The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Lakeview**

Provider: **Spa Nursing Homes Ltd**

Date of Inspection: **15 September 2025**

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

1.0 Service information

Registered Provider:	Spa Nursing Homes Ltd
Responsible Individual::	Mr Christopher John Arnold
Registered Manager:	Mr James Fox – not registered.

Service Profile –
This home is a registered nursing home which provides nursing care for up to 42 patients. The home is divided over two floors and there are two units. Orchard unit is located on the ground floor and provides nursing care for people with primary needs relating to old age and physical disability. Stafford unit is located in the first floor and provides nursing care for people living with dementia. Both units provide care for people at the end of life. There is a garden area to the rear of the home with a selection of seating for patients and their visitors.

2.0 Inspection summary

An unannounced inspection took place on 15 September 2025 from 9.40 am to 6.30 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. 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.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. 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 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 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: "The home and staff are very nice", "I am getting very well looked after. You get good attention. No matter what you ask for you get it" and "The staff are a great support."

Patients told us that staff offered choices to them 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.

Staff spoken with said that Lakeview was a good place to work and said the teamwork was good. Staff commented positively about the manager and described them as supportive and approachable. Comments from staff included, "I like it in here, everyone pulls together."

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.

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 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.

Medication was observed on a bedside table of an identified patient. Discussions with staff confirmed the medication had been administered to the patient that morning, although they had not taken it. This was discussed with the manager who gave assurances that medicine administration competencies would be addressed with the identified staff member. This information was shared with the aligned pharmacy inspector. An area for improvement was identified.

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. However, a review of repositioning records for an identified patient confirmed staff assisted the patient to reposition but returned them to the same position. A further patient who required assistance with pressure relief did not have their care plan updated appropriately to reflect a change in their assessed need. In addition, a repositioning schedule was not implemented or recorded. An area for improvement was identified.

Many patients were nursed on a pressure relieving mattress; several of the mattresses were not set in accordance with the patients' weights. An area for improvement was identified.

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.

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 not consistently completed in line with the recommendations of the speech and language therapists and/or the dieticians. An area for improvement was identified. As previously discussed, care plans had not been updated to reflect changes to patients' assessed needs. An area for improvement was identified.

Discussion with staff and observation of practice confirmed that a "safety pause" was not completed at the start of each mealtime to ensure that every patient received their meals in accordance with the patients' assessed needs. The manager confirmed that he would liaise with senior management to avail of additional supports in respect of this.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Concerns were identified in relation to the supervision of patients requiring assistance at mealtimes. It was observed that patients were not appropriately supervised in keeping with their assessed needs. An area for improvement was identified.

Review of handover records confirmed these did not consistently match the recommendations for eating, drinking and swallowing and level of supervision required. This was discussed with the manager who arranged for the records to be reviewed immediately.

Observation of the lunchtime 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. An activity planner displayed highlighted events such as bingo, one to one activities, movies and room visits. Plans were in place to celebrate upcoming birthdays of some of the patients. Patients said they were looking forward to the external music entertainment that was planned for the following week.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

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.

Nursing staff recorded regular evaluations about the delivery of care: many of these had been completed prior to midday and no further entries had been made to reflect the care delivered after midday. Monthly evaluations reviewed highlighted that many of these contained repetitive statements that were not person centred. An area for improvement identified at the previous care inspection was stated for a second time.

Patients' daily fluid intake was recorded daily although this was not consistently totalled over a 24-hour period and evaluated in the patient's progress notes. In addition, prescribed nutritional supplements consumed by patients were not accurately and consistently recorded as part of their food and fluid intake records. Areas for improvement were identified.

Some supplementary care records were not completed contemporaneously. For example, hourly bedrail and room checks had not been completed for up to two hours. In addition, gaps were noted in repositioning records. An area for improvement identified at the previous care inspection on 5 February 2025 was stated for a second time.

3.3.4 Quality and Management of Patients' Environment

The home was neat and tidy and bedrooms and communal areas were suitably furnished, warm and comfortable. For example, patients' bedrooms were personalised with items important to the patient. However, surface damage was evident throughout the home in both patient bedrooms and communal areas to multiple walls. Some floor coverings were stained and required replacing while some bathrooms required refurbishment. This was discussed with the responsible individual who provided assurances that these works formed part of an updated refurbishment plan which would be shared with RQIA once available.

Whilst patient equipment was clean and well maintained there continues to be gaps in cleaning records. In addition, the practice of inappropriate storage of equipment in toilets continues despite this being discussed previously. An area for improvement identified as a result of the previous inspection to ensure the environment is managed to minimise the risk of the spread of infection is now stated for a second time.

An area for improvement was identified at the previous inspection in relation to the monitoring of staff practice in relation to the appropriate use of personal protective equipment and hand hygiene. This was not reviewed at this inspection and is carried forward for review at the next inspection.

Fire safety measures were in place to protect patients, visitors and staff in the home. The manager confirmed no actions were required from the most recent fire risk assessment.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr James Fox has been the manager since 1 June 2025.

Systems for reviewing the quality of care, other services were in place. The need to review the effectiveness of these systems was discussed at length with management during the previous inspection.

However, given the inspection findings, further work is required to ensure the governance systems are robust 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
Total number of Areas for Improvement	*7	*8

*The total number of areas for improvement includes three that have 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 Mr James Fox, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 13 (4)

Stated: First time

To be completed by:
15 September 2025</td><td>The registered person shall review the process for the administration of medicine and ensure that nurses remain with patients until medication has been taken.

Ref: 3.3.2</td></tr>
<tr><td>Response by registered person detailing the actions taken:
The acting Manager has reviewed medication administration with the nursing team and carried out supervision with staff. The acting Manager will continue to monitor this area.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 13 (1) (a) (b)

Stated: First time

To be completed by:
15 September 2025</td><td>The registered person shall ensure that patients are repositioned in accordance with their assessed needs and records maintained to evidence care. The meaningful review of patients’ care plans to reflect changes in their assessed needs, details of the pressure relieving equipment required and the frequency of repositioning.

Ref: 3.3.2</td></tr>
<tr><td>Response by registered person detailing the actions taken:
The acting Manager has met with care staff and carried out supervisions on recording of repositioning records.Care files have been audited and updated to ensure that details of pressure relieving equipment required and frequency of repositioning is recorded.</td></tr>
<tr><td rowspan="2">Area for improvement 3

Ref: Regulation 16 (1)

Stated: First time

To be completed by
15 September 2025</td><td>The registered person shall ensure that nutritional care plans are reflective of SALT recommendations.

Ref: 3.3.2</td></tr>
<tr><td>Response by registered person detailing the actions taken:
The acting Manager has reviewed nutritional care plans to ensure they are reflective of SALT requirements.</td></tr>
</table>

Area for improvement 4 **Ref**: Regulation 16 (2) (b) **Stated:** First time **To be completed by** 15 September 2025	The registered person shall ensure that care plans are updated to reflect changes to patients' assessed needs. Ref: 3.3.2
	Response by registered person detailing the actions taken: The acting Manager has held a nurses meeting following the inspection. Supervisions have been carried out with registered nurses on record keeping. Care files are audited and nursing staff receive the audit to address any deficits found.
Area for improvement 5 **Ref:** Regulation 13 (1) (b) **Stated:** First time **To be completed by** 15 September 2025	The registered person shall ensure that patients are appropriately supervised in accordance with their assessed needs at mealtimes. Ref: 3.3.2
	Response by registered person detailing the actions taken: The acting Manager has addressed this with the staff team and continues to monitor this area to ensure that residents are supervised in accordance with SALT recommendations,
Area for improvement 6 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** 5 February 2025	The registered person shall ensure a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene. Where deficits are identified during the monitoring system, an action plan should be put in place to drive the necessary improvement. Ref: 2.0 and 3.3.4
	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 7 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 15 September 2025	The registered person shall review the home's current governance systems to ensure that they are robustly sufficient to drive the necessary improvements. Ref: 3.3.5
	Response by registered person detailing the actions taken: The acting Manager continues to audit the quality of care and other services provided in the home. The acting Manager is reviewing all processes to ensure that governance systems are robust and is getting support from the Management Team.

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:** Ongoing from the date of inspection (1 August 2023)	The registered person shall ensure that the arrangements for the management of insulin are reviewed. This relates specifically to not using abbreviations when recording insulin doses on the personal medication records and always recording the dates of opening of insulin pen devices. Ref: 2.0
	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.
Area for improvement 2 **Ref:** Standard 28 **Stated:** First time **To be completed by:** Ongoing from the date inspection (1 August 2023)	The registered person shall ensure that all medicines management audit activity is recorded. This relates specifically to the recording of audits performed on medicines prescribed for regular administration. Ref: 2.0
	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.
Area for improvement 3 **Ref**: Standard 4.9 **Stated:** Second time **To be completed by** 15 September 2025	The registered person shall ensure that supplementary care records are accurately maintained and completed contemporaneously. Ref: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: The acting manager has addressed this through staff meetings and supervisions with staff. The acting manager will continue to monitor this area.
Area for improvement 4 **Ref:** Standard 12 **Stated:** Second time **To be completed by** 15 September 2025	The registered person shall ensure that nursing staff evaluate care in a meaningful manner that is person centred. Ref: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: The acting Manager has spoken to all registered staff about evaluating of care in a meaningful way which is person centred. The acting Manager will continue to monitor this through the auditing of care records addressing any issues found with any of the staff team.

Area for improvement 5 **Ref:** Standard 46.2 **Stated:** Second time **To be completed by** 15 September 2025	The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection. Environmental and equipment cleaning records must be maintained in an up to date manner and evidence managerial oversight. This area for improvement specifically related to the cleaning of the environment and patient equipment within the home. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: The acting Manager carries out daily walkabouts and will review the cleaning of the environment and equipment within the home. The acting Manager will direct staff on any issues found during walkarounds as part of the governance of the home.
Area for improvement 6 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 15 September 2025	The registered person shall ensure that patients' pressure mattress settings are maintained in accordance with the patients' weights. Ref: 3.3.2
	Response by registered person detailing the actions taken: The acting Manager has addressed this with all staff and has introduced reminders on pressure mattresses of the correct settings and will monitor this on the daily walkarounds.The Nursing Team also have been spoken with about their oversight on this.
Area for improvement 7 **Ref**: Standard 37.4 **Stated:** First time **To be completed by** 15 September 2025	The registered person shall ensure that patients' fluid intake over a 24-hour period is reviewed by a registered nurse and accurate records are maintained. Ref: 3.3.3
	Response by registered person detailing the actions taken: The acting Manager has addressed this with the nursing team. Handover sheets have been updated to include checks on supplementary records by nurses This is then reflected in daily progress records.

Area for improvement 8 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 15 September 2025	The registered person shall ensure that nutritional supplements are recorded as part of food/fluid intake records. Ref: 3.3.3
	Response by registered person detailing the actions taken: The acting Manager has addressed this with the nursing team of staff who oversee the fluid and food records daily to ensure accurate food/ fluid records are being recorded. The acting Manager will continue to review these recordings to ensure they are maintained.

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

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