

# Inspection Report

**Name of Service:** Spa Nursing Home

**Provider:** Spa Nursing Home Ltd

**Date of Inspection:** 3 June 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 Home Ltd
<b>Responsible Individual:</b>	Mr Christopher Philip Arnold
<b>Registered Manager:</b>	Mrs Jocelyn Leyson-Bagood
<p><b>Service Profile –</b>            This home is a registered nursing home which provides general nursing care for up to 36 patients under and over the age of 65 years. Patients’ bedrooms are situated over three floors and patients have access to communal lounges, dining room and well maintained gardens around the home.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 3 June 2025 from 9.40am to 5.50pm by a care inspector and an estates inspector.

This inspection was initially intended 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 14 May 2024 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led. However, given concerns identified with the environment, this inspection focused on the environment and record keeping.

As a result of this inspection two areas for improvement from the previous care inspection were assessed as having been addressed by the provider. One area for improvement will be stated for the second time and three areas for improvement will be carried forward for review to the next inspection. Full details, 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.

Following the inspection, a meeting was held with the responsible individual and the management team to discuss the inspection findings. At this meeting an action plan was shared with RQIA outlining how the concerns identified have been met or planned to be met. RQIA will re-inspect the home to ensure that compliance with the areas for improvement have been met and maintained.

Patients spoke positively when describing their experiences of living in the home. Relatives were equally complimentary of the care delivered. Refer to Section 3.2 for more details.

## **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.

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 that they were happy living in the home and that they were treated well by staff who were caring and supportive. Patients' comments included, "The staff here are very good," and, "I am happy here". Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Relatives consulted during the inspection were complimentary in regards to the care their loved ones were receiving.

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together and were supported by management to do so. No completed questionnaires from patients or relatives, or responses to the staff survey were received following the inspection.

### 3.3 Inspection findings

#### 3.3.1 Quality and Management of Patients' Environment Control

Observation of the environment raised several concerns and areas for improvement were made.

On entry to the home, a sign in book and hand hygiene was available. No entries had been made in the sign in book for the previous 14 days. There is a regulatory requirement for sign in books to be completed daily for security reasons and fire safety reasons.

Several areas within the home were identified which had not been effectively cleaned. High dusting had not been completed within several rooms. Equipment such as bedrail bumpers and toilet brush holders were unclean. The flooring and wall surfaces within one communal room in particular was not cleaned effectively.

Lingering malodours were identified within two areas of the home. This was unpleasant for anyone passing through this area and there was no plan in place to address the issue prior to the inspection.

We identified several areas in the home which were not in keeping with best practice on infection prevention and control. For example, pull cords not covered, toilet not sealed and sellotape and poly-pockets used for signage.

Patients did not have lockable spaces in their bedrooms to lock valuables or other items of their choosing away if they wanted to.

Several uncovered radiators in the home were hot to the touch and posed a potential risk of accidental burn to patients if they were touched.

Flooring in three adjoining bedrooms were uneven which resulted in the beds not being level. The corridor outside of these bedrooms creaked loudly when anyone walked over it. Staff checked on patients on an hourly basis overnight, meaning, each hour someone was walking on this corridor.

Some storage areas were cluttered providing an unsafe environment to work in and inappropriate storage was identified within some of these areas.

Two doors had not been locked to restrict access to the attic area. This oversight permitted patients to have access to an unsafe environment.

Not all windows had been restricted to the required 100mm. Some could open fully which would allow someone from the outside to enter the premises.

Staff did not have lockable spaces in which to lock their own personal valuables away.

Two wardrobes were found dislodged from the wall and freestanding. Wardrobes must be fastened to walls or they could topple should someone inadvertently set foot into one.

Ligature risks were identified. Following the inspection, assurances were provided that all wardrobes had been checked and attached to walls and that the ligature risks had been mitigated.

The Fire Risk Assessment was reviewed. An action plan has been created to ensure the items noted on the Fire Risk Assessment are addressed. The manager agreed to keep RQIA up to date on the progress of the action plan.

### 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.

Relatives commented positively on the care delivery and were complimentary of the staff. Patients were well presented in their appearance and told us that they were happy living in the home and that the staff were good to them. Patients also confirmed that they could make their own choices during the day in relation to what they wore, what food they had and what they did during the day.

### 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 the patients' needs. 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. Risk assessments and care plans were reviewed regularly to ensure that they remained up to date. Care records were stored securely.

Supplementary care records were maintained to evidence care delivery in areas, such as, personal care delivery, food/fluid intake, continence management and records were kept of any checks staff made on patients.

Nurses completed daily progress notes to monitor and evaluate the care delivered to the patients in their care.

The storage of archived care records was found accessible to patients/relatives within an identified area in the home. This was discussed with the manager and identified as an area for improvement to ensure that General Data Protection Regulation (GDPR) was complied with.

**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>	9*	6*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Joycelyn Bagood, Registered Manager; Linda Graham, Regional Manager and Linda Kelly, Regional Support Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 May 2022</p>	<p>The registered person shall review the management of insulin to ensure safe systems are in place. This is in particular reference to:</p> <ul style="list-style-type: none"> <li>• ensuring care plans are in place and include sufficient detail of the prescribed insulin regimens</li> <li>• in-use insulin pen devices have the date of opening recorded to facilitate audit and disposal at expiry</li> </ul> <p>Ref: 2.0</p>
	<p><b>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.</b></p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 May 2024</p>	<p>The registered person shall ensure that patients who have experienced a fall have their falls risk assessment and care plan reviewed after each fall.</p> <p>Ref: 2.0</p> <p><b>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.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 19 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (30 May 2025)</p>	<p>The registered person shall ensure that a record of all visitors to the home is maintained.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager can confirm that there is a sign in book for all visitors and all visitors are aware they are required to sign in when visiting. The Registered Manager will continue to monitor this area.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (2) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (3 June 2025)</p>	<p>The registered person shall ensure that all parts of the home are maintained clean at all times.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager can confirm that deep cleaning has been carried out throughout the home to ensure all parts of the home are maintained clean. She has also educated and provided further supervision with her domestic team. This area the Registered Manager will continue to monitor on her daily walkabouts.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 18 (2) (j)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (3 June 2025)</p>	<p>The registered person shall ensure that the home is kept free from offensive odours.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager will ensure all parts of the home is kept free from offensive odours and any odours detected will be addressed immediately.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 27 (2) (m)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager can confirm that all bedrooms have now lockable storage available.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) and (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager will ensure all radiators not covered are maintained at a low heat to minimise the risk of burns. All radiators have been measured for covers to be fitted and some have been fitted.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 27 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager can confirm that the flooring in the identified bedrooms and corridors have all been repaired and levelled.</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager will ensure all doors leading to the attic are kept locked. New keypads have been applied to these doors.</p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2024</p>	<p>The registered person shall ensure that wound care plans reflect the recommended dressing frequency and individual care plans are in place.</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 46</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 June 2025</p>	<p>The registered person shall ensure the infection prevention and control deficits identified at this inspection are addressed:</p> <p>Ref: 2.0 and 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager can confirm that a deep clean has been completed . The Registered Manager can confirm that pull cords have been covered so that they are washable. The identified toilet has been sealed, and the use of Sellotape has stopped and all Sellotape has been removed.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 47 Criteria (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (3 June 2025)</p>	<p>The registered person shall ensure that storage areas in the home are kept in a safe and tidy manner and items within stored appropriately.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager can confirm that all storage areas in the home have been decluttered and tidied and all items are stored appropriately.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 44 (E10)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 July 2025</p>	<p>The registered person shall ensure that windows are restricted to 100mm.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager can confirm that all windows within the home are restricted to 100mm.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 44 (E56)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 July 2025</p>	<p>The registered person shall ensure that staff have a lockable space to lock personal items away.</p> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager can confirm that all staff have access to lockable space for personal items.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 37.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (3 June 2025)</p>	<p>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.</p> <p>Ref: 3.3.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager can confirm that storage of archive records are not accessible and that a new keypad has been applied to the door of this room and this is kept locked.</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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