

# Inspection Report

## 1 June 2023



## Spa Nursing Home

**Type of Service: Nursing Home**  
**Address: 77-79 Grove Road,**  
**Ballynahinch, BT24 8PW**  
**Tel no: 028 9756 2578**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Spa Nursing Home Ltd  <b>Registered Person/s OR Responsible Individual</b> Christopher Philip Arnold	<b>Registered Manager:</b> Jocelyn Leyson-Bagood  <b>Date registered:</b> 12/08/2009
<b>Person in charge at the time of inspection:</b> Jocelyn Leyson-Bagood	<b>Number of registered places:</b> 36
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 22
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 36 patients. Patients' bedrooms are situated over two floors and patients have access to communal lounges, dining room and gardens	

## 2.0 Inspection summary

An unannounced inspection took place on 01 June 2023 from 9:40am to 4:05pm by a care inspector.

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

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Patients had choice in where they spent their day either in their own bedrooms or in one of the communal rooms. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP).

Addressing the areas for improvement will further enhance the quality of care and services in the home.

### **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.

A range of documents were examined to determine that effective systems were in place to manage the home.

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

### **4.0 What people told us about the service**

Patients told us they were happy with the service provided. Comments included; "the staff are very good to me" and "staff are very nice, very friendly". Patients were positive about the cleanliness of the home and the care provided. The meal provision was described as "the food is first class".

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and duties and training.

Comments made by patients, staff and relatives were shared with the management team for information and action if required.

No responses were received from the resident/relative or staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team.

## 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 inspection on 1 September 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall review the management of insulin to ensure safe systems are in place. This is in particular reference to:  ensuring care plans are in place and include sufficient detail of the prescribed insulin regimens in-use insulin pen devices have the date of opening recorded to facilitate audit and disposal at expiry	<b>Carried forward to the next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time	The registered person shall ensure as far as reasonably practicable that patients cannot access cleaning chemicals left unattended on trolleys.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for Improvement 1</b>  Standard 18	The registered person shall ensure that monthly care plan reviews and daily evaluations of care are meaningful; patients centred and include the oversight of supplementary care.	<b>Met</b>

<b>Stated:</b> Second time	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b>  Standard 4  <b>Stated:</b> First time	<div>The registered person shall ensure that a system is in place to monitor the timely completion of care records following a patient's admission to the home.</div> <div><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</div>	<b>Met</b>
<b>Area for Improvement 3</b>  Standard 22  <b>Stated:</b> First time	<div>The registered person should ensure that patients who are deemed to be at risk of falls have a detailed falls care plan in place</div> <div><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</div>	<b>Met</b>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 23  <b>Stated:</b> First time	<div>The registered person shall ensure that the recommended settings of pressure relieving equipment is clearly recorded in patients care plans. A suitable system should be developed to ensure that mattress settings are regularly monitored and accurately maintained</div> <div><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</div>	<b>Met</b>
<b>Area for Improvement 5</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	<div>The registered person shall ensure that any audit undertaken is dated, timed and signed by the auditor and that actions to address identified deficits are clearly recorded with achievable timescales.</div> <div><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</div>	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of employees' recruitment records evidenced that reasons for gaps of employment were not always explored. This was discussed with the management team and an area for improvement was identified.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the Manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff said there was good team work and that they felt well supported in their role and were satisfied with the level of communication between staff and management.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place.

It was observed that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. Staff responded to requests for assistance promptly in a caring and compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Whilst most patients were well presented, the inspector observed a number of patients who required facial hair attended to. This was discussed with the management team and an area for improvement was identified.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments had been developed in a timely manner to direct staff on how to meet the patients' needs.

Where a patient is assessed as being at risk of falls, review of records and discussion with staff evidenced that measures to reduce this risk had been put in place.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of patient care records relating to pressure area care lacked detail in relation to their position change and were not time specific. This was identified as an area for improvement.

Care Plans reflected the patients' needs regarding the use of pressure relieving mattresses.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff advised that they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet. If required, records were kept of what patients had to eat and drink daily.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The nurses station door was found to be wedged open throughout the day, this was discussed with the manager and an area for improvement was identified.

The home's most recent fire safety risk assessment was dated 20 April 2023. The assessment was not available on the day of the inspection; we were unable to validate if any actions were required following the fire risk assessment and therefore unable to assess or consider if required actions have been addressed in a timely manner to ensure that the home was fully compliant with fire safety. This has been identified as an area for improvement.

The majority of patient equipment was well maintained and clean. However, the underside of a small number of raised toilet seats and bath chairs had not been effectively cleaned, also two identified patient chairs in the lounge had tears in their lining and could not be effectively cleaned. This was discussed with the manager and an area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of Personal Protective Equipment (PPE) had been provided.



Patients said that they were satisfied that the home was kept clean and tidy.

#### **5.2.4 Quality of Life for Patients**

Patients were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. It was observed that staff offered choices to patients throughout the day which included food and drink options, and where and how they wished to spend their time.

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

A programme of activities was not on display. The home is currently recruiting for an activity therapist, in the interim care staff are providing activities. There was no time allocated on the duty rota for activity provision. Discussion with care assistants in the home described their difficulties in finding time to provide activities due to ongoing work demands particularly in the afternoon. This was discussed with the manager and identified as an area for improvement.

Hairdressing was regularly available for patients. Birthdays and holidays were also celebrated within the home.

Patients said that they felt staff listened to them and would make an effort to sort out any concerns they might have.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last care inspection. Mrs Jocelyn Leyson-Bagood has been the manager since 12 August 2009.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, restrictive practices, wound care and falls.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.



The home was visited each month by a representative of the responsible individual (RI) to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports were available for review by patients, their representatives, the Trust and RQIA.

There was a system in place to manage complaints.

Staff commented positively about the management team and described them as supportive and approachable.

## 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 or the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Jocelyn Leyson-Bagood, Registered Manager and Linda Graham, Regional Manager 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that the propping open of the identified fire door ceases  Ref: 5.2.5  <b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed with all staff the nursing office door not to be propped open. The Registered Manager continues to monitor this area on her daily walkabouts.
<b>Area for improvement</b>  <b>Ref:</b> Regulation 27 (4) (a)  <b>Stated:</b> First time	The registered person shall ensure that a current fire risk assessment is in place within the home, which has been actioned as necessary to ensure that the home is fully compliant with fire safety.  Ref: 5.2.5

<b>To be completed by:</b> With immediate effect	<b>Response by registered person detailing the actions taken:</b> The Registered Manager can confirm that there is a current fire risk assessment in place and all actions have been addressed.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (2)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2023	The registered person shall ensure that the premises are kept in a good state of repair.  This relates specifically to the following: <ul style="list-style-type: none"> <li>• two identified patient chairs</li> <li>• a small number of the underside of bath chairs and raised toilet seats that could not be effectively cleaned</li> </ul> Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager can confirm that the identified chairs were repaired to comply with infection control. The Registered Manager has also addressed with all staff the decontamination of underneath all surfaces and will continue to monitor this in line with infection prevention and control.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 38.3  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that before staff commence working in the home that all gaps in employment are explored and recorded.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager has liaised with the HR Recruitment team and after the interviewing process they will double check that all gaps in employment are checked and recorded.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that staff pay attention to detail when providing personal care  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed with all staff the importance of maintaining high standards of hygiene and if a resident is non compliant that this is documented.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2023</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning:</p> <ul style="list-style-type: none"> <li>the condition of the patients' skin is recorded on each change of position</li> <li>each entry recorded is time- specific</li> </ul> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2023</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager has addressed with staff recording of skin checks and times of repositioning. The Registered Manager has reviewed the repositioning chart in use and changed the chart to ensure a clear and accurate recording of the residents skin on each change of position and time of skin check specified</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager has reviewed the records of the programme of activities and an updated written record of activities is in place to reflect the person leading the activities and the residents who participate. A timetable of activities is displayed on the notice board in the home.</p>

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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