The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Lakeview

Provider: Spa Nursing Homes Ltd

Date of Inspection: 20 February 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:	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 20 February 2026 from 9.40 am to 6.00 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 nine previous areas for improvement were assessed as having been addressed by the provider. New areas for improvement have been identified and other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, 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 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 have no concerns. I am happy with the care", "The staff are very good to us. The food is good. I can't complain about it. I enjoy the activities like puzzles and flower arranging" and "I am getting on the best here. The staff are good to me."

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, "My mum is very happy here. They (the staff) are very good to her here. I feel involved in her care. The staff are responsive."

Staff spoken with said that Lakeview 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.

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 robust analysis or shared learning with staff. Management agreed to include further detail in their monthly audit.

Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Review of records evidenced that nutritional care plans were not consistently completed in line with the commendations of the speech and language therapists. An area for improvement was stated for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

A menu was on display in the home's downstairs dining room. However, no menu was displayed in the upstairs dining room which is for patients living with dementia. Staff confirmed menus had not been adapted to meet the needs of some of the patients. An area for improvement was identified.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. It was observed that patients were not appropriately supervised in keeping with their assessed needs and the inspector had to intervene to ensure patients' safety. An area for improvement was stated for a second time.

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 games and music with the activity co-ordinator while some patients enjoyed singing. The activity planner in the Stafford unit was not in a suitable format to meet the needs of all patients. This was discussed during the previous care inspection. In order to drive the necessary improvement, an area for improvement was identified.

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.

Care records, were generally 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 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.

Concerns about the management of risks to the health, safety and wellbeing of patients were identified. Mop buckets containing cleaning chemicals were unsupervised in both units allowing potential patient access to substances hazardous to health, while the treatment room door in the Stafford unit was unlocked allowing potential access to sharps and medications. This was discussed with staff who took immediate action. An area for improvement was identified.

Robust systems and processes were not in place to manage infection prevention and control (IPC) practices. For example, alcohol hand gels were not readily available throughout the Stafford unit and some of the patient equipment in use was stained and not effectively cleaned. This was discussed with the management who agreed to review their current systems. An area for improvement was identified.

Observation of staff and their practices evidenced that basic IPC practices were not consistently adhered to. For example, all staff did not use personal protective equipment (PPE) correctly or take opportunities for hand hygiene particularly after contact with patients and the patients' environment. Examination of hand hygiene audits confirmed these were not identifying the shortfalls observed during the inspection and in turn, were not driving the necessary improvements. An area for improvement was stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr James Fox has been the manager since 1 June 2025.

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. However, given the inspection findings, further work is required to develop the governance and managerial oversight arrangements to ensure these drive the necessary improvements. An area for improvement identified at the previous care inspection was stated for a second time.

There was a system in place to manage staff appraisal and supervision.

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	5*	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Amanda Horne, Peripatetic 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 16 (1) **Stated:** Second time **To be completed by** 20 February 2026	The registered person shall ensure that nutritional care plans are reflective of SALT recommendations. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: The Acting Manager has reviewed all nutritional care plans to ensure they are consistent with SALT recommendations and will continue to monitor this area.
Area for improvement 2 **Ref:** Regulation 13 (1) (b) **Stated:** Second time **To be completed by** 20 February 2026	The registered person shall ensure that patients are appropriately supervised in accordance with their assessed needs at mealtimes. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: The Acting Manager has reviewed supervision levels at mealtimes and has addressed this with staff. This is an area the Acting Manager will continue to monitor.
Area for improvement 3 **Ref**: Regulation 13 (7) **Stated:** Second time **To be completed by** 20 February 2026	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
	Response by registered person detailing the actions taken: The Acting Manager has addressed this with staff and is observing staff practice. Deficits identified during the observations will be corrected at once and further supervision for the staff member will be arranged. The Infection Control link nurse will also be monitoring staff practice.

Area for improvement 4 **Ref:** Regulation 10 (1) **Stated:** Second time **To be completed by** 20 February 2026	The registered person shall review the home's current governance systems to ensure that they are robustly sufficient to drive the necessary improvements. Ref: 2.0 and 3.3.5
	Response by registered person detailing the actions taken: The Acting Manager continues to develop auditing systems within the home to ensure procedures are robust to drive improvements required. This will be further checked during regulation 29 visits.
Area for improvement 5 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by** 20 February 2026	The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety. A system should be implemented to ensure patients do not have access to cleaning chemicals and the treatment room. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Acting Manager has addressed with domestic staff the safety of chemicals during their duties and their responsibilities to ensure safety is maintained. The Acting Manager has addressed with nursing staff the closing of the treatment room door in the dementia unit to ensure no hazards are accessible to residents. These areas continue to be monitored by the manager/ person in charge during daily walkarounds and their day to day duties.
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:**	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

Ongoing from the date inspection (1 August 2023)	**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 12 **Stated:** First time **To be completed by** 20 February 2026	The registered person shall ensure that a daily menu is on display in a suitable format for patients living with dementia. The menu should reflect the meals served on any given day. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Acting Manager has developed the daily menu on display with use of pictorial menus for use within the dementia unit. The Acting Manager wil check each day that the menu reflects the meals being served.
Area for improvement 4 **Ref:** Standard 11 **Stated:** First time **To be completed by** 20 February 2026	The registered person shall ensure that a programme of activities is displayed in a suitable format and in an appropriate location so patients know what is scheduled. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Acting Manager has addressed this with the activity therapist. She will ensure that the activity timetable is displayed in a suitable format and an appropriate location has been identified so that residents are aware of what is planned.
Area for improvement 5 **Ref:** Standard 46.2 **Stated:** First time **To be completed by** 20 February 2026	The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection. This area for improvement specifically related to the cleaning of patient equipment within the home. Equipment cleaning records should evidence managerial oversight of all such records. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Acting Manager has introduced a system for decontamination of equipment and reviews equipment cleaning and records of all decontamination are also reviewed.

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