The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Springlawn Nursing Home**

Provider: **Springlawn House Limited**

Date of Inspection: **16 September 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:	Springlawn House Limited
Responsible Individual:	Mrs Linda Florence Beckett
Registered Manager:	Mrs Clara Houston
Service Profile: This nursing home is registered to provide nursing care for up to 39 people with general nursing needs both under and over 65 years of age; with or without a physical disability. The home is located within its' own grounds and comprises of a ground and first floor where patients are accommodated. Patients have access to a variety of communal areas throughout the home and the garden.	

2.0 Inspection summary

An unannounced inspection took place on 16 September 2026 from 10:35am to 2:40pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified, by RQIA during the last care inspection on 3 December 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience and that staff were attentive and kind. 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.

As a result of this inspection, no new areas for improvement were identified.
All but one of the previous areas for improvement, identified in December 2025, were assessed as having been addressed by the provider.

One area for improvement was stated for a second time.and a medicines management area for improvement has also been carried forward for review at the next inspection. Details can be found in the main body of this report.

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 patient's, 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 spoken with said that they were well cared for, that the food was tasty and when they called for assistance, using their 'buzzer', staff came to them as quickly as possible. Some of the patients did say that they would prefer to be at home but given they could not be at home the home was good and that staff were attentive, caring and kind.

No patient or relative questionnaires were returned within the timescale set. Any that are received after this date will be followed up with the manager.

Staff spoken with confirmed how long they had worked in the home. Some had worked in the home for up to 20 years others had been recently recruited. All of the staff spoke positively about their work, the support from their managers and colleagues and the training they had been provided with. Staff said they worked well as a team and believed they delivered good care for their patients.

There were no staff responses to the survey within the timescale set. Any that are received after this date will be followed up with the manager.

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 robust 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.

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 were knowledgeable of individual patients' needs, their daily routine as well as their wishes and preferences. Staff were observed to be skilled in communicating with patients demonstrating respect, understanding and compassion.

Staff respected patients' privacy by their actions such as knocking on doors before entering and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day, what they wished to eat/drink or how they wanted to engage socially with others.

At times some patients may require the use of equipment to keep them safe that could be considered restrictive. 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 and care records accurately reflected the patients' assessed needs and the care delivered.

Where a patient was at risk of falling, measures to reduce this risk were in place. For example, level floor, good lighting, and support from staff for those patients who required it to mobilise. There was evidence of monitoring systems in place to review the number and frequency of falls occurring in the home. These reviews are necessary to establish any patterns or trends that may be emerging or that require adjustments to daily practice, referral to other healthcare professionals or to the environment.

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 over lunchtime was relaxed and an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. The meal served smelt and looked tasty and patients were able to choose which meal choice they preferred.

Catering staff confirmed they were kept informed of patients' food preferences and any specific requirements. Good systems were in place to manage modified diets, as prescribed by other healthcare professionals.

Patients were enjoying their meal and their dining experience and it was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Senior care assistants were supervising the serving of the meal and were observed responding to requests/queries from both patients and staff. Nursing staff were available over the lunch time meal should they be required.

The home has two activity therapists who work together with care staff to provide a programme of activities. The home also have dedicated lounges where activities take place and some patients were observed to be enjoying painting small storage boxes and chatting together. One of the activity therapists spoken with clearly demonstrated their understanding of the importance of meaningful engagement with the patients and their families.

3.3.3 Management of Care Records

Review of a sample of patient care records evidenced that there were robust systems in place to ensure the quality and standard of record keeping was in line with professional standards and best practice. 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.

An area for improvement identified in December 2025 was reviewed and has been stated for a second time. This related to the management of patient information, who has access to this and where it is stored or displayed in the home.

3.3.4 Quality and Management of Patients' Environment

The home was spotlessly clean, tidy and well maintained in terms of décor, flooring and furnishing and patient equipment.

Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Where possible patients' bedrooms included personal and 'homely touches' that held important memories for the patient.

A number of refurbishment projects both inside and outside the home were 'ongoing'. RQIA had been notified of these improvements as required. The level of risk assessment needed by the person in charge of the home/each shift was discussed during feedback. This is important, particularly when refurbishment work is ongoing, to ensure risks to those living, working and visiting the home are understood, identified and addressed to reduce or eliminate any potential risk/hazard as required.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Clara Houston has been the registered manager of this home since August 2021. An important part of the manager's role to ensure they are up to date with their training and professional development. Review of records and discussion with the manager confirmed that she had participated in the University of Ulster's My Home Life project for managers and leaders as well as other professional and mandatory training.

Patients and staff commented positively about the manager and the management team and described them as supportive, approachable and able to provide guidance and reassurance.

Review of a sample of management records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager and the senior management team responded to any concerns raised with them and took measures to improve practice, the environment 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	0	2*

* the total number of areas for improvement includes one that has 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 Mrs Clare Houston, registered manager and one of the company directors, 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 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. Ref: 2.0
	Response by registered person detailing the actions taken: Not reviewed during this inspection. Carried forward for pharmacy inspection.
Area for improvement 4 **Ref:** Standard 37 **Stated:** Second time **To be completed by:** 30 September 2026	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: 2.0 & 3.3.3
	Response by registered person detailing the actions taken: The matter was addressed immediately on the day of inspection, and the records identified were secured appropriately. The registered person will ensure that all records containing patient information are stored securely. Staff reminded of their responsibilities regarding confidentiality, safe handling of patient information and returning records to designated secure storage when not in use. Management spot checks will monitor compliance with these arrangements. Any shortfall identified will be addressed promptly, with further guidance or supervision provided as required.

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

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

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