of falling was managed, and referrals were made to other healthcare professionals as needed.

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.

Observation of the lunchtime meal served in the Cedar unit confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy. Residents' bedrooms were personalised with items important to the resident. Homely touches such as a small library area and access to a small kitchen was available for residents and their visitors.

However, a review of the home's environment evidenced that some parts of the home were showing signs of wear and tear. For example, the sealant in one ensuite was in need of replacing, walls throughout the home both in the communal areas and residents' bedrooms needed repainting, an extractor fan cover in one ensuite was missing and a light pull cover in one bedroom also needed to be replaced. In addition to this, a bedroom door was found to be broken. An area for improvement was identified

Furniture throughout the home was found to be broken, for example handles were missing from a cabinet in the lounge area and the drawers in one resident's bedroom were broken. An area for improvement was identified.

Thickening agent was found unattended in one dining room, this was removed by the inspector and given to staff to be locked away. In addition to this, residents had access to unlocked cupboards in one dining room which contained washing up liquid and body spray. Two areas for improvement were identified.

Review of records and discussion with the manager confirmed that 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. For example, fire safety checks. The most recent fire risk assessment was carried out in May 2026 and any actions identified were in the process of being addressed.

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 Bijini Madathiparambil John has been the Manager of this home since 7 July 2026. The manager has confirmed her intention to apply to be registered with RQIA.

Review of a sample of records evidenced that a system for reviewing the quality of care, the environment and staff practices were in place. However, the environmental audit did not identify the issues found during this inspection. In addition to this, action plans for a number of audits were being carried forward on a regular basis with no evidence of identified actions being completed. An area for improvement was identified

The home was visited monthly by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home.

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	3*	5

* the total number of areas for improvement includes one regulation that has been carried forward for review at the next medicines management 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:** 21 October 2025	The registered person shall review the management of insulin, to ensure that the personal medication record and the care plan reflect the current prescription. Ref:
	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 14 (2) (a) **Stated:** First time **To be completed by:** 1 September 2026	The registered person shall ensure as far as reasonably practicable that all parts of the residential home to which residents have access are free from hazards to their safety. Ref: 3.3.4
	Response by registered person detailing the actions taken: All cleaning agents and chemicals are now stored securely in locked storage areas. Staff within all roles have been reminded of their responsibilities in regards to this improvement. Home Manager will monitor compliance as part of the Home Manager walkabout audit and Senior Management will monitor compliance within the Reg 29 visits.
Area for improvement 3 **Ref:** Regulation 14 (4) **Stated:** First time **To be completed by:** 1 September 2026	The registered person shall ensure as far as reasonably practicable that all parts of the residential home to which residents have access are free from hazards to their safety. This area for improvement is made with specific reference to the supervision and storage of thickening agent. Ref: 3.3.4
	Response by registered person detailing the actions taken: Thickening agents are being returned to treatment rooms after use. Staff of all grades have been reminded of their responsibilities regarding supervision and storage of thickening agent. Home Manager will monitor compliance within her HM Walkabout audit and Senior Manager will monitor compliance within Reg 29 visits

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022)	
Area for improvement 1 **Ref:** Standard 23.1 **Stated**: First time **To be completed by:** 30 September 2026	The Registered Person shall ensure that all staff receive a structured, robust induction. Records must be signed and dated and maintained to evidence managerial review and oversight. Ref: 3.3.1 **Response by registered person detailing the actions taken:** At time of inspection a full review was being completed of induction completed for staff who transferred over from previous provider. For staff employed by HCI , the Heads of Teams have been made aware of their responsibilities in oversight to ensure a structured, robust induction. The Home Manager is monitoring progress within HM walkabout audit and Senior Management will review within Reg 29 visits.
Area for improvement 2 **Ref:** Standard 24.2 **Stated:** First time **To be completed by:** 30 September 2026	The registered person shall ensure that all staff have recorded individual, formal supervision no less than every six months. Ref: 3.3.1 **Response by registered person detailing the actions taken**: Individual staff supervisions have now been scheduled with aim to have individual recorded supervison for all employees no less than every 6 months. Compliance will be monitored within Reg 29 visits
Area for improvement 3 **Ref:** Standard 27.1 **Stated:** First time **To be completed by:** 31 October 2026	The Registered Person shall conduct a robust review of the home's environment to identify redecoration and refurbishments required and complete a time bound action plan to address any deficits. This plan should be shared with RQIA for review. Ref: 3.3.4 **Response by registered person detailing the actions taken**: Detailed environmental audits have been completed following the inspection, and these inform the refurbishment plan to address the areas identified for improvement. Some redecoration progress has occurred as well as some replacement flooring. A visit from the Estates Manager is expected imminently to plan in contractor works and agree timeframes for works. When this is finalised ,a copy will be forwarded to Lead Inspector for information.

Area for improvement 4 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 1 November 2026	The Registered Person shall ensure that any furniture that is broken or damaged is repaired or replaced. Ref: 3.3.4
	Response by registered person detailing the actions taken: A review of furniture has been completed as part of the environmental audit discussed above. Damaged furniture has been repaired where this is possible and new furniture is ordered. Senior Management will review progress within Reg 29 visits
Area for improvement 5 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 1 October 2026	The registered person shall ensure that in order to drive improvement, when actions are identified during the auditing process, these actions are reviewed in a timely manner. Ref: 3.3.5
	Response by registered person detailing the actions taken: All action plans are reviewed and signed off by the Manager or Deputy Manager to ensure that the required actions have been completed in a timely manner and the necessary improvements are sustained. Compliance is being monitored by Senior Management completing Reg 29 visits

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