The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Cregagh Nursing Home

Provider: Spa Nursing Homes Ltd

Date of Inspection: 6 January 2026

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 Philip Arnold
Registered Manager:	Miss Daniella Curran
Service Profile – This home is a registered nursing home which provides nursing care for up to 40 patients. Patients' bedrooms are located over two floors in the home and patients have access to communal lounges and dining areas on each floor. The home provides general nursing care for patients under and over 65 years of age and care to patients over 65 with a physical disability or who are terminally ill.	

2.0 Inspection summary

An unannounced inspection took place on 6 January 2026 from 9.35 am to 1.30 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.

It was evident from discussions with patients and relatives that staff promoted patients' dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection, the seven previous areas for improvement were assessed as having been addressed by the provider. Full details, including restated areas for improvement and those carried forward for review at the next care inspection, 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: "This place is amazing. We have our faith needs attended to. The food is exquisite and the staff bend over backwards for us", "The staff are excellent. The food is alright" and "They (the staff) are all very good. There is nothing they wouldn't do for you. The activities are always offered and they keep the place clean and tidy."

Staff offered choices to patients throughout the day, which included preferences for getting up and going to bed, food and drink options and where and how they wished to spend their time.

Relatives commented positively about the overall provision of care within the home. Comments included, "The place is brilliant. They are looking after my mum very well."

Staff spoken with said that Cregagh Nursing Home was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments from staff included, "I am very happy here. There is good teamwork and the manager is great."

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 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 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.

Where a patient was at risk of falling, measures to reduce this risk were put in place. Falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented, although records examined did not consistently evidence analysis. The manager agreed to include further detail in their monthly audit.

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. Patients were observed enjoying bingo and a quiz in the communal lounges.

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. Shortfalls in record keeping relating to an identified patient were discussed with the deputy manager and rectified before the end of the inspection.

Care records, were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

Examination of a selection of food and fluid intake records evidenced that prescribed nutritional supplements consumed by patients were not accurately and consistently recorded. An area for improvement identified during the previous care inspection on 29 May 2025 was stated for a second time.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. For example, patients' bedrooms were personalised with items important to the patient.

There was evidence that systems and processes were in place to manage infection prevention and control (IPC) 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. Miss Daniella Curran has been the Registered Manager in this home since 7 August 2024. It was positive to note that the manager was taking part in the 'My Home Life' leadership support programme, which is run by the University of Ulster and commissioned by the Department of Health.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

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. 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	0	2*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Daniella Curran, 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 Care Standards for Nursing Homes (December 2022)

Area for improvement 1 **Ref:** Standard 29 **Stated:** First time **To be completed by:** Immediate and ongoing (20 August 2024)	The registered person shall ensure that the management of thickening agents is reviewed to ensure that records of 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 12 **Stated:** Second time **To be completed by:** 6 January 2026	The registered person shall ensure that nutritional supplements consumed by patients are recorded as part of their food/fluid intake records. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: The Registered person has addressed with the nursing team the importance of the recording of nutritional supplements consumed by residents. The Registered Person is monitoring this by carrying out spot checks and has introduced a weekly audit. Any deficits found through spot checks or audit process is reinforced with staff to ensure compliance is achieved. This is also checked by senior management during the regulation 29 visit.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews