

# Inspection Report

**Name of Service:** Cregagh Nursing Home

**Provider:** Spa Nursing Homes Ltd

**Date of Inspection:** 29 May 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Spa Nursing Homes Ltd
<b>Responsible Individual:</b>	Mr Christopher Philip Arnold
<b>Registered Manager:</b>	Miss Daniella Curran
<b>Service Profile –</b> This home is a registered nursing home which provides nursing care for up to 40 patients. Patients' bedrooms are located over two floors in the home and patients have access to communal lounges and dining areas on each floor. The home provides general nursing care for patients under and over 65 years of age and care to patients over 65 with a physical disability or who are terminally ill.	

## 2.0 Inspection summary

An unannounced inspection took place on 20 May 2025 from 7.25 am to 4.10 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of care delivery, including; management of falls, the home environment, management of risks, staff induction, record keeping and cleaning of patient furniture.

As a result of this inspection nine areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have been stated again or carried forward and 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 patient'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**

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I have no complaints. The staff treat me well", "They are lovely staff. Everyone is very helpful and approachable too. The food is a wee bit too good" and "The staff are fantastic. I couldn't say a word about them. The food is great."

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.

A visiting professional said, "there is good communication with the staff and the nurses are brilliant."

Staff spoken with said that Cregagh Nursing Home was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. One staff member said, "I am happy here. This is the best home I have been in."

We did not receive any questionnaire responses from patients or their visitors 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. However, review of recruitment records evidenced that an induction to the home for an identified staff member had been completed within one day. An area for improvement was stated for a second time.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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

#### 3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's 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.

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 patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

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 safeguard patients and to manage this aspect of care. A restrictive practice register was monitored and reviewed monthly.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented. However, review of two patients' care records in relation to falls, identified that there was an inconsistent approach by nursing staff to the recording of clinical observations and the patient's status following the falls. An area for improvement was identified.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Observation of the morning meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. Patients were observed enjoying discussions about proverbs with the activity co-ordinator and "play your cards right" was planned for the afternoon.

Patients spoken with told us they enjoyed living in the home and that staff were friendly. It was pleasing to note there was ongoing intergenerational work between the home and schools in the local community.

### **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.

Care records, for the most part, were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

Nursing staff recorded regular evaluations about the delivery of care. 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.

Prescribed nutritional supplements consumed by patients were not accurately and consistently recorded as part of their food and fluid intake records. An area for improvement was identified.

### 3.3.4 Quality and Management of Patients' Environment

The home was generally tidy and patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished, warm and comfortable.

Shortfalls in environmental cleaning were noted as stains were observed on a number of armchairs. An area for improvement was identified.

Surface damage was evident throughout the home to multiple walls. Remedial works were required. In addition, damage was noted to the path at the rear of the home which was a trip hazard for patients, visitors and staff. This was discussed with the manager who committed to reviewing the works required in the home without delay. An action plan to address these shortfalls was shared with RQIA following the inspection. An area for improvement was identified.

Concerns about the management of risks to the health, safety and wellbeing of patients, staff and visitors to the home were identified. Food and fluid thickening agent and an open sharps box were accessible to patients in an unlocked treatment room. In addition, the door to the electrical services room was unlocked and a domestic cleaning trolley was unsupervised allowing potential patient access to substances hazardous to health. This was discussed with staff who took immediate action. An area for improvement was identified.

Fire safety measures were in place to protect patients, visitors and staff in the home. The manager confirmed they were actively addressing any actions identified from the most recent fire risk assessment.

Examination of records evidenced deficits relating to legionella prevention controls. It was noted that infrequently used water outlets had not been managed appropriately. This was discussed with the manager and the aligned estates inspector following the inspection and assurances were received that appropriate measures were now in place. An area for improvement was identified.

There was evidence 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 shortfalls in individual staff practice with infection prevention and control (IPC) practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Daniella Curran has been the Registered Manager in this home since 7 August 2024.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly. A number of incidents were not recorded accurately. The manager agreed to review the completion of the accident and incident records and meet with staff regarding completion of these.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager completed audits to quality assure care delivery and service provision within the home. However, based on the inspection findings and a review of a sample of audits it was evident that improvements were required regarding the audit process to ensure it was effective in identifying shortfalls and driving the required improvements through clear action planning; particularly in relation to the home's environment. This was discussed at the previous care inspection. In order to drive the necessary improvements, an area for improvement was identified.

There was a system in place to manage any complaints received.

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

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

#### 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
<b>Total number of Areas for Improvement</b>	4	*5

\*The total number of areas for improvement includes one that has been stated for a second time and one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Daniella Curran, Registered 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 29 May 2025	The registered person shall ensure that staff manage falls in keeping with best practice and the homes' own policies and procedures.  Ref: 3.3.2
	<b>Response by registered person detailing the actions taken:</b> The Registered Person has shared the updated post falls guidance with all nursing staff and has carried out supervisions on this. The Registered Person will continue to monitor post falls documentation to ensure it is legible and fully completed.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 29 May 2025	The registered person shall ensure the environmental deficits identified on inspection are addressed without delay.  Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> The Registered Person can confirm that an environmental action plan was formulated and deficits identified are in process of being rectified at present. Painting has been carried out throughout the home and maintenance issues identified have been addressed. The Registered Person will continue to keep this under review.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 29 May 2025	The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety.  Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> The Registered Person can confirm that all hazards raised in the report have been addressed. Nursing Staff have had supervisions completed regarding hazards of sharp boxes and the treatment room door being left open. Hazards regarding food and fluid thickener agents have also been addressed with all staff on safe use and storage. Supervisions have been completed with domestic staff regarding the domestic trolley and safety of chemicals. The staff are aware of the importance of all stores that contain hazards being locked and the Registered Person will monitor these areas on her daily walkarounds.



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 May 2025</p>	<p>The registered person shall review the home's current environmental audit processes to ensure they are effective.</p> <p>Ref: 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person can confirm that the environmental audit has been reviewed and has been changed to reflect each floor individually. An action plan that includes a timeframe for completion of any works has been added.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing (20 August 2024)</p>	<p>The registered person shall ensure that the management of thickening agents is reviewed to ensure that records of administration which include the recommended consistency level are maintained.</p> <p>Ref: 2.0</p> <p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 39.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 29 May 2025</p>	<p>The registered person shall ensure that all staff newly appointed, including agency staff and student nurses, complete a structured orientation and induction programme in a timely manner and that records are retained for inspection.</p> <p>Ref: 2.0 and 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person can confirm that tailored inductions are completed for all staff. The induction programme has been reviewed and new staff are given their induction to be completed over a timeframe of one to three months.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 May 2025</p>	<p>The registered person shall ensure that nutritional supplements consumed by patients are recorded as part of their food/fluid intake records.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person has reviewed all food and fluid charts and a section for nutritional supplements has been added in for completion by care staff and nursing staff. Supervision has been carried out with all staff regarding the importance of completing food and fluid charts comprehensively. This will be monitored through daily walkabout and management audits.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 May 2025</p>	<p>The registered person shall ensure that patient armchairs are kept clean.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person can confirm that all armchairs within the home have been cleaned. The Registered Person will monitor the armchairs through daily walkabout and monthly audits.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 44.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 May 2025</p>	<p>The registered person shall ensure that all infrequently used water outlets within the home are identified and flushed a minimum of twice weekly, in accordance with current best practice guidance (HSG274 Part 2, HSENI). Suitable records should be maintained and be available within the home for inspection.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person can confirm that infrequently used water outlets are identified and flushed twice weekly on a Monday and Thursday. Records are in place to evidence this and will be monitored by the registered person.</p>

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



The Regulation and  
Quality Improvement  
Authority

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