The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Carryduff Nursing Home

Provider: Spa Nursing Homes Ltd

Date of Inspection: 24 April 2026

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 Jinu Mathew
Service Profile – This home is a registered nursing home which provides general nursing care for up to 23 patients over and under the age of 65 years. Patients' bedrooms are located over two floors and patients have access to communal social and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 24 April 2026 from 9.10am to 4.45pm 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 14 April 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 two areas for improvement from the previous care inspection were assessed as having been addressed and two areas were stated for the second time. A medicines management area for improvement was carried forward for review at the next inspection. Two new areas for improvement were identified. Details can be found in the main body of the 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 told us that they were happy living in the home and that they were treated well by staff who were caring and supportive. Patients' comments included, "The staff are great; I like it here". Another commented, "I am very happy here; we all get on very well with one another". Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We received no questionnaire responses from patients or relatives.

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. All appropriate recruitment safety checks had been verified prior to staff commencing in post. Newly employed staff completed a structured induction at the commencement of their employment which included mandatory training.

A robust system was in place to ensure that all staff were compliant with pre-determined mandatory training requirements. Staff told us that they were satisfied that the number and skill mix of staff on duty met the needs of the patients. Patients raised no concerns in relation to the staffing arrangements.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

Minutes of recent staff meetings were available to all staff to aid in the communication within the home.

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

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences. Interactions between staff and patients were noted to be caring and compassionate. Patients spoke fondly about the staff.

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. Patients told us that they had choice in where and how they spent their day, what they wore and what they had to eat.

Staff confirmed that they received a detailed handover at the commencement of their shift and the information shared included important aspects of patients' needs, especially changes to care. All staff received a handover sheet which was updated daily and contained the pertinent patient details.

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.

Patients were well presented in their appearance. Staff were aware of the actions to take if a patient refused assistance with personal care needs. Privacy curtains were in place in bedrooms which accommodated more than one patient to protect patients' dignity.

Patients at risk of falling had dedicated falls care plans in place identifying measures to reduce the risk. When a patient had a fall, accident records reviewed evidenced that the correct actions had been taken following the fall and the correct persons notified. Accidents and incidents were reviewed each month to look for patterns and trends to identify if any further falls could be prevented.

Pressure management risk assessments were completed and patients at risk of pressure damage had care plans in place guiding staff on how to mitigate the risk. Patients who required special attention with skin care were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

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. Staff communicated well to ensure that every patient received their meals in accordance with their assessed needs. Food was only served when the patients were ready to eat their meal. The meals served appeared appetising and nutritious. Patients enjoyed their meal and spoke positively of the quality of their meal. Staff were aware of the actions to take where a patient was refusing their meals.

Continence assessments were completed on admission. Care plans were developed to identify how to meet each patient's continence and personal care needs. Supplementary records were completed to evidence the care given to patients.

Activities for patients were provided incorporating both group and one to one activities. Birthdays and annual holidays were celebrated. Planned activities included reminiscence, exercise, games, beauty therapy and arts and crafts. A hairdresser visited each Friday and a church service was planned for the day of inspection. The most recent residents' meeting included discussions on activities, food provision, care delivery and the environment. Relatives' meetings were conducted six monthly.

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. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. Risk assessments and care plans were reviewed regularly, however, there was no evidence that they had been reviewed following a period of time away from the home, for example, following a hospital stay. This was discussed with the manager and identified as an area for improvement. Care records were stored securely.

Supplementary care records were maintained to evidence the care delivered to patients. The records included personal care delivery, food and fluid intake, repositioning, checks made on patients and continence care.

Nurses completed daily progress notes to monitor and evaluate the care delivered to the patients in their care. Although, a review of several evaluations evidenced that the majority of all evaluations were recorded as completed for all patients at either 5.00am or 6.00pm. Several of the entries were generic in nature and not person centred. This was discussed with the manager and an area for improvement in relation to meaningful evaluations was stated for the second time.

3.3.4 Quality and Management of Patients' Environment

Since the last inspection there had been a number of environmental improvements. Several floors had been replaced. Furnishings in patients' rooms had been renewed. New dining room chairs had been purchased. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

While the majority of areas in the home were clean, a system was not in place to ensure that the laundry floor was maintained clean. This was discussed with the manager and an area for improvement was specified for the second time. There were no malodours in the home.

Behind the laundry, a storeroom used by staff was found to be overbearingly warm. This was discussed with the manager and an area for improvement was identified to ensure that the temperature was regulated to make for a pleasant working environment for staff.

Fire safety measures were in place to ensure patients and those working and visiting the home were kept safe. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted. A Fire Risk Assessment had recently been completed.

Monthly infection control and environmental audits were completed to monitor the environment and staffs' practices. Personal protective equipment and hand hygiene facilities were readily available throughout the home. The equipment for patient use was found to be clean. Staff were aware of the frequency that equipment should be decontaminated, especially after use.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Jinu Mathew has been the registered manager of the home since 13 August 2024. Staff commented positively about the manager and described her as supportive and approachable.

In the absence of the manager there was a nominated nurse-in-charge (NIC) to provide guidance and leadership. The NIC was clearly identified on the duty rota.

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 had a suite of audits to complete.

The number of complaints to the home was low. There was a system in place to manage any complaints received. A compliments log was available evidencing verbal compliments, cards and emails of thanks received. All 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	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Jinu Mathew, Registered Manager and Linda Graham, Regional 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 (2) (b) **Stated:** First time	The registered person shall ensure that patients' care plans are reviewed on the patient's return to the home following a period of time away in hospital. Ref: 3.3.2
To be completed by: With immediate effect (24 April 2026)	**Response by registered person detailing the actions taken:** The Registered Manager has addressed with all the nursing staff about ensuring all risk assessments and care plans are reviewed and updated if any changes occur after a hospital admission. The Registered Manager will continue to monitor this.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 29 **Stated:** First time	The registered person shall ensure that accurate records are maintained for all medicines received. Ref: 2.0
To be completed by: Immediate and ongoing (7 October 2024)	**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	The registered person shall ensure that nursing staff evaluate daily care in a meaningful manner that is person centred. Ref: 2.0 and 3.3.3
To be completed by: With immediate effect (24 April 2026)	**Response by registered person detailing the actions taken:** The Registered Manager has addressed with nursing staff about writing the accurate timings on daily care notes. Staff have been instructed to ensure daily care notes are evaluated in a meaningful and person-centred manner. The Registered Manager will continue to monitor this.

Area for improvement 3 **Ref:** Standard 44 (1) **Stated:** Second time **To be completed by:** With immediate effect (24 April 2026)	The registered person shall ensure that the flooring in the home is cleaned effectively. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has addressed with the domestic staff about detailed cleaning of different areas in the home. Laundry Flooring has been replaced and one bathroom floor is also being replaced.The Registered Manager will continue to monitor cleaning of all flooring in the daily walk arounds.
Area for improvement 4 **Ref:** Standard 47 **Stated:** First time **To be completed by:** 24 May 2026	The registered person shall ensure that the temperature in the identified room is regulated to provide a comfortable working environment. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has discussed this with the maintenance team and plans are in place to create ventilation in the back store.

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

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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