

Inspection Report

Name of Service: Craigdun Care Home

Provider: Sped Trading Ltd

Date of Inspection: 18 August 2025

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

1.0 Service information

Organisation:	Sped Trading Ltd
Responsible Individual:	Mrs Susan Morgan
Registered Manager:	Mrs Margaret Helen Jess
Service Profile – This home is a registered nursing home which provides nursing care for up to 30 patients. The home is divided over two floors with bedrooms and bathrooms on both floors. A communal dining room and lounges are located on the ground floor. The patients have access to outside space with both an accessible mature garden and patio area available.	

2.0 Inspection summary

An unannounced inspection took place on 18 August 2025, from 9.45 am to 5.30 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 said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained.

The inspection evidenced that safe, effective and compassionate care was delivered to patients and that the home was well led. 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 4.0.

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 who were able to share their opinions on life in the home said they were well looked after. Some patients may have difficulty telling us about their experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff.

Patient comments included "the staff are very good", "I'm treated well", and "It's like a hotel here, it couldn't be better". Two individual patient comments were discussed with the manager to address.

Relatives spoken with on the day of inspection told us, "The level of care here is unbelievable" and "The staff are excellent".

Staff spoken with said that Craigdun was a good place to work. Staff said that they were satisfied with staffing levels, teamwork was "really good", the manager was approachable and they thoroughly enjoyed working in the home.

Three complete questionnaires were received from relatives the responses were very positive. Some of the comments included were, "I couldn't be happier, wonderful care in a very loving environment", "The staff carry out their roles efficiently and effectively", "My relative feels safe, guided and supported" and "The care in all areas in first class, I have no complaints at all".

No response was received 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 robust systems in place to manage staffing.

The staff duty rota accurately reflected the staff working in the home on a daily basis. However, review of the duty rota evidenced that a number of alterations had been made to the duty rota which were observed not made in line with best practice guidance. An area for improvement was identified.

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

Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

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 patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the patients at all times.

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.

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.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position. However, review of repositioning documentation identified that the supplementary care records and the prescribed care within the patients care plan were not the same; in addition, some patients were not repositioned as prescribed in their care plans. An area for improvement was identified.

Examination of care records and discussion with the staff confirmed how the risk of falling and falls were managed; and how referrals were made to other healthcare professionals if needed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations and sought medical assistance if required.

The home is in the process of implementing “The post falls guidance for care homes”; progress with its implementation will be followed up on the next care inspection.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients 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 confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising. The dining experience was an opportunity for the patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. The daily menu was displayed and one patient described the food as “excellent”.

The importance of engaging with patients was well understood by the manager and staff. There was a range of activities provided for patients by activity staff. The planned activity schedule was displayed. The range of activities included social, community, cultural, religious, spiritual and creative events. Patients’ needs were met through a range of individual and group activities. Activity records were maintained which included patient engagement with the activity sessions.

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.

Patients’ care records were held confidentially.

A sample of patient care records were reviewed and evidenced a number of deficits. For example, the care records did not fully reflect the patients’ assessed care needs, dates were entered incorrectly, incorrect names had been used and a care plan had not been updated following a reassessment from the Speech and Language Therapist. An area for improvement was identified.

3.3.4 Quality and Management of Patients’ Environment

Examination of the home’s environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was clean, warm and comfortable. Patients’ bedrooms were tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home. A number of bedrooms had been updated with newer furniture and it was noted that these items of furniture do not include a lockable space for patients to use. The manager agreed to address this shortfall.

A number of patient bedrooms were found to have tubes of denture cleaning tablets unsecured within vanity units; these items are required to be safely stored due to the potential risk of ingestion. This was discussed with the manager and an area for improvement was identified.

Review of records 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.

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 no change in the management of the home since the last inspection. Mrs Margaret Jess has been the manager in this home since 9 June 2017.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment.

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	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Margaret Jess, 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	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 18 August 2025	<p>The Registered Person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>This is stated with specific reference to the safe storage of denture cleaning tablets.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: All NOK have been advised when supplying denture cleaning tablets for their relatives to give to nurse in charge for safe storage. Yellow alert stickers are now applied to all denture cleaning tablets to highlight need for secure storage. An area has been allocated in the treatment room for secure storage of denture cleaning tablets.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: 19 August 2025	<p>The Registered Person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance.</p> <p>Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken: All changes to staff rotas are made in a legible manner.</p>
Area for improvement 2 Ref: Standard 23 Stated: First time To be completed by: 18 August 2025	<p>The Registered Person shall ensure that where a patient requires repositioning; this is completed in accordance with their care plan and reflected within supplementary recording charts.</p> <p>Ref: 3.3.2</p>
	<p>Response by registered person detailing the actions taken: All care plans for residents requiring repositioning were reviewed on day of inspection. A new system has been implemented to ensure instructions given in care plans and supplementary charts correspond.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2025</p>	<p>The Registered Person shall ensure that care records accurately reflect the assessed needs of the patient.</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken: Care records discussed were reviewed and amended accordingly to reflect the individual needs on day of inspection.</p>

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