

Unannounced Care Inspection Report 31 August 2016



Spa Nursing Home

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Inspector: Donna Rogan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Spa Nursing Home took place on 31 August 2016 from 10.00 hours to 16.30 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of positive outcomes for patients through the competent delivery of safe care. The induction practices were evidenced to be well managed and there was evidence of appropriate management of staff registration with their various professional bodies. Staffing levels were well maintained and reflected the dependency levels of patients. Staff training was generally well maintained. The environment in the home was welcoming. However, it was agreed that some areas are in need of refurbishment. A requirement is made for a second time to replace frayed carpets in an identified corridor area. A refurbishment plan is in place; however, it has not been endorsed by the responsible person. A recommendation is made in relation to ensuring the plan is agreed and implemented by the registered persons. A requirement is also made to replace an identified bedroom carpet, re-cover an identified w/c floor and to refurbish an identified bathroom. A recommendation is made that net underwear is not laundered for communal use. The laundry trolley used to transport laundry from the outside laundry facility should have a canopy attached to ensure linen is protected from inclement weather.

In total two requirements and two recommendations were made in this domain.

Is care effective?

There was evidence of good delivery of care with positive outcomes for patients. Care records were well maintained and included assessment of patients' needs, risk assessments and a comprehensive care plan which evidenced patient/representative involvement. A recommendation is made that the identified care plan is updated in relation to the wound care management and that pain assessments are completed as appropriate. There was evidence of effective team working and good communication between patients and staff. The lunch time meal was observed to be well organised, appeared appetising and served in a timely manner in keeping with patients' needs.

In total one recommendation is made in this domain.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were praiseworthy of staff and a number of their comments are included in the report. Staff interactions with patients were observed to be compassionate, caring and respectful. Patients were afforded choice, privacy, dignity and respect. All patients spoken with were complementary regarding the staffs' attitude and attentiveness to detail. There was strong evidence of patient, representative and staff consultation. The home benefits from a number of volunteers who visit the home regularly. This is to be commended, patients spoken with stated that "their visits were invaluable". Following discussion with the registered manager it was agreed that their input should be evidenced and recorded.

There was evidence that practices and quality initiatives provided continuous positive outcomes for service users within this domain. Patient involvement in the daily routine was paramount. There were no areas of improvement identified in the delivery of compassionate care.

There were no requirements or recommendations made in this domain.

Is the service well led?

There was evidence of the home having systems and processes in place to monitor the delivery of care and services within Spa Nursing Home. Compliance with the requirements and recommendations made in the safe and effective domain, will improve the overall services provided, the experience of service users and leadership within the home.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	*2	3

*One requirement has been stated for a second time.

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

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was a medicines management inspection undertaken on 5 May 2016. The QIP was returned and validated by the pharmacy inspector and there were no further actions required to be taken following the last inspection. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection. A review of records confirmed that adult safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA have been appropriately notified.

2.0 Service details

Registered organisation/registered person: Spa Nursing Homes Ltd Christopher Philip Arnold	Registered manager: Jocelyn Leyson-Bagood
Person in charge of the home at the time of inspection: Jocelyn Bagood	Date manager registered: 12 August 2009
Categories of care: RC-I, RC-PH, RC-PH(E), NH-TI, NH-PH, NH-I, NH-PH(E) Total 25 23 NH 2 RC	Number of registered places: 36

3.0 Methods/processes

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

Prior to inspection we analysed the following information:

- 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
- the previous care inspection report
- pre inspection assessment audit.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with approximately 16 patients, four care staff, one registered nurse, two kitchen staff members one laundry assistant one domestic, the registered person and three visiting volunteers.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable events
- audits
- records relating to adult safeguarding
- complaints records

- Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) registration records
- staff induction, supervision and appraisal records
- minutes of staff, patients' and relatives' meetings
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- a selection of policies and procedures.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 05 May 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 12 November 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2) (b) Stated: First time	The registered persons shall ensure that the frayed carpets in the corridors are replaced. The two identified bedroom carpets should also be repaired/replaced.	Partially Met
	Action taken as confirmed during the inspection: Both identified bedroom carpets have been replaced. The identified corridor carpet has been measured to be replaced; however, the work has not been carried out. This part of the requirement is made for a second time.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 7 Stated: First time	The registered persons should ensure that the timing of the evening meal is reviewed in keeping with patients' choices and preferences.	Met
	Action taken as confirmed during the inspection: Discussion with staff and patients confirmed that the time of the evening meal was reviewed. It was evident that patients were consulted and their individual choices are considered when serving the evening meal.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure that the assessed needs of patients were met. An example of the indicators used to evidence that there were sufficient staff to meet the needs of the patients was an assessment of patients' dependency levels.

A review of the staffing rotas for weeks commencing 22 August 2016 and 29 August 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff rotas it was confirmed that maintenance, catering, domestic and laundry staff were on duty daily. Staff spoken with, were satisfied that there were sufficient staff to meet the needs of the patients. Visitors and patients spoken with commented positively regarding the staff and care delivery.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Two completed induction programmes were reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. Staff spoken with stated they were well supported and well directed during and after their induction period.

Review of two records and discussion with the registered manager confirmed that a competency and capability assessment was completed with all registered nurses who were given the responsibility of being in charge of the home in the absence of the registered manager.

There were systems in place to monitor staff compliance with training. Review of staff training records evidenced that the compliance levels with adult safeguarding, fire awareness and moving and handling was almost 100%. A review of staff meeting minutes evidenced that training was discussed with staff. Following discussion with the registered manager it was confirmed that a management system was in place to ensure that staff still required to complete training were identified and reminded to complete their training.

Discussion with the registered manager, staff on duty and a review of records confirmed that there were systems in place to ensure that staff received supervision and appraisal. Appraisals of staff were currently being reviewed for the previous year. Discussion with the registered manager and review of records evidenced that the monitoring of the registration status of nursing and care staff was appropriately managed.

The registered manager confirmed that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. A review of two staff personnel files evidenced that selection and recruitment processes were in keeping with the above regulation.

A review of documentation confirmed that adult safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. Where appropriate, RQIA have been notified of incidents. The registered manager described the robust systems in place to monitor the progress of safeguarding issues should they be reported with the local health and social care trust or the Police Service of Northern Ireland (PSNI).

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process to accurately identify risk and inform the patient's individual care plans.

Discussion with the registered manager and review of records also evidenced that systems were in place to ensure that notifiable events were reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that these had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The registered manager completed a monthly analysis of falls to identify any trends or patterns.

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home smelt fresh, clean and was appropriately heated. Fire exits and corridors were observed to be clear of clutter and obstruction. A programme of refurbishment was in place; however, it has not been endorsed by the responsible person. The registered manager agreed that was their intention to ensure all bedrooms and communal areas would be completed over a 24 month period. A recommendation is made that a robust refurbishment plan is put in place and implemented, the plan should be endorsed by the responsible person or registered provider. A copy of the refurbishment plan should be forwarded to RQIA when returning the QIP.

A requirement is made for a second time to replace frayed carpets in an identified corridor area. A requirement is also made to replace an identified bedroom carpet, re-cover an identified w/c floor and to refurbish an identified bathroom. In keeping with best practice in relation to the management of infection prevention and control, net underwear should not be laundered for communal use. The laundry trolley used to transport laundry from the outside laundry facility should also have a canopy attached to ensure linen is protected from inclement weather. A recommendation is made in this regard.

Areas for improvement

Two requirements are made. They are both in relation to the environment. Two recommendations are made in relation to the refurbishment programme and the management and control of infection.

Number of requirements	2	Number of recommendations	2
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and that they were reviewed as required. There was evidence that registered nurses, assess, plan, evaluate and review care in accordance with the nursing process. Risk assessments informed the care planning process. However, the review evidenced that pain assessments were not in place. One care record required to be updated to reflect best practice in relation to the management of wound care. A recommendation is made in this regard.

Supplementary care charts such as repositioning, food and fluid intake evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records. Care records were subject to regular auditing. There was evidence that the audits were robust and an action plan formulated and reviewed by the registered manager.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and that the handover provided the necessary information regarding changes in patients' condition. Staff also confirmed that communication between all staff grades was effective. Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent general staff meeting was held on 6 June 2016. There was also evidence that meetings were held with domestic staff on 17 August 2016, care staff on 26 July 2016 and registered nursing staff on 17 June 2016.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. The registered manager confirmed that they operated an open door policy and were available for patients and their representatives.

A review of the lunch time meal evidenced that it was well organised. The meal served was appetising and all patients spoken with stated that the food was tasty and that they always received choices. The meal served consisted of a choice of roast chicken or gammon with cauliflower cheese mornay, peas and mashed or boiled potatoes. The desert was a choice of homemade rice pudding and fruit or yoghurt, ice cream or fresh fruit. Staff were observed to take their time and assist staff in a timely way in accordance with their needs, wishes and feelings.

Areas for improvement

There was one recommendation made in relation to care planning.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with approximately 16 patients individually and with others in smaller groups, confirmed that they were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently used their preferred name and that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients stated that they were involved in decision making about their own care and that they were offered choices at mealtimes and throughout the day.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients identified as being unable to verbalise their feelings, were communicated effectively with and if additional support was required, they would get this from the registered nursing staff.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Arrangements were in place to structure patients' day. Staff supported patients to maintain friendships and socialise within the home. Discussion with staff also confirmed that there were opportunities for patients to attend external activities. There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regard to what they wanted to participate in. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Patients and their representatives confirmed that if they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Review of the compliments records evidenced that the staff cared for patients and their relatives in a kindly and compassionate manner. There have been no recent complaints recorded.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Six staff, three relatives and three patients returned questionnaires to RQIA within the specified timeframe.

Comments on the returned questionnaires were all positive. Some comments received during the inspection and in the returned questionnaires are detailed below:

Staff comments included:

- "We are all very well trained"
- "I think the care is very good"
- "I like working here"
- "The food is very good"
- "Everyone gets choices daily"
- "If I needed anything or wanted to discuss anything I would not hesitate to go to the manager"
- "We work well as a team"

Discussions were held with approximately 16 patients both individually and in groups. Patients spoken with were positive regarding the care they were receiving all were complementary of the staff and were complementary regarding the food served. There were no issues raised during the inspection by patients. Some comments were made by patients as follows:

- "Everyone is just marvellous"
- "I don't think I could get anywhere better"
- "I'm happy here, I would like to be at home but this is as good as it gets"
- "I think the staff are great, so kind and caring"
- "I do not need a thing, I get all I need"
- "I really like it here all my health needs are catered for"

During the inspection three relatives were spoken with they were very positive regarding all aspects of care. There were no issues raised. Some comments were made by relatives during the inspection and in the three returned questionnaires were as follows:

Patients' representatives' comments included:

- "My Is well cared for indeed"
- "Manager is always available when you need to speak with someone"
- "Everyone is approachable and helpful"
- "Care is just excellent"

The home benefits from a number of volunteers who visit the home regularly. This is to be commended, patients spoken with stated that "their visits were invaluable". Following discussion with the registered manager it was agreed that their input should be evidenced and recorded.

One letter recently received commended staff and stated, "I remain humbled by the compassion shown by each and every member of staff. Spa staff has a gift of knowing what to say and when to say it". Another letter stated, "The care provided to my ... was humbling as was the way your team opened your doors to us as a family, we were well supported and cared for".

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the registered manager. The registered manager's working hours were included on the duty rota.

Discussion with the registered manager and observation evidenced that the home was operating within its' registered categories of care. The registered manager was aware of her responsibility to keep this under review. The registration certificate was displayed appropriately. A valid certificate of public liability insurance was displayed.

The policies and procedures for the home were systematically reviewed at least on a three yearly basis or before if there were changes. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

There was evidence that systems were in place to monitor and report on the quality of nursing and other services provided. For example, there was evidence that the registered manager completed the following audits:

- accidents/incidents
- wound management
- medicines management
- care records
- infection prevention and control
- environment audits
- complaints

Audits as stated were observed to be conducted in keeping with best practice. A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the registered person and review of records evidenced that Regulation 29, of the Nursing Homes Regulations (Northern Ireland) 2005, monthly monitoring visits were completed in accordance with the regulations and/or care standards and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement. Discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jocelyn Bagood, registered manager as part of the inspection process. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 27 (2) (b) Stated: Second time To be completed by: 30 October 2016	<p>The registered provider must ensure that the frayed carpets in the corridors are replaced.</p> <p>Ref: Section 4.2 (previous requirement)</p> <p>Response by registered provider detailing the actions taken: Identified corridor flooring will be replaced by 14/10/16 as per advise by the Operations Maintenance Manager. .</p>
Requirement 2 Ref: Regulation 27 Stated: First time To be completed by: 30 November	<p>The registered provider must:</p> <ul style="list-style-type: none"> • replace the identified bedroom carpet • re-cover the identified w/c floor • refurbish the identified bathroom. <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: The identified bedroom and toilet floors have been measured by the contractors and existing flooring will be replaced. The identified bathroom has had PVC covering replaced and re-painted.</p>
Recommendations	
Recommendation 1 Ref: Standard 35 Stated: First time To be completed by: 30 September 2016	<p>The registered provider should that a robust refurbishment plan is put in place and implemented, the plan should be endorsed by the responsible person or registered provider. A copy of the refurbishment plan should be returned with the QIP.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: A copy of the refurbishment plan has been implemented and a copy will be forwarded together with the QIP.</p>
Recommendation 2 Ref: Standard 46 Stated: First time To be completed by: 30 September 2016	<p>The registered provider should ensure that net underwear is not laundered for communal use and that a canopy is provided to transport laundry from the outside laundry facility.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: All net underwear is now labelled for individual residents and will not be for communal use. Covering is provided to transport laundry into the main building, all staff are aware of this.</p>

Recommendation 3 Ref: Standard 4 Stated: First time To be completed by: 30 September 2016	The registered provider should ensure that the identified care record is updated in relation to their wound care. Ref: Section 4.4 Response by registered provider detailing the actions taken: The identified care record was updated and a person centered care plan implemented in relation to the wound management.
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