

Inspection Report

Name of Service: Spa Nursing Home

Provider: Spa Nursing Homes Ltd

Date of Inspection: 9 October 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:	Mrs Jocelyn Leyson-Bagood
Service Profile – This home is a registered nursing home which provides general nursing care for up to 28 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.	

2.0 Inspection summary

An unannounced inspection took place on 9 October 2025 from 9.30am to 5.10pm by a care inspector and an estate's inspector.

The inspection was undertaken 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 care inspection on 8 July 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and the service was well led. Patients spoke positively when describing their experiences of living in the home. Refer to Section 3.2 for more details.

As a result of this inspection, all areas for improvement from the July care inspection were assessed as having been addressed. Two areas for improvement identified at a medicines management inspection on 30 September 2025 were carried forward for review at the next inspection. Details, including new areas for improvement, can be found in the main body of the report and the Quality Improvement Plan 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 told us that they were happy living in the home and that staff treated them well. One told us, "I am comfortable here and the food is very good". Another commented, "I am happy here; have loads of fun. We were baking apple crumble last week and doing chocolate covered apples this week". Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. One negative comment received was shared with the manager for their review and action as appropriate. We received no questionnaire responses from patients.

Relatives consulted during the inspection were positive when speaking of their loved one's care and told us that they had no concerns. A questionnaire respondent felt that, while physical needs were attended to; socialisation and communication with patients could be better. The respondent's views were shared with the manager for their review and action as appropriate.

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. There was no responses from the staff online survey.

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. While recruitment checks were completed on all staff, a deficit was identified in relation to registration checks as part of these checks. This was discussed with the manager and identified as an area for improvement.

Staff felt that they were inducted well and received sufficient training to meet their roles. Some staff raised concerns about the staffing levels which were shared with the manager for their review.

Checks were made monthly to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Observation of the delivery of care evidenced that staff responded to requests for assistance promptly in a caring and compassionate manner.

There were regular general staff meetings in the home to allow for the sharing of information. Home managers from the provider group met monthly to share any relevant learning as part of their meeting agenda.

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences. While staff engagements with patients were polite and friendly, we did discuss ways of enhancing the communication between staff and patients with the manager.

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 patients 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 patients' needs, especially changes to care. Staff felt that they communicated well with one another.

All accidents occurring in the home were recorded in an accident book. A review of accident records following a fall in the home evidenced that the correct actions had been taken and correct persons notified following the fall.

Wound care had been managed well and a system was in place to ensure that wound dressings were completed in accordance with their care plan.

Patients had good access to food and fluids throughout the day and night. Patients were safely positioned for their meals and the mealtimes were appropriately supervised. Food was only served when the patients were ready to eat their meal. The meals served appeared appetising and nutritious. Additional ways to enhance the mealtime experience were discussed with the manager. Nutritional assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care records were consistent with the recommendations of the speech and language therapists.

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. Risk assessments and care plans were reviewed regularly to ensure that they remained reflective of patient need. 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. Care records were audited monthly. Where deficits were found, an action plan was developed and reviewed to ensure completion.

3.3.4 Quality and Management of Patients' Environment Control

Significant improvements had been made to the environment since the care inspection in July 2025. Patients' bedrooms were personalised with items important to them. The home was warm, clean and comfortable. There were no malodours in the home.

Fire safety measures were in place to protect patients, visitors and staff in the home. Corridors and fire exits were clear of clutter and obstruction, although, we did discuss the safe storage of wheelchairs outside of the dayroom should the need to evacuate occur. Fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted. Significant work had been undertaken to have the fire doors within the home upgraded, the works were in progress and due to be completed by December 2025.

Monthly infection control and environmental audits were completed to monitor the environment and staffs' practices. However, poor staff hand hygiene practices were observed during the mealtime. This was discussed with the manager and identified as an area for improvement. Personal protective equipment was readily available throughout the home.

Estates related documentation presented during the inspection and forwarded following the inspection indicated that the premises and the engineering services and equipment are installed and commissioned in line with relevant legislation, approved codes of practice and best practice guidance. All relevant risk assessments, including for fire and water safety were in place, and issues noted on the action plans are in hand.

A number of discrepancies were noted between the Legionella Risk Assessment and the records in place for the control of legionella. The manager should ensure that those responsible for legionella control checks and record keeping have the necessary knowledge and training to carry out these tasks, in accordance with the Health and Safety Executive guidance document HSG274 Part 2 - The control of legionella bacteria in hot and cold water systems. An area for improvement was identified.

3.3.5 Quality of Management Systems

Mrs Joycelyn Bagood has been the registered manager of the home since 12 August 2009. Staff commented positively about the manager and described her as supportive and approachable. In the absence of the manager there was a nurse-in-charge (NIC) to provide guidance and leadership.

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. The manager had a suite of audits to complete each month.

The number of complaints to the home was low, however, not all complaints received had been recorded. This was discussed with the manager and identified as an area for improvement. Compliments received were shared with staff.

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 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	1	5*

*The total number of areas for improvement includes two that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Louise Riley, Regional Support 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 21 (5) (d) (i) Stated: First time	The registered person shall ensure that the necessary Northern Ireland Social Care Council (NISCC) checks are completed at the point of recruitment prior to staff commencing in post. Ref: 3.3.1
To be completed by: With immediate effect (9 October 2025)	Response by registered person detailing the actions taken: The registered person has linked in with the HR team who complete recruitment checks to ensure that anyone who previously worked in care obtains registration with the Northern Ireland Social Care Council prior to staff commencing work. The registered person will continue to monitor this to ensure compliance.

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: 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 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: 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 46 Criteria (2) Stated: First time To be completed by: With immediate effect (9 October 2025)	The registered person shall ensure compliance with good hand hygiene practices during mealtimes. Ref: 3.3.4 Response by registered person detailing the actions taken: The registered person has addressed with staff regarding hand hygiene practices during mealtimes. The Registered Manager will continue to monitor and audit this area. Any deficits that occur during audits will be addressed immediately.
Area for improvement 4 Ref: Standard 16 Criteria (11) Stated: First time	The registered person shall ensure that the details and management of all complaints received are recorded contemporaneously. Ref: 3.3.5

<p>To be completed by: With immediate effect (9 October 2025)</p>	<p>Response by registered person detailing the actions taken: The registered person has attended a supervision session on the complaint handling procedure. The Registered person has addressed with staff the documenting of concerns and what is classed under complaints and will continue to monitor this area.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 44 Criteria (10)</p> <p>Stated: First time</p> <p>To be completed by: 9 January 2026</p>	<p>The registered person shall ensure that those responsible for legionella control checks and record keeping have the necessary knowledge and training to carry out these tasks, in accordance with the Health and Safety Executive guidance document HSG274 Part 2 - The control of legionella bacteria in hot and cold water systems.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The registered manager and maintenance personnel have attended health and safety training on legionella controls and the manager will monitor controls within the home.</p>

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



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