The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Lakeview**

Provider: **Spa Nursing Homes Ltd**

Date of Inspection: **7 September 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:	Ms Amanda Horne – 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 7 September 2026 from 9.50 am to 5.35 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 eight areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified and two carried forward for review at the next pharmacy 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 they described as helpful and friendly. Patients' comments included: "I have no complaints about the care. The staff are very nice, especially the overseas ones. You get tea all the time. I enjoy the activities, read and watch TV. They (the staff) are cleaning all the time", "They (the staff) are looking after me very well. The staff are good to me and the food is ok. You get a choice" and "It's very good. You see people every day and dine with them. The food is very good."

Relatives and visitors commented positively about the overall provision of care within the home. Comments from relatives included, "The staff here are lovely people. We can have conversations with them and they are wonderful with my loved one" and "I am very happy with the care. The staff are very attentive."

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. Comments included, "The teamwork is very good with the multidisciplinary team and there has been an improvement with the communication in the home."

We did not receive any questionnaire responses from patients or their visitors or any 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. There was evidence of systems in place to manage staffing.

Staff said 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.

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 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 were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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. It was observed that patients did not have control over who enters their bedroom as a number of doors to bedrooms did not have a locking system. An area for improvement was identified.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included important information about patients, especially changes to care, that they needed to assist them in their caring roles.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly.

Where a patient was at risk of falling, measures to reduce this risk were put in place. However, falls were not reviewed monthly to look for patterns and trends to identify if any further falls could be prevented. This was discussed during the previous care inspection on 20 February 2026. In order to drive the necessary improvement 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 appropriately supervised in keeping with their assessed needs.

Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition. The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

Management and staff understood the importance of engaging with patients. Patients were encouraged to participate in their own activities such as watching TV, listening to music, reading or chatting to staff and visitors. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed highlighted events such as games, chair exercises, cinema day, music, one to one activities and quizzes.

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.

Review of a selection of care records evidenced that care plans, for the most part, were in place to meet patients assessed needs in a timely manner. Nursing staff recorded regular daily evaluations about the delivery of care. A small number of shortfalls relating to recording keeping were discussed with the manager who agreed to address this with the appropriate staff.

Some supplementary care records such as food and fluid intake, personal care, repositioning and bedrail check charts were not completed contemporaneously in the dementia unit. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were warm and comfortable. For example, patients' bedrooms were personalised with items important to them.

Fire safety measures were in place to protect patients, visitors and staff in the home. However, a fire risk assessment had been completed on 24 March 2026 and there was no evidence that four areas of concern identified by the fire risk assessor had been addressed within the timeframe specified. This was discussed with the manager who confirmed in writing following the inspection that the areas identified for action had either been addressed or arrangements were in place to address them. An area for improvement was identified.

A small number of shortfalls in individual staff practice with infection prevention and control (IPC) practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Amanda Horne has been the manager in this home since 27 February 2026.

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. Review of complaints' records evidenced that some improvements were required in how some complaints were recorded, particularly in relation how levels of satisfaction were determined and how any learning was shared with staff. This was discussed with the manager who agreed to review their current complaints template and complete any necessary documentation retrospectively.

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.

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	Regulations	Standards
Total number of Areas for Improvement	1	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Amanda Horne, 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 27 (4) (a) **Stated:** First time **To be completed by** 7 September 2026	The registered person shall ensure recommendations made in the fire risk assessment are addressed in the recommended timeframe. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Appointee Manager can confirm that all works on the Fire risk assessment action plan has now been completed. Going forward the newly appointed Manager will ensure that the next Fire Risk Assessment completed that all areas are addressed within the recommended timeframe.
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:** Ongoing from the date inspection (1 August 2023)	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
	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 6.6 **Stated:** First time **To be completed by** 7 December 2026	The registered person shall ensure that patients have control over who goes into their bedroom, toilet and shower room. These areas should have a locking system that the patient can lock, but may be opened by staff in emergencies. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Appointee Manager has advised the estates manager regarding works required to doors. The home is at present replacing some doors and thumb locks are to be fitted to doors to ensure that each patient's privacy is protected at all times.
Area for improvement 4 **Ref:** Standard 22.10 **Stated:** First time **To be completed by** 7 September 2026	The registered person shall ensure that falls are reviewed and analysed on a monthly basis to identify any patterns or trends that may help prevent further falls occurring taken. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Appointee Manager will continue monthly to analyse all falls or incidents and identify patterns or trends and what may help prevent further falls .These will be documented on the audit form and checked by senior staff when completing Regulation 29 monthly report.
Area for improvement 5 **Ref:** Standard 4.9 **Stated:** First time **To be completed by** 7 September 2026	The registered person shall review the current system in place to ensure that supplementary care records are accurately maintained and completed contemporaneously. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Appointee Manager has completed supervisions with care staff and will ensure that all records are completed in a timely manner. Spot checks will be carried out throughout the day to ensure these are being accurately maintained.

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

The **Regulation** and **Quality Improvement** Authority

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