The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Springlawn Nursing Home

Provider: Springlawn House Limited

Date of Inspection: 3 December 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:	Springlawn House Limited
Responsible Individual:	Mrs Linda Florence Beckett
Registered Manager:	Mrs Clara Houston
Service Profile: This home is a registered nursing home which provides nursing care for up to 40 patients in frail elderly and physical disability over 65 years of age; up to four patients with physical disability under 65 years of age and one patient with mental health over 65 years of age. The home is a two storey building. Patient's bedrooms and living areas are located over two floors with access to communal lounges, dining areas and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 3 December 2025, from 9.30 am to 6.15 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 19 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

We found care to be delivered in an effective and compassionate manner.

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. There was also positive feedback from relatives and staff. Please refer to Section 3.2 for specific details.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated for a second time. One area for improvement relating to medicines management has been carried forward for review at a future inspection. 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: "I find the care very good here", "The staff are all very friendly", "Getting well looked after", "This is home from home", "I feel safe here" and "The staff are brilliant".

Staff said the management team were approachable, teamwork was great and that they felt well supported in their role. Comments included: "The manager is very supportive", "Staff morale is very good", "I love it here" and "Staffing levels are good".

Three relatives spoken with during the inspection commented positively about the overall provision of care within the home. Comments included: "They (staff) are fantastic here", "The staff are friendly here and do a super job", "(Relative) is always well presented and getting well cared for" and "The care is very good here".

There was no response to the online survey or questionnaires within the timeframe allocated.

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. Staff recruitment records did not clearly evidence the source of references or the action taken where a reference was not available from the current and most recent employer for one staff member. 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.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff responded to requests for assistance promptly in a caring and compassionate manner.

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 patients' needs, their daily routine, wishes and preferences.

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.

At times some patients may require the use of equipment that could be considered restrictive 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 regularly. Review of a sample of patient care records evidenced that these were mostly well maintained.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed.

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.

The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Whilst there was a meal time co-ordinator to oversee the correct delivery of meals, patients within the main dining room were observed eating their lunch unsupervised

which was not in keeping with speech and language therapist (SALT) recommendations. An area for improvement was identified.

Patients commented positively about the food provided within the home with comments such as: “The food is excellent here”, “Plenty of choices and a good variety of food” and “The food is very good”.

The importance of engaging with patients was well understood by management and staff. A schedule of activities was on display within the home offering a range of individual and group activities such as arts and crafts, bingo, games and quizzes and exercises.

Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: “I enjoy the activities here in the home”, “Plenty of activities” and “I am happy here”.

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.

Confidential patient information was accessible in two areas of the home. Details were discussed with the management team and an area for improvement was identified.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients’ needs. Nursing staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients’ Environment

The home was clean, neat and tidy and patients’ bedrooms were personalised with items important to the patient.

A number of carpets within corridor areas were stained/worn; surface damage was evident to some bed frames and door frames; and several walls throughout the home required painting. These issues were not identified through the environmental audits completed by the home’s management. An area for improvement was identified.

The carpet within an identified bedroom had not been replaced following the previous inspection. This area for improvement has been stated for a second time.

The purpose of three identified rooms within the home had been changed to accommodate building works. The management team advised that these were temporary arrangements with the possibility of one bedroom to be deregistered and used as a staff training room. These changes had not been discussed or agreed with RQIA. Following the inspection, written confirmation was received from the manager that appropriate measures are in place to ensure the safety of patients during these temporary arrangements. Written assurances were also received from the Responsible Individual confirming that no further changes will be made to the

home without the necessary consultation and approval of RQIA. Therefore, an area for improvement was not required on this occasion.

One of the two lifts within the home was out of use; this had not been notified to RQIA. Following the inspection, the necessary notification was submitted retrospectively along with action taken to have this repaired.

Some wardrobes and free standing furniture had not been secured to the wall for safety. An area for improvement was identified.

Staff handbags/belongings were not securely stored in an area of the home. Denture cleaning tablets were accessible in two patient's bedrooms and cleaning products were unsupervised on a domestic trolley and within a communal toilet, not in keeping with Control of Substances Hazardous to Health (COSHH) regulations. Two areas for improvement were identified.

Prescribed topical creams were not securely stored in two patient's bedrooms, some of which had no label or date of opening. Details were discussed with the management team and the findings were shared with RQIA's pharmacist inspector. An area for improvement was identified.

A fire risk assessment was completed on the 1 July 2025. There were no actions required following this assessment.

A fire door was observed propped open for the majority of the inspection preventing the door from closing in the event of the fire alarm being activated. Details were discussed with the manager and an area for improvement was identified.

Whilst there was evidence that systems and processes were in place to manage infection prevention and control (IPC); a number of staff were observed carrying out tasks without wearing appropriate personal protective equipment (PPE) and/or washing their hands in between certain tasks. It was further identified that clean linen was placed on top of a laundry trolley used to store unclean linen. Details were discussed with the manager and two areas for improvement were identified.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Sharon Margaret Colhoun was managing the home on a temporary basis from the 4 November 2024, to cover a period of planned leave for Mrs Clara Houston who returned on 25 September 2025. Clara has been the Manager in this home since 19 August 2021.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Staff meetings were not being completed on a quarterly basis. The manager agreed to review the schedule of staff meetings to ensure they are quarterly going forward.

There were systems in place to ensure that accidents and incidents were notified to patients' next of kin, the Trust and to RQIA.

A record of complaints was held within the home. Review of a sample of complaints evidenced that these were appropriately addressed.

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

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	3	10*

* The total number of areas for improvement includes one standard that has been stated for a second time and one standard which has been carried forward for review at a future medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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) (a) (b) **Stated:** First time **To be completed by:** 3 December 2025	The registered person shall ensure that patients are supervised during meals in accordance with SALT recommendations. Ref: 3.3.2
	Response by registered person detailing the actions taken: Supervision completed with Senior care assistant regarding Student Nurse left unattended in dining room with patients who have modified diet. All staff aware that patients are not to be left unsupervised during meal times.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:**	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. With specific reference to the secure storage of denture cleaning tablets and cleaning chemicals.

3 December 2025	Ref: 3.3.4
	Response by registered person detailing the actions taken: Audit completed on 03/12/2025, denture cleaning tablets removed from x2 rooms and returned to treatment room. Denture cleaning tablets remain managed by night staff. All staff to continue to be observant and remove any denture cleaning tablets promptly.
Area for improvement 3 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 3 December 2025	The registered person shall ensure that IPC practices are reviewed to ensure that staff comply with the appropriate use of PPE and hand washing. Ref: 3.3.4
	Response by registered person detailing the actions taken: In house infection control training completed 18/12/2025 & 20/12/2025 across all departments. 1:1 Infection control supervisions remains ongoing with all staff. Hand hygiene Audits continued. Management commenced spot checks on floor to oversee compliance.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 18 **Stated:** First time **To be completed by:** Immediate and ongoing (28 January 2025)	The registered person shall ensure that the management of medicines prescribed “when required” for distressed reactions is reviewed, to ensure there is a patient-centred care plan in place to direct care and that the reason for and outcome of each administration is recorded.
	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 2 **Ref:** Standard 44.1 **Stated:** Second time **To be completed by:** 3 February 2026	The registered person shall ensure that the carpet in the identified bedroom is replaced. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Variation submitted to RQIA to deregister identified room to make into a triaining room for staff.

Area for improvement 3 **Ref:** Standard 38 **Stated:** First time **To be completed by:** 3 December 2025	The registered person shall ensure that staff recruitment records clearly evidence the source of each reference and where there are difficulties in obtaining a reference from a current or most recent employer, evidence of action taken is available within staff files. Ref: 3.3.1
	Response by registered person detailing the actions taken: Moving forward with support from HR management to ensure there is a paper trial evident and reasonings are clearly documented.
Area for improvement 4 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 3 December 2025	The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation (GDPR) and best practice standards. Ref: 3.3.3
	Response by registered person detailing the actions taken: Staff retrained in GDPR. Management commenced spot checks on floor to oversee GDPR compliance and best practice standards.
Area for improvement 5 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 3 January 2026	The registered person shall ensure that a detailed environmental audit is completed to address the environmental deficits identified, with a timeframe for completion and follow up. Ref: 3.3.4
	Response by registered person detailing the actions taken: Quaterly Audit implemented with clear action plan. This will be overseen by management and the maintinence team.
Area for improvement 6 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 3 January 2026	The registered person shall ensure that a review of all wardrobes and free standing furniture is completed and the necessary furniture secured to the wall for safety as required. Ref: 3.3.4
	Response by registered person detailing the actions taken: Review of all wardrobes and free standing funiture completed on 03/12/2025 and was actioned immediately.
Area for improvement 7 **Ref:** Standard 35	The registered person shall ensure that staff handbags and belongings are safely and securely stored. Ref: 3.3.4

Stated: First time **To be completed by:** 3 December 2025	
	Response by registered person detailing the actions taken: All staff aware that personal belongings to be stored within designated staff areas.
Area for improvement 8 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 3 December 2025	The registered person shall ensure that prescribed topical creams are appropriately labelled to denote ownership and are safely and securely stored at all times. Ref: 3.3.4
	Response by registered person detailing the actions taken: Management reviewed all prescribed topical creams ensuring appropriately labelled and stored in line with legislative requirements, professional standards and guidelines. Topical creams was removed and SRCL with faded prescription label.This will be continued to be montiored by management within spot checks
Area for improvement 9 **Ref:** Standard 48 **Stated:** First time **To be completed by:** 3 December 2025	The registered person shall ensure that fire doors are not propped open. Ref: 3.3.4
	Response by registered person detailing the actions taken: Daily spot checks carried out to ensure staff complient with fire regulations and no fire doors obstructed/propped open.
Area for improvement 10 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 3 December 2025	The registered person shall ensure that clean and unclean linen are stored separately to reduce the risk of cross contamination. Ref: 3.3.4
	Response by registered person detailing the actions taken: Included in infection control training completed 18/12/2025 & 20/12/2025 across all departments. Management commenced spot checks on floor to oversee compliance. 1:1 infection control supervisions ongoing with staff.

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

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