

Inspection Report

18 March 2022



Redburn Clinic

Type of Service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual: Mr Christopher Philip Arnold	Registered Manager: Mr Michael Bagood Date registered: Not registered
Person in charge at the time of inspection: Mr Michael Bagood	Number of registered places: 27
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.	Number of patients accommodated in the nursing home on the day of this inspection: 20
Brief description of the accommodation/how the service operates: This is a registered nursing home registered to provide nursing care for up to 27 patients. Patients' bedrooms are located over three floors and patients have access to communal lounges, a dining room and a garden area.	

2.0 Inspection summary

An unannounced inspection took place on 18 March 2022 from 9.15am to 2.45pm by a care inspector.

This inspection sought to assess progress with issues raised on the previous quality improvement plan and focused on staffing arrangements; care delivery and record keeping; management of the environment and infection prevention and control and quality of life for patients.

Of the 13 areas for improvement identified at the previous inspection, 12 were met and one was partially met. The one which was partially met was in relation to the provision of activities and this has now been stated for a second time. New areas for improvement were identified in relation to allocated domestic cleaning hours and with the completion of monthly nutritional assessments.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire. The daily life within the home was observed and how staff went about their work.

The findings of the inspection were discussed with the manager and management team at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with 10 patients, six staff and a visiting healthcare professional. Patients were positive when speaking of their experience of living in the home. One told us, "I don't think you would find a better place; the staff are excellent". Another commented, "I am happy here. All the people are nice and the food is really nice as well". Staff confirmed that they enjoyed working with the patients and working in the home. Staff felt that they worked well together. The visiting professional complimented staffs' record keeping and staffs' knowledge of their patients. There was no feedback from the patient/relative questionnaires or from the staff online survey received.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (d) (i) Stated: First time	The registered person shall ensure that the practice of propping open doors, or placing items in front of open doors preventing them from closing in the event of a fire, ceases with immediate effect.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that any area accessible to patients is maintained hazard free. This is in relation to: Patients' access to chemicals in any area in the home. Patients' access to medications in the treatment room.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 3 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall ensure that they review documentary evidence of qualification, where appropriate, prior to completing the pre-employment checks of a prospective employee.	Met
	Action taken as confirmed during the inspection: Evidence of qualifications had been produced and verified by management. This was now part of the formal recruitment check.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 Stated: First time	The registered person shall repair or replace all worn and faded carpets in the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 11 Criteria (12) and (15) Stated: First time	The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients on a regular and consistent approach.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been fully met and this will be discussed further in section 5.2.4. This area for improvement has not been fully met and this will be stated for a second time.	
Area for improvement 3 Ref: Standard 46 Criteria (2) Stated: First time	The registered person shall ensure that training provided on infection prevention and control and the use of personal protective equipment is embedded into practice.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 4 Ref: Standard 12 Stated: First time	The registered person shall ensure that MUST assessments are accurately calculated.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 5 Ref: Standard 23 Stated: First time	The registered person shall ensure that pressure relieving equipment in use in the home is set correctly in accordance with patients' weights.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	

Area for improvement 6 Ref: Standard 35 Stated: First time	<p>The registered person shall ensure that the action plans developed, addressing deficits identified during infection prevention and control audits, are reviewed in a timely manner to ensure completion.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	Met
Area for improvement 7 Ref: Standard 44 Criteria (1) Stated: First time	<p>The registered person shall ensure that an environmental audit is completed to identify areas which require redecoration in the home and a refurbishment plan put in place.</p> <p>The refurbishment plan should be submitted to RQIA with the completed QIP.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	
Area for improvement 8 Ref: Standard 30 Stated: First time	<p>The registered person shall ensure that signage is in place when oxygen therapy is delivered and that oxygen cylinders are stored appropriately when not in use.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	Met
Area for improvement 9 Ref: Standard 47 Criteria (7) Stated: First time	<p>The registered person shall that equipment is only used for the purpose it was designed for. This is in reference to the use of a mattress as a fall-out bedside mat.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	

Area for improvement 10 Ref: Standard 13 Stated: First time	The registered person shall ensure that any episodes of unexplained bruising, which cannot be accounted for, are reported as soon as possible to the commissioning Trust for review. Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff consulted during the inspection were satisfied that patients' needs were safely met by the staffing levels and skill mix of staff on duty. Staff had a good understanding of their own roles in the home and the roles of others. Patients raised no concerns in relation to the staffing arrangements in the home and were complimentary when speaking of the care which they received and on their interactions with staff.

A staff duty rota was maintained to evidence all staff working in the home over a 24 hour period. This included nursing, care, domestic, kitchen and administrative staff. The staffs' full names were recorded on the duty rota and care assistants and registered nurses' hours were clearly distinguishable on the rota. However, the hours allocated to domestic cleaning duties was not clear. For example, one staff could be given responsibility for domestic, laundry and kitchen duties in one day. The hours set aside for each were not clear or identified on the rota. In one identified week, domestic duties were only assigned over two days. This was discussed with the manager and identified as an area for improvement.

A system was in place to monitor compliance with mandatory training and a training file was maintained to evidence completed training. Staff spoke positively on the training provision in the home and confirmed that training was provided in a variety of methods; electronically, video link and face to face.

Staff were observed working well together and communicating well together. Staff felt the teamwork in the home was 'very good' and that all staff 'worked well together'. One staff commented, "We can safely have a difference of opinion. We just discuss it and come up with a solution". Staff told us that they found the manager and management team approachable and would have no issues in raising any concerns with the managers.

5.2.2 Care Delivery and Record Keeping

Patients were presented well in their appearance and told us that they were happy in the home. Patients unable to verbalise appeared comfortable and relaxed in their surroundings. Staff were observed engaging compassionately with patients during the inspection.

Patients' care records had been maintained well. The care records were maintained electronically. Personal hygiene care plans were in place to identify the level of assistance required with this aspect of care. The care assistants providing personal care to patients recorded the care provision and identified individual aspects of care provision such as showered, shaved, eye care, oral care, nail care, glasses cleaned for example.

Where a patient had a restrictive practice implemented, such as the use of bedrails, a bedrail assessment was completed on admission and reviewed on a monthly basis to ensure the continued safe use. A care plan was in place to direct the care and evidence of hourly checks on the patient was maintained when required. Audits on bedrails had been conducted to ensure the continued safe use of the practice.

Nutritional risk assessments were completed using the Malnutrition Universal Screening Tool (MUST) to assess for weight loss and weight gain. However, these assessments were not conducted on a monthly basis. This was discussed with the manager and identified as an area for improvement. MUST training had been provided to relevant staff following the previous care inspection and assessments reviewed on inspection had been calculated correctly. An area for improvement in this regard has now been met. The manager confirmed the use of an online MUST calculator for staff.

Where air mattresses were required as part of the patients' pressure management plan of care, the mattresses were set correctly in accordance with the patients' weights. An area for improvement in this regard has now been met.

5.2.3 Management of the Environment and Infection Prevention and Control

On entry to the home the reception area was clean, tidy and welcoming. Hand hygiene and personal protective equipment (PPE) remained available at the entrance. PPE was available throughout the home and there was signage available on how to don (put on) and doff (take off) PPE correctly. The home was warm, clean and tidy.

During the inspection we observed good staff practices on hand hygiene and PPE use and an area for improvement in this regard has now been met. Staff confirmed that they had received recent infection prevention and control training.

There were no malodours detected in the home. Patients' bedrooms were clean and tidy and personalised with their belongings. Corridors and stairwells were clear of clutter and obstruction and fire exits were maintained clear. Fire extinguishers were easily accessible.

Since the last care inspection, significant environmental improvements were observed. Carpets on communal corridors and the staircase had been replaced. Skirting and architraves had been repainted. The dining room floor had been renewed and carpeted bedroom floors had been replaced with vinyl. Window blinds in the main dayroom had been replaced.

Some patients' bedrooms had been repainted and the manager confirmed that they were in the process of upgrading bedroom wardrobes.

Monthly infection prevention and control audits had been conducted. Where deficits had been identified within the audits' action plans, there was evidence that these had been reviewed to ensure completion.

Appropriate doors had been locked and hazards to patients, such as chemicals or medications, were not observed accessible to patients in any area of the home. Where oxygen therapy was in use, there was signage on doors identifying this procedure. No doors in the home were observed to have been propped open or unable to close should a fire alarm sound. Areas for improvement in these regards have now been met.

5.2.4 Quality of Life for Patients

Patients and staff confirmed that patients could spend their day in their preferred place; bedrooms or communal rooms. Patients, who could, confirmed that they could pick which of their clothes to wear or make a choice in which meals to eat. Staff were observed to interact with patients compassionately and maintained dignity by their actions such as knocking on doors before entering and providing personal care behind closed doors. Privacy curtains were in place to protect patients' dignity when more than one patient was accommodated in a room.

The activities therapist employed by Spa Nursing Homes Ltd covered three of the group's homes and to prevent cross infection was positioned in one home only on the day of inspection. Since the last inspection the activity therapist had been allocated an additional four hours per week in Redburn. Care assistants were given the responsibility of conducting activities when the activity therapist was not in the home. Supervision sessions on activity provision had been completed with care assistants. Discussion with care assistants confirmed that they would provide activities when time allowed, though, this was dependant on workload. Additional hours had not been allocated for the provision of activities in the absence of the activities therapist. The activities conducted by care assistants were recorded in a supplementary record folder. Many of these activities recorded replicated personal care provision such as showering, hair washing, applying creams and shaving. This was discussed with the manager and the management team and an area for improvement in relation to activity provision has been stated for the second time.

Visiting and care partner arrangements were in place and in line with Department of Health guidelines.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	1	2*

*The total number of areas for improvement includes one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Michael Bagood, Manager and the management team, 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 (2) (d) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that a review of the domestic cleaning arrangements is undertaken and adequate provision is made for each day of the week. Ref: 5.2.3 Response by registered person detailing the actions taken: The Registered Manager has reviewed the domestic cleaning arrangements and the hours worked are documented on the duty rota. There is always a domestic allocated on duty seven days per week.
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 11 Criteria (12) and (15) Stated: Second time To be completed by: 30 April 2022	The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients on a regular and consistent approach. Ref: 5.1 and 5.2.4 Response by registered person detailing the actions taken: The Registered Manager has reviewed the activities provided to ensure they are meaningful. In the absence of the activity therapist another staff member will be allocated the activity role to ensure there is a regular and consistent approach.

Area for improvement 2 Ref: Standard 12 Criteria (4) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that each patient in the home has a nutritional assessment completed each month at a minimum. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Registered Manager will ensure all residents have a nutritional assessment completed monthly and has addressed this area with all nursing staff.

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



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