



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

**Inspector: Donna Rogan**  
**Inspection ID: IN022091**

**Spa Nursing Home**  
**RQIA ID: 1301**  
**77-79 Grove Road**  
**Ballynahinch**  
**BT24 8PW**

**Tel: 028 9756 2578**  
**Email: 028 9756 6834**

**Unannounced Care Inspection**  
**of**  
**Spa Nursing Home**  
  
**12 November 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 12 November 2015 from 11.00 to 17.30 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 4 February 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Jocelyn Bagood, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Chris Arnold	<b>Registered Manager:</b> Jocelyn Leyson-Bagood
<b>Person in Charge of the Home at the Time of Inspection:</b> Michelle Craig (Nurse in charge)	<b>Date Manager Registered:</b> 12 August 2009
<b>Categories of Care:</b> RC-I, RC-PH, RC-PH(E), NH-TI, NH-PH, NH-I, NH-PH(E)	<b>Number of Registered Places:</b> 36
<b>Number of <i>Patients Accommodated on Day of Inspection</i>:</b> 26	<b>Weekly Tariff at Time of Inspection:</b> £467 to £593

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection;
- the registration status of the home;
- written and verbal communication received since the previous care inspection;
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year; and
- the previous care inspection report.

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with eighteen patients, three care staff, one registered nurse and four patient's visitors/representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP;
- staffing arrangements in the home;
- three patient care records;
- staff training records;
- policies for communication and end of life care; and
- policies for dying and death and palliative and end of life care.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection 04 February 2015

The previous inspection of Spa Nursing Home was an unannounced care inspection dated 4 February 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the last care Inspection 4 February 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref: Regulation 13 (1) (b)</b></p> <p><b>Stated: Third and final time</b></p>	<p>The registered person must ensure that records are maintained of the behaviours which challenge and include the following:</p> <ul style="list-style-type: none"> <li>• a description of the incident of concern;</li> <li>• when it occurred;</li> <li>• who was present;</li> <li>• what was happening prior to the incident?;</li> <li>• what happened during the incident?;</li> <li>• what happened immediately after the incident?;</li> <li>• what might have led to the incident?; and</li> <li>• was the patient's behaviour an attempt to communicate?</li> </ul>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager has reviewed the management of records of patients presenting with behaviours which challenge. The 'ABC' Behaviour chart has been introduced and staff are trained in its completion.</p> <p>The record includes specific details of when incidents occur.</p>	

## 5.2 Standard 19 - Communicating Effectively

### Is Care Safe? (Quality of Life)

A policy was available on communicating effectively which reflected current best practice, including regional guidelines on 'Breaking Bad News'. Discussion with nursing staff confirmed that they were knowledgeable regarding this policy and procedure.

Discussion with the registered nurses and care staff confirmed that that they were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication. Palliative care training has been attended by 19 staff on 15 and 28 April 2015, the training programme included training in communication and breaking bad news.

### Is Care Effective? (Quality of Management)

The registered nurse demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past. They explained that there were events which would trigger sensitive conversations with patients and/or their families, for example an increase in the number of admissions to hospital, and/or reoccurring symptom with a poor prognosis. They emphasised the importance of building caring relationships with patients and their representatives and the importance of regular, ongoing communication regarding the patient's condition.

Care staff considered the breaking of bad news to be, primarily, the responsibility of the registered nursing staff but felt confident that, should a patient choose to talk to them about a diagnosis or prognosis of illness, they would have the necessary skills to do so. They felt strongly that their role was to empathise and support family members during this period.

The policy on death and dying stated that end of life and after death arrangements are discussed with the patient and their relatives and documented in their care plan. Two care records were reviewed and they reflected patient individual needs and wishes regarding the end of life care. Records included reference to the patients' specific communication needs. A review of both records evidenced that the wishes and feelings were discussed with the patients and/or their representatives, options and treatment plans were discussed. There was also evidence within the records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

### Is Care Compassionate? (Quality of Care)

Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time.

We consulted with three visiting relatives who confirmed that staff treated patients with respect and dignity and were always welcoming to visitors.

There were several cards and letters on display complimenting the care that was afforded to patients when they were receiving end of life care.

## Areas for Improvement

There were no areas identified for improvement regarding this standard.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.3 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

#### Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents reflected best practice guidance such as the GAIN Palliative Care Guidelines, November 2013. Registered nursing staff consulted with were aware of and able to demonstrate knowledge of the GAIN guidelines.

The policies reviewed included guidance on the management of the deceased person's belongings and personal effects. The policy reviewed also included the management of patients who died suddenly.

Training records evidenced that there are two appointed palliative care link nurses in the home. Both had undertaken training for this role. Training records also evidenced that training had taken place for 19 other staff members in palliative care courses on 15 and 28 April 2015.

Discussion with the registered nurse confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services and that they were proactive in identifying when a patient's condition was deteriorating and that appropriate actions had been taken.

There was a formal protocol for timely access to any specialist equipment or drugs. Discussion with the registered nurse confirmed that they were knowledgeable regarding the procedure to follow if required. The registered nurse described how they would order medicines for symptom relief, in anticipation of need. Discussion with the registered nurse also confirmed that they had a good awareness of the procedure to follow, in the event of a patient suddenly becoming unwell or dying unexpectedly. There was no specialist equipment, in use in the home on the day of inspection. The training records confirmed that training in the use of syringe drivers had been provided to all registered nursing staff.

There are two identified palliative care link nurse in the home. The records and discussion with the registered manager confirmed that both palliative care link nurses attend courses/meetings, following which the information would be shared to all other nurses. There was also evidence of good working relationships between the registered nurse and the palliative specialist nurses.

**Is Care Effective? (Quality of Management)**

A review of two care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain and symptom management. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A key worker/named nurse was identified for each patient approaching end of life care.

Discussion with the registered nurse and staff evidenced that environmental factors were considered. Discussion evidenced that management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying.

A review of notifications of death to RQIA during the previous inspection year evidenced that all notifications were submitted appropriately.

**Is Care Compassionate? (Quality of Care)**

Discussion with staff and a review of three care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. All staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Overnight stays were facilitated if there was a vacant room and staff described how catering and snack arrangements were provided to family members during this period.

From discussion with staff and a review of the compliments records, there was evidence that arrangements in the home were sufficient to support relatives during this time. There were numerous cards on display, within which relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with staff evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home. All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included more experienced staff offering support to new staff and time spent reflecting on a patients time spent living in the home. One staff member described how difficult it was for staff when there was a sudden deterioration in a patient's health. It was evident that there were supportive relations within the home.

Information regarding support services was available and accessible for staff, patients and their relatives.

## Areas for Improvement

There were no areas for improvement identified in relation to this theme.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Additional Areas Examined

### 5.4.1 Questionnaires and comments

As part of the inspection process we issued questionnaires to staff, patients and their representatives.

Questionnaire's issued to	Number issued	Number returned
Staff	5	0
Patients	5	0
Patients representatives	2	0

All comments in the returned questionnaires were very positive. Some comments received are detailed below:

#### Staff

- "I enjoy working here."
- "Each day is different."
- "We all work well together as a team."
- "I love my work."

There were no concerns raised by staff during the inspection process.

#### Patients

- "It is a wonderful place."
- "I could not be happier."
- "We are so well looked after."
- "The food is wonderful."
- "The staff are excellent."
- "We have everything we need here."
- "The food is excellent, however the tea is served too early in the evenings it is served at 16.30."

A requirement is made in this regards to the above comment.

#### Patients' representatives

- "My ..... has been so well looked after since their admission."
- "I am so confident that when I leave that my .... Is so well cared for."
- "We are so grateful that there are places like this."
- "The staff are so approachable, they are friendly and kind."

There were no concerns raised by patients' representatives during the inspection process.



## 5.4.2 Environment

A general inspection of the home was undertaken which included inspection of a random sample of bedrooms, bathrooms shower and toilet facilities, sluice rooms, storage rooms and communal areas were examined. All areas examined were found to be clean, tidy and were warm and welcoming throughout. However some carpets in the corridors were beginning to fray and are required to be replaced. The two identified bedroom carpets should also be repaired/replaced.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Jocelyn Bagood via telephone following the inspection. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015 and Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

Statutory Requirements			
<b>Requirement 1</b>	The registered persons shall ensure that the frayed carpets in the corridors are replaced. The two identified bedroom carpets should also be repaired/replaced.		
<b>Ref: Regulation 27 (2) (b)</b>	<b>Response by Registered Person(s) Detailing the Actions Taken:</b>		
<b>Stated: First time</b>	Ongoing refurbishment plan in place. Carpets in two identified bedrooms were fixed. In the corridor carpets are already measured and awaiting for the quotation.		
<b>To be Completed by: 04 February 2016</b>			
Recommendations			
<b>Recommendation 1</b>	The registered persons should ensure that the timing of the evening meal is reviewed in keeping with patients' choices and preferences.		
<b>Ref: Standard 7</b>	<b>Response by Registered Person(s) Detailing the Actions Taken:</b>		
<b>Stated: First time</b>	The timing for the evening meals was already been reviewed. Residents view was consulted and their individual choices was also considered in order to facilitate the needs of each residents during meal times.		
<b>To be Completed by: 18 December 2015</b>			
<b>Registered Manager Completing QIP</b>	Jocelyn Bagoood	<b>Date Completed</b>	21/12/15
<b>Registered Person Approving QIP</b>	Chris Arnold	<b>Date Approved</b>	21/12/15
<b>RQIA Inspector Assessing Response</b>	Donna Rogan	<b>Date Approved</b>	21/12/15

*\*Please ensure the QIP is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**