



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 12 December 2019



Redburn Clinic

Type of Service: Nursing Home
Address: 89 Belfast Road, Ballynahinch, BT24 8EB
Tel No: 028 9756 3554
Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 27 patients.

3.0 Service details

<p>Organisation/Registered Provider: Spa Nursing Homes Ltd</p> <p>Responsible Individual(s): Christopher Philip Arnold</p>	<p>Registered Manager and date registered: Catia da Costa e Santos– acting, application has been submitted</p>
<p>Person in charge at the time of inspection: Catia da Costa e Santos</p>	<p>Number of registered places: 27</p> <p>There shall be a maximum of 1 named resident receiving residential care in category RC-I.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 18</p>

4.0 Inspection summary

An unannounced inspection took place on 12 December 2019 from 10.00 hours to 17.30 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, training, risk management, record keeping, the culture and ethos, dignity and privacy, listening to patients, communication, governance arrangements and teamwork.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them and staff during inspection, are included in the main body of this report.

Areas for improvement in respect of previous finance and pharmacy inspections have also been reviewed and validated as required.

No areas for improvement were identified during this inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager Catia da Costa e Santos and the organisation's regional manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 1 & 5 August 2019

The most recent inspection of the home was an unannounced care, medicines management and finance inspection undertaken on 1 & 5 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including finance and pharmacy issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. No questionnaires were returned to RQIA.

A poster was provided for staff detailing how they could complete an electronic questionnaire; no surveys were received by RQIA.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 2 December to 15 December 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- one patients' care records
- a sample of governance audits/records
- staff supervision and appraisal schedules
- complaints records
- compliments received
- patients agreements and financial arrangements
- monthly monitoring reports from October to December 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s) on 1 and 5 August 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that individual agreements are provided to each patient currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual patient. A copy of the signed agreement by the patient or their representative and the registered person must be retained in the patient's records.</p> <p>Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's individual agreement should be shared with the HSC trust care manager.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed records that confirmed each patient had been provided with individual agreements. Records indicated that the majority of patients' files contained a copy of the signed agreement by the patient or their representative. Where signed agreements had not been returned, correspondence had been sent a second time and the HSC trust care manager informed.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) Schedule 4 (3)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the registered person must ensure that written authorisation is obtained from each service user or their representative to spend the personal monies of service users on pre-agreed expenditure. The written authorisation must be retained on the service user's records and updated as required. The registered person must ensure that where any representative of a service user (including care manager or next of kin) have signed a document for the home on behalf of the service user, the representative's name and relationship to the service user are clearly stated on the document. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's personal monies authorisation should be shared with the HSC trust care manager.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed records that confirmed written authorisation had been obtained from each patient or their representative (where applicable) to spend the personal monies of service users on pre-agreed expenditure.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 19 (2) Schedule 4 (3)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the registered person is required to ensure that the details of the signatories on the comfort fund bank account are amended to ensure that the relevant representatives of the registered person can obtain access to the account to administer and safeguard the funds on behalf of service users in the home.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The inspector viewed records to verify that the signatories on the comfort fund bank account had been amended as required.</p>	
<p>Area for improvement 4 Ref: Regulation 19 (2) Schedule 4 (9) Stated: Second time</p>	<p>The registered person shall ensure that reconciliations of the comfort records must be performed at least quarterly and recorded and signed and dated by two persons.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector reviewed records that confirmed reconciliations of the comfort fund records had been completed, recorded, signed and dated by two persons. A revised procedure is in place to ensure this is performed at least quarterly.</p>	
<p>Area for improvement 5 Ref: Regulation 13 (4) Stated: First time</p>	<p>The registered person shall ensure that the medicine refrigerator temperatures are maintained between 2°C - 8°C to ensure that medicines are stored at the manufacturers' recommended temperature.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed the medicines refrigerator temperatures, which had been recorded daily and confirmed it was maintained between 2°C - 8°C.</p>	
<p>Area for improvement 6 Ref: Regulation 29 Stated: First time</p>	<p>The registered person must ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. Such visits should include evidence of staff training being meaningfully and effectively reviewed.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector reviewed monthly quality monitoring reports for October to December 2019. These reports by the regional manager were appropriately detailed and confirmed an on-going review of staff training has been effectively carried out with progress month to month audited.</p>	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 40 Stated: First time	The registered person shall ensure that there is a robust system in place which ensures/demonstrates that staff have recorded individual, formal supervision and appraisal according to the home's procedures and in keeping with best practice guidance.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the planner/matrix relating to staff supervision and appraisal meetings. This system indicated that the majority of staff has received their annual appraisals with steady progress being made to complete the staff supervision meetings. Records of staff supervision meetings and appraisals were sampled.	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall review and revise the management of medicines which are prescribed to be administered 'when required' for the management of distressed reactions.	Met
	Action taken as confirmed during the inspection: The inspector reviewed records that verified the management of medicines which are prescribed to be administered 'when required' for the management of distressed reactions have been appropriately recorded and monitored.	
Area for improvement 3 Ref: Standard 14.26 Stated: First time	The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	Met
	Action taken as confirmed during the inspection: The inspector reviewed records for a sample of patients that included an inventory of property belonging to each of them signed by the staff member completing the reconciliation and countersigned by a senior member of staff.	

Area for improvement 4 Ref: Standard 39 Stated: First time	The registered person shall ensure that there is a robust system in place which ensures/demonstrates that staff undergo mandatory training in a timely manner and in keeping with best practice guidance. This relates specifically to the following areas of staff training: <ul style="list-style-type: none"> • Fire safety • Infection prevention & Control • Food hygiene 	Met
	Action taken as confirmed during the inspection: The inspector reviewed the training plan and records which confirmed mandatory training had been scheduled and completed in line with best practice guidance. The training subjects of fire safety, infection prevention & control and food hygiene had been verified as having been provided for all staff.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed that the planned staffing levels for the home were subject to weekly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

The inspector also sought staff opinion on staffing via the online survey; no responses were received.

Patients and patients’ visitors spoken with during the inspection were satisfied with staffing levels in the home. The opinion of patients and patients’ visitors on staffing levels were sought via questionnaires; however no responses were received.

The inspector observed that staff were responsive to patients’ needs, assistance was provided in a timely manner and call bells were answered promptly.

The home’s staff recruitment processes was discussed with the manager who was knowledgeable in relation to safe recruitment practices. The manager confirmed that a number of new staff have been appointed in the last year to fill vacant posts. A review of the recruitment records for one care assistant confirmed all pre-employment information had been obtained and reviewed in keeping with regulations. Staff spoken with stated they had completed a period of induction and review of records confirmed this process.

Following the previous inspection a review of the staff supervision and appraisal process had been completed. The inspector reviewed the planner/matrix relating to staff supervision and appraisal meetings. This system indicated that the majority of staff had received their annual appraisals with steady progress being made to complete the staff supervision meetings in line with their procedures timescales. Records of staff supervision meetings and appraisals were sampled and found to contain appropriate details.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff spoken with demonstrated their knowledge of how to deal with a safeguarding issue; they were also aware of their duty to report concerns. Staff were knowledgeable regarding their own roles and responsibilities and were familiar with the home's whistleblowing policy.

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. The manager confirmed that staff compliance with mandatory training was monitored and that they were prompted when training was due.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room and storage areas. Patients' bedrooms, lounges and dining room were found to be warm, comfortable clean and tidy. Bedrooms were personalised to suit the tastes and preferences of individual patients.

The maintenance officer was working in the home during the inspection; it was observed that the work being carried out in the dining room did not cause any disruption to patients. Discussion with the manager confirmed that an ongoing schedule of repair and redecoration was maintained.

One communal bathroom within the home remains out of use and this was discussed with the manager. An application has been submitted to RQIA for consideration to be given to changing the use of this room.

The inspector saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector observed the daily routine and the care given to patients in the home and was satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients’ care needs and any changes to these. Staff spoken with were knowledgeable about the patients’ care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered and if the patients’ needs had changed.

Review of one patient’s care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. A range of risk assessments had been completed to inform care planning for the individual patient. There was evidence that the care planning process included input from the patient and their representative. There was evidence of regular communication with representatives within the care records.

Falls and post falls management to patients was also examined. Evidence was present of a risk assessment regarding falls and that following a recorded fall, the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present.

Where practices were in use that could potentially restrict a patient’s choice and control, for example, bedrails or alarm mats, the appropriate risk assessments and care plans had been completed and reviewed at regular intervals.

There was evidence of referrals having been made to relevant health care professionals, such as the dietician or speech and language therapist (SALT), where necessary. Patients care plans included recommendations from the dietician and/or SALT if required and were regularly reviewed.

Feedback from patients’ relatives and visitors included the following comments:

- “We are happy with the care provided to my relative. Staff are always helpful, welcoming, and professional.”
- “This is a good home; I visit every week.”

Staff were observed engaging with patients and visitors in an open and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. The inspector noted that call bells were answered promptly.

Staff comments received included:

- “The care is very good. Our residents have their choices respected. I enjoy working here.”
- “Team work is very good and rewarding.”

The inspector observed the serving of lunch in the dining room and a lounge area. The menu choices had been sought for each patient in advance. Patients were offered clothing protectors and staff were wearing aprons. A nurse was overseeing the meal and the atmosphere was calm, unhurried and relaxed. Patients were offered a selection of drinks throughout the meal time. Staff demonstrated their knowledge of how to thicken fluids if necessary and which patients required a modified diet. The food smelled appetising and was well presented. It was obvious that staff knew the patients well and were aware of their likes and dislikes. Staff assisted patients as required and/or independent eating was encouraged.

Patients spoken with expressed their satisfaction with the quality and variety of food provided in the home. A record of patients’ food and fluid intake was maintained; records reviewed were up to date.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector spoke with four patients about their experience of living in Redburn Clinic. Patients were complimentary about life in the home, they commented:

- “I’m am happy living here, my family can come any time. My room is lovely.”
- “I think living here is ok. The food is good but I’m not always hungry. I am looked after fine here.”
- “I enjoy the company of these friends. The staff are all very good to us.”

One patient stated that they would “prefer to be at home but that Redburn was good as an alternative to that.”

Patients’ visitors spoken with were satisfied that the care provided was caring and compassionate, they commented:

- “No complaints at all, they are very good.”
- “I am happy with the level of care I see being provided.”
- “We are happy with standard of care being provided, we have found xxx has improved and is talking more than before.”
- “There is a friendly and relaxed atmosphere in this home.”

Observation of care delivery evidenced that staff treated patients with dignity and respect. We observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy. Staff stated that “we get to know the patients very well”.

Patients and patients’ visitors spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home.

The manager told us that, in her experience, relatives meetings were generally not well attended but she operated an open door policy to ensure that she was available to speak to relatives as required. Patients and visitors indicated that the manager was accessible and approachable. Review of records confirmed that a relatives meeting had been held in December 2019, with no issues raised.

A staff meeting was held on the day of inspection, agenda items viewed for discussion appeared appropriate.

A number of compliments were noted on thank you cards received by the home; comments included:

- “Thank you all so much for the great care and attention.”
- “Many thanks for your assistance.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There had been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

Review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, infection prevention and control, complaints and care plans.

Discussions with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was also a system in place to ensure complaints were managed appropriately. The inspector reviewed records of complaints and found all had been resolved with the exception of one matter which has not yet concluded. A letter of complaint had been received by RQIA on 4 December 2019, from an anonymous source, raising a number of matters including staffing levels, cleanliness, and infection control and residents laundry. The inspector did not find any evidence to substantiate the claims made and discussed the complaint letter and the inspector's findings with the manager and regional manager.

Monthly quality monitoring reports were reviewed for October to December 2019. These reports had been completed by the regional manager and were detailed with staff training reviewed and included an action plan to address any issues identified.

Discussions with staff evidenced that the majority felt there were good working relationships within the home and they felt supported in their role. Comments included:

- "It's good here; I find it a rewarding job."
- "There is good teamwork and support."
- "I love working here; the residents are the most important people here."

One staff member spoken with indicated they were not satisfied with the staffing levels at night-time and communication from management not effective. These matters were discussed with the manager, who confirmed staffing levels are monitored and reviewed regularly and agreed to review their staff communication processes.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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