



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Spa Nursing Home
Provider: Spa Nursing Homes Ltd
Date of Inspection: 30 September 2025

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 Philip Arnold
Registered Manager:	Ms Jocelyn Leyson-Bagood
Service Profile: Spa Nursing Home is a nursing home registered to provide general nursing care for up to 28 patients. Patients' bedrooms are located over three floors and patients have access to communal lounges, the dining room and well maintained gardens around the home.	

2.0 Inspection summary

An unannounced inspection took place on 30 September 2025, from 10.20am to 2.30pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The inspection also reviewed one area for improvement identified at the last medicines management inspection. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records were generally well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered the majority of their medicines as prescribed. However, improvements were necessary in relation to records of medicines received into the home for new admissions and the management of thickening agents.

The area for improvement in relation to insulin management, identified at the last medicines management inspection, was assessed as met. Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, and new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

Patients were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the patients well.

RQIA would like to thank the staff for their assistance throughout the inspection.

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 service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included areas for improvement identified at previous inspections, 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.

3.2 What people told us about the service and their quality of life

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each patient liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

No completed questionnaires or responses to the staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. A small number of minor discrepancies were highlighted for immediate corrective action and on-going vigilance.

Copies of patients' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

All patients should have care plans, which detail their specific care needs and how the care is to be delivered. In relation to medicines, these may include care plans for the management of distressed reactions, pain, modified diets etc.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines, prescribed on a 'when required' basis for distressed reactions, was reviewed. Directions for use were clearly recorded on the personal medication record and care plans were in place. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain and other factors. Records of administration included the reason for and outcome of each administration. The manager agreed to update the care plans with more detail to ensure they are patient-centred.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans were in place and reviewed regularly. The manager agreed to update the care plans with more detail to ensure they are patient-centred.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed. Speech and language assessment reports and care plans were in place. However, records of prescribing and administration were not adequately maintained. An area for improvement was identified.

The management of insulin was reviewed. No patients in the home were prescribed insulin on the day of the inspection. The manager and staff confirmed that for any patient prescribed insulin, there would be a care plan in place with sufficient detail to direct staff if the patient's blood sugar is outside of the recommended range. The manager and staff also confirmed that in use insulin pen devices would be individually labelled with the date of opening recorded to facilitate audit and disposal at expiry. The manager provided an assurance that this would be closely monitored through audit.

3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each patient could be easily located. The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage and the storage of controlled drugs.

The manager was reminded that each entry in the medicines disposal book must be individually signed and agreed to monitor this closely.

3.3.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong painkillers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed. The date of opening was recorded on the majority of medicines to facilitate audit and disposal at expiry.

3.3.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. The personal medication record and medicine administration record had been accurately completed. However, medicines had not been recorded as received and the date of opening had not been recorded, therefore it could not be evidenced that medicines had been administered as prescribed. An area for improvement was identified.

3.3.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents, which had been reported to RQIA since the last inspection, were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence. The inspector signposted staff to the RQIA provider guidance in relation to the statutory notification of medication related incidents, available on the RQIA website.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, an audit discrepancy was observed in the administration of one medicine. The audits were discussed in detail with the nurses on duty and the manager for on-going monitoring.

3.3.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	8*	8*

* the total number of areas for improvement includes fourteen, which were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Jocelyn Leyson-Bagood, Registered Manager, and the 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 13 (1) (b) Stated: First time To be completed by: 14 May 2024	The registered person shall ensure that patients who have experienced a fall have their falls risk assessment and care plan reviewed after each fall.
	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. Ref: 2.0
Area for improvement 2 Ref: Regulation 19 (2) Stated: First time To be completed by: With immediate effect (30 May 2025)	The registered person shall ensure that a record of all visitors to the home is maintained.
	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. Ref: 2.0
Area for improvement 3 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: With immediate effect (3 June 2025)	The registered person shall ensure that all parts of the home are maintained clean at all times.
	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. Ref: 2.0
Area for improvement 4 Ref: Regulation 18 (2) (j) Stated: First time To be completed by: With immediate effect (3 June 2025)	The registered person shall ensure that the home is kept free from offensive odours.
	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. Ref: 2.0

<p>Area for improvement 5</p> <p>Ref: Regulation 27 (2) (m)</p> <p>Stated: First time</p> <p>To be completed by: 3 July 2025</p>	<p>The registered person shall ensure that patients have a lockable space in their bedrooms to lock any items they wish away.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2) (a) and (c)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2024</p>	<p>The registered person shall ensure that radiators in the home are maintained at a low heat, otherwise, covered to minimise the risk of accidental burns.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (3 August 2025)</p>	<p>The registered person shall ensure that the flooring in the identified bedrooms and corridor is repaired and levelled to ensure patients' comfort and safety.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (3 June 2025)</p>	<p>The registered person shall ensure that the doors leading to the attic are locked to restrict access.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 29 Stated: First time To be completed by: Immediate and ongoing (30 September 2025)	The registered person shall review the management of thickening agents to ensure that records of prescribing and administration, which include the recommended consistency level, are maintained. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered Manager has addressed with her nursing team the requirement for thickener to be prescribed to include recommended consistency levels. The Registered Manager will continue to monitor this.
Area for improvement 2 Ref: Standard 29 Stated: First time To be completed by: Immediate and ongoing (30 September 2025)	The registered person shall ensure that accurate records are maintained of medicines received into the home for new admissions. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has addressed with the nursing team the recording of all medication received for new admissions. The Registered Manager will continue to monitor this
Area for improvement 3 Ref: Standard 4.8 Stated: First time To be completed by: 31 May 2024	The registered person shall ensure that wound care plans reflect the recommended dressing frequency and individual care plans are in place.
	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. Ref: 2.0
Area for improvement 4 Ref: Standard 46 Stated: Second time To be completed by: 30 June 2025	The registered person shall ensure the infection prevention and control deficits identified at this inspection are addressed:
	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. Ref: 2.0

Area for improvement 5 Ref: Standard 47 Criteria (3) Stated: First time To be completed by: With immediate effect (3 June 2025)	The registered person shall ensure that storage areas in the home are kept in a safe and tidy manner and items within stored appropriately.
	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. Ref: 2.0
Area for improvement 6 Ref: Standard 44 (E10) Stated: First time To be completed by: 3 July 2025	The registered person shall ensure that windows are restricted to 100mm.
	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. Ref: 2.0
Area for improvement 7 Ref: Standard 44 (E56) Stated: First time To be completed by: 3 July 2025	The registered person shall ensure that staff have a lockable space to lock personal items away.
	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. Ref: 2.0
Area for improvement 8 Ref: Standard 37.1 Stated: First time To be completed by: With immediate effect (3 June 2025)	The registered person shall ensure that all patients' records are stored appropriately and not left accessible to persons who are not authorised to view them.
	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. Ref: 2.0

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