

# Inspection Report

## 01 September 2022



## Spa Nursing Home

Type of service: Nursing  
Address: 77-79 Grove Road Ballynahinch, BT24 8PW  
Telephone number: 028 9756 2578

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Spa Nursing Homes Ltd	<b>Registered Manager:</b> Ms Joceyln Leyson-Bagood
<b>Registered Person/s OR Responsible Individual</b> Mr Christopher Philip Arnold	<b>Date registered:</b> 12 August 2009
<b>Person in charge at the time of inspection:</b> Alex Morariu – Nurse-in-Charge	<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 September 2022 from 09:50am to 05:15pm 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 including falls management, record keeping and the storage of cleaning chemicals. 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; "you couldn't get better staff" and "it's excellent, the staff are second to none". Patients were positive about the cleanliness of the home and the care provided. The meal provision was described as "food is lovely, plenty of it".

While staff said that they were satisfied with planned staffing levels, they told us that these were not always achieved due to short notice absences. They did advise that attempts were made to cover shifts in the event of short notice sick leave and that teamwork was generally good. Staff said they were happy working in the home and they felt well supported by the manager.

Relatives stated they were satisfied with communication and all aspects of the care provided.

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. This is good practice.

## 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 24 May 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 14 (2) (c)  <b>Stated:</b> First time	The registered person shall ensure that the clinical and neurological observations are accurately and consistently recorded in line with best practice guidance.	<b>Met</b>
	<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>  <b>Ref:</b> Regulation 27 (2) (d)  <b>Stated:</b> First time	The registered person shall ensure that the environment of the home is maintained to an acceptable standard.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	<p>The registered person shall review the management of insulin to ensure safe systems are in place. This is in particular reference to:</p> <ul style="list-style-type: none"> <li>ensuring care plans are in place and include sufficient detail of the prescribed insulin regimens</li> <li>in-use insulin pen devices have the date of opening recorded to facilitate audit and disposal at expiry</li> </ul> <p><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.</p>	<b>Carried forward to the next inspection</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 44.1  <b>Stated:</b> Second time	<p>The registered person shall ensure that all areas of the home are kept clean and hygienic at all times in accordance with infection prevention and control best practice guidelines.</p> <p><b>Action taken as confirmed during the inspection:</b>          There was evidence that this area for improvement was met</p>	<b>Met</b>
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	<p>The registered person shall ensure that patients at risk of developing pressure damage have a care plan in place to prescribe the care required. Repositioning records should be accurately maintained to evidence care delivery.</p> <p><b>Action taken as confirmed during the inspection:</b>          There was evidence that this area for improvement was met</p>	<b>Met</b>

<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time	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>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care plans evidenced that this area for improvement required further work to ensure it was met. This is discussed further in Section 5.2.2	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The registered person shall ensure that staff practice with hand hygiene and use PPE is regularly audited to ensure good compliance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited properly to protect patients.

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.

While staff said that they were satisfied with planned staffing levels, they told us that these were not always achieved due to short notice absences. They did advise that attempts were made to cover shifts in the event of short notice sick leave and that teamwork was generally good.

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.

The comments made by staff about short notices absences were discussed with the management team and assurance provided that they would monitor staffing levels and RQIA will review during subsequent inspections.

### **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.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. However in one patient's care record, care plans and risk assessments had not been developed in a timely manner; this was identified as an area for improvement.

During the last care inspection an area for improvement was identified regarding the regular review of care plans and risk assessments. This is necessary to ensure patients' care records reflect the care being delivered especially as patients' needs may change over time. Review of care records evidenced that care plans and risk assessments were not regularly reviewed and this was discussed with the Regional Manager and this area for improvement is now stated for a second time.

Where a patient is identified as being at high risk of falls, risk assessments had been completed, however one identified patient despite having a risk assessment in place indicating a high risk, did not have a care plan in place to manage the risk. This was identified as an area for improvement.

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 are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly and their care records accurately reflected their needs.

Care Plans reflected the patients' needs regarding the use of pressure relieving mattresses. However the recommended mattress setting was not consistently recorded in the care plans reviewed. Additionally it was established that there was no system in place to monitor that the mattress settings were correctly maintained. This was discussed with the Regional Manager and an area for improvement was identified.



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.

The majority of patients had their meals in the bedrooms. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

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 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.

However some deficits were noted in relation to Infection Prevention and Control (IPC), these were discussed with the regional manager on the day of the inspection and assurances were given that these would be addressed. This will be reviewed at the next inspection.

The home's most recent fire safety risk assessment was dated 3 March 2022. An Action Plan was in place to address the recommendations made by the fire risk assessor. Discussion with the manager confirmed that they were addressing all of the recommendations. This information was also shared with RQIA's estates inspector for the home.

Cleaning products were observed to be unsupervised on a domestic trolley on the ground floor not in keeping with Control of Substances Hazardous to Health (COSHH) regulations. 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.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

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 genre of music and television channels played was appropriate to patients' age group and tastes.

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.

Hairdressing was regularly available for patients. Patients advised that activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home.

Visiting arrangements were in place in line with the current guidance in this area.

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**

The registered manager had return from a period of leave in May 2022 and has been the registered manager since August 2009.

Linda Graham, Regional Manager and Gill Finlay, Regional Support Manager were available during this inspection and for feedback of inspection findings.

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. Records confirmed that staff meetings were held regularly.

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. In the Care Plan Audits, there were omissions in relation to dates the audits were completed, when actions were to be addressed and the signatures of the auditor, this was identified as an area of improvement.

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 good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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 and/or the Care Standards for Nursing Homes (April 2015)

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	2	5*

\* the total number of areas for improvement includes one standard that has been stated for a second time and one that is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Linda Graham, Regional Manager and Gill Finlay, Regional Support 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

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 May 2022</p>	<p>The registered person shall review the management of insulin to ensure safe systems are in place. This is in particular reference to:</p> <p>ensuring care plans are in place and include sufficient detail of the prescribed insulin regimens</p> <p>in-use insulin pen devices have the date of opening recorded to facilitate audit and disposal at expiry</p> <p><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></p> <p>Ref:5.1</p>
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<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure as far as reasonably practicable that patients cannot access cleaning chemicals left unattended on trolleys.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person has addressed with domestic staff the Management of chemicals when using them and in particular the importance of not leaving their cleaning trolley unattended. This is observed daily on the managers walkarounds.</p>
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### Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)

<p><b>Area for Improvement 1</b> Standard 18</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 13 October 2022</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person has carried out review of care plans and has addressed with staff the importance of ensuring care plan monthly evaluations are complete, daily evaluations of care are meaningful and person centered to include supplementary charts.</p>
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<p><b>Area for Improvement 2</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 October 2022</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person has a system of checking all new admissions to ensure care records are completed in a timely manner.</p>
<p><b>Area for Improvement 3</b> Standard 22</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person should ensure that patients who are deemed to be at risk of falls have a detailed falls care plan in place</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person has reviewed residents who are at risk of falls to ensure they have a falls care plan in place.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 October 2022</p>	<p>The registered person shall ensure that the recommended settings of pressure relieving equipment is clearly recorded in patient's care plans. A suitable system should be developed to ensure that mattress settings are regularly monitored and accurately maintained</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person has a robust system in place to check the airwave mattress settings are monitored to ensure accurate recommended settings are maintained. All residents on pressure relieving equipment have had their care plans updated to include mattress settings.</p>
<p><b>Area for Improvement 5</b> <b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 October 2022</p>	<p>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.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person will ensure all audits are signed, dated, timed and any deficits identified are clearly recorded to address within achievable timescales.</p>

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



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