



Unannounced Care Inspection Report

3 December 2020



Spa Nursing Home

Type of Service: Nursing Home

Address: 77-79 Grove Road, Ballynahinch, BT24 8PW

Tel no: 028 9756 2579

Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 36 persons.

3.0 Service details

Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual: Christopher Arnold	Registered Manager and date registered: Jocelyn Leyson-Bagood 12 August 2009
Person in charge at the time of inspection: Jocelyn Leyson-Bagood	Number of registered places: 36 There shall be a maximum of 1 named resident receiving residential care in category RC-I.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 24

4.0 Inspection summary

An unannounced inspection took place on 3 December 2020 from 09.30 to 17.45 hours

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment
- care delivery
- care records
- management of patients' finances
- governance and management arrangements.

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated.

Areas for improvement were identified regarding the housekeeping arrangements and the monitoring of the daily cleaning schedules and enhancing the infection prevention and control procedures in the home in conjunction with the cleaning regimes.

Patients said that they felt they were well cared for by staff and commented, "I'm very happy here."

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1*	2

*One regulation was carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) 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.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 10 patients individually and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. We provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas from 23 November to 3 December 2020
- five staff competency and capability assessments
- three patients' care records
- two staff recruitment and selection records
- complaint records
- compliment records
- staff training information including induction training

- staffs' annual appraisal and supervision planner
- a sample of governance audits/records
- infection prevention and control procedures
- accident/incident records
- a sample of the monthly monitoring reports
- fire safety records
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and the assessment of compliance recorded as met. One area for improvement has been carried forward for review at the next inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 23 January 2020. No further actions were required to be taken following the most recent inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection. A more robust system to ensure compliance with best practices on infection prevention and control must be developed.	Met
	Action taken as confirmed during the inspection: With the exception of evidence of dust on top of two wardrobes in patients' bedrooms compliance had been attained in all other areas of the home regarding infection prevention and control	

<p>Area for improvement 2</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the identified environmental areas are managed appropriately.</p> <p>A refurbishment action plan with timescales for improvement should be submitted to RQIA along with the completed QIP.</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Due to the exceptional circumstances experienced this year and the difficulty of getting the refurbishment plan fully addressed.</p> <p>This area of improvement has been carried forward for review at the next inspection.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that neurological observations are recorded and monitored, in accordance with best practice guidance, when a patient sustains a head injury or the potential for a head injury as a result of a fall.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of patient care records in respect of post falls management evidenced that neurological observations were being recorded and monitored in accordance with best practice guidance.</p>		

<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that wound care is managed and recorded in accordance with best practice guidance such as National Institute of Health and Care Excellence guidance.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of patient care records in respect of wound care management evidenced that wound care management was being managed and recorded in accordance with best practice guidance such as National Institute of Health and Care Excellence guidance.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that a robust system is implemented and maintained which ensures that the mandatory training needs of all peripatetic staff who are employed within the home are effectively monitored by the registered manager in a timely manner.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of the training matrix for peripatetic staff evidenced that mandatory training was up to date. Refer to 6.2.1</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the duty rota includes the first name and surname of each staff member working in the home.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of the staff duty rota evidenced that the first and surname of staff employed to work in the home was being recorded.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 48 Criteria (8)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that every staff member has participated in a fire drill annually.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A matrix of staffs' attendance at fire drills was being maintained and monitored to ensure staffs compliance with this area of mandatory training.</p>		

Area for improvement 4 Ref: Standard 44 Stated: First time	The registered person shall ensure that access to the loft area is not accessible to patients to ensure patient safety.	Met
	Action taken as confirmed during the inspection: We observed the access door to the loft area and confirmed that this area was no longer readily accessible to patients.	
Area for improvement 5 Ref: Standard 6 Stated: First time	The registered person shall ensure that locking mechanisms are applied to the identified communal doors to promote privacy and patient dignity.	Met
	Action taken as confirmed during the inspection: We observed that locking mechanisms had been installed on the identified communal doors. Refer to 6.2.2	

6.2 Inspection findings

6.2.1 Staffing

We were assisted by the manager, Jocelyn Leyson-Bagood throughout the inspection. We were later joined by the regional manager, Linda Graham, for feedback at the conclusion of the inspection.

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support.

The staff reported that they all work together for the benefit of the patients. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "It's a lovely wee home, just very friendly."
- "It's a very homely home, plenty of character in it."
- "It's a fabulous home, just so homely."
- "It's a good place to work, all the staff work well together."

We reviewed five staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. We discussed the annual staff appraisal and supervision of staff with the manager. The manager maintains a 'planner' which was viewed and confirmed the processes were on-going. We spoke to staff who also confirmed the arrangements for supervision and the annual staff appraisal.

We reviewed the minutes of staff meetings which evidenced that staff meetings were held frequently during the first few months of 'lockdown' and thereafter they were held on an as and when required basis. The manager stated and staff confirmed that an enhanced report was given at the beginning of their duty shift. A general staff meeting with day and night staff was held recently with 24 staff in attendance.

We reviewed the process for monitoring staffs' compliance with registration requirements with their regulatory body, the Nursing and Midwifery Council (NMC) for registered nurses and The Northern Ireland Social Care Council (NISCC) for care staff. Evidence was present that the manager had implemented a robust system for monitoring the status of staff with their regulatory body on a monthly basis.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The review of the fire safety training records evidenced that this was up to date. The manager advised that additional training was also provided for staff as and when required, for example; infection prevention and control procedures were discussed at staff meetings and 'ad-hoc' meetings alongside the scheduled training date. Induction training records were reviewed and were signed and dated by the supervisor and the staff member.

The staff training records for peripatetic staff were viewed and there were a number of shortfalls evident. This was discussed with the regional manager who stated that training had been on-going for these staff however the training records were being maintained by administrative staff as the team of peripatetic staff work throughout the registered homes within the organisation. The regional manager submitted an up to date training record for this group of staff, via email, on 22 December 2020. It was advised and agreed that the manager should be able to readily access up to date information at any given time.

There were no questionnaires completed and returned to RQIA by staff prior to the issue of the report.

6.2.2 Infection prevention and control procedures and the environment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of having their temperature and symptom checks taken when on duty and if that the information was recorded. Records were available and viewed at the time of the inspection. In discussion with staff they confirmed that they have their temperature taken twice whilst on duty and they are tested for COVID-19 every two weeks.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff. However, there was no evidence that management had oversight of the cleaning schedules and that they were being adhered to. The template used for the cleaning schedules was a tick box template which

staff ticked at 09:00 and 21:00 hours, there was no place to sign that the work had been completed, make any comments or countersigned by monitoring staff. Evidence was present in two patients' bedrooms of a lack of high level dusting. The need for the regular monitoring/oversight of the cleaning schedules was discussed with the manager and has been identified as an area for improvement. The home is over three storeys with a mixture of vinyl flooring and carpeting, the layout and age of the building and the additional daily touchpoint cleaning due to COVID-19 means that this is a significant volume of work for housekeeping/staff to achieve. The need for additional daily housekeeping support was discussed with the regional manager and the manager who felt the current arrangements were satisfactory.

We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE (personal protective equipment). PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

Visiting arrangements were pre-arranged with staff and an identified area of the home had been designated for visiting. The location of the visitors' area meant that visitors were not walking through the main home and this has minimised the potential health risk for other patients and staff. The home is following departmental and regional guidance regarding visiting arrangements.

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, lounge and dining areas and storage areas.

The majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. All areas within the home were observed to be odour free. Walkways throughout the home were kept clear and free from obstruction. We observed that the carpet in the upstairs lounge was uneven causing a rippling effect. This was discussed with the manager who agreed to see if the carpet could be repaired so as to present patients with an even surface to walk on. Areas for improvement regarding the environment which had been identified at the previous inspection of 23 January 2020 were reviewed. Replacement of flooring in the home was not fully achieved due to the restrictions of COVID-19 and this area for improvement has been carried forward for review at the next inspection. Locks had been installed on the identified doors however these were found to be difficult to use. The manager agreed to ensure that maintenance personnel address this for the ease of use by patients.

The most recent fire risk assessment was carried out in February 2019 by a fire risk assessor who is on a recognised register of fire risk assessors. Any areas identified for action had been addressed. A risk assessment had been scheduled for 7 December 2020 however this had been postponed due to the current situation. The record of fire drills evidenced that these have been on-going on a monthly basis; records of staffs' attendance at these drills were being maintained.

6.2.3 Care delivery

We observed that patients looked well cared for; they were generally well groomed and nicely dressed. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their

interactions with staff. Patients who were in bed appeared comfortable, personal care needs had been met and call bells were placed within easy reach for those patients. The atmosphere in the home was calm, relaxed and friendly. We observed examples of staff engaging with patients in a kindly and thoughtful manner, this included the activities coordinator.

Some comments made by patients included:

- “I find the staff very good.”
- “The manager is alright, you can ask her any questions.”
- “I’m very happy here.”

Four questionnaires were completed by patients and returned at the time of the inspections. Patients indicated that they were either satisfied or very satisfied that care was compassionate, safe and effective and that the service was well led.

The staff told us that they recognised the importance of maintaining good communication with families due to the current pandemic. The care staff assisted patients to make phone calls with their families in order to reassure relatives, (where possible). As previously discussed, arrangements had been in place on a phased appointment basis to facilitate relatives visiting their loved ones at the home when visiting was/is permitted.

Discussion with staff and a review of the activity programme showed that arrangements were in place to meet patients’ social, spiritual and recreational needs. A planned activities programme was displayed in the entrance lobby of the home. Patients meetings remain on-going, at least quarterly with the last meeting being held in October 2020. The opinion of patients regarding activities provision, the menu and staffing were sought. At this time, staff also provide patients with information and updates regarding the coronavirus. A newsletter is also produced for patients and/or their representatives’ information.

We observed the serving of the lunchtime meal. The use of the dining room was limited with most patients preferring to have their meals in their bedrooms or in the lounge. Patients were offered a choice of fluids to accompany their meal. Social distancing was maintained in the dining room and lounge areas during the mealtime. Staff were helpful, attentive and demonstrated their knowledge of patients’ dietary preferences. Patients commented positively regarding the meals provided.

6.2.4 Care records

We reviewed three care records in respect of wound care management, post falls management and patients’ nutritional needs. Evidence was present that care plans were in place to direct the care required and reflected the assessed needs of the patients.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present. We observed that the patient care records were bulky which impeded the ease of finding information. This was discussed with the manager who agreed to cull the care records so as the pertinent and current information was present. Also, there were ‘gaps’ clearly evident in the records pertaining to the bathing/showering of patients. This was discussed with the

manager who stated that it is patients' personal choice as to whether they wish a bath or shower. We agreed with the manager's statement however there needs to be system in place to monitor the frequency of bathing/showering for the personal health of patients. The manager agreed to implement this at once.

A camera/monitor was observed to be in use and was placed in a prominent position for staff to view. The position of the monitor also meant anyone else coming into the home could easily see the image on the monitor. This was discussed with the manager and it was agreed that the position of the monitor would be changed so as only staff had visual access to the monitor.

6.2.5 Governance and management arrangements

There was a clear management structure within the home and the manager was available for the later part the inspection process. The manager retains oversight of the home. All staff and patients spoken with commented positively about the manager and described her as supportive and approachable. Comments included:

- "Anything I need I just go to the manager, she is very approachable and accommodating."
- "The manager is very approachable."

There were numerous 'thank you' cards displayed and comments included:

- "Thank you for the excellent care you give our XX."
Relative- November 2020
- "How much we appreciate the exceptional care you all gave XX...thank you so much for the endless phone calls, your patience and reassurance....I can't put into words how grateful we are at what was one of the most difficult times in our lives....your overwhelming support and kindness, thank you so much."
Relative- November 2020

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion. However, as previously discussed a more robust monitoring of the cleaning schedules and infection prevention and control procedures needs to be in place and this has been identified as an area for improvement. Monthly audits for the continued use of bedrails were in place. The audits included ensuring the bedrails were placed in accordance with departmental and the manufacturer's guidelines. We observed a bedrail which we felt was not integral to the bed, a third party bedrail. This bedrail was identified and was discussed with the manager as specific guidance should be in place for the monitoring of third party bedrails. The manager felt that the bedrail was integral to the bed but agreed to review the bedrail immediately for safety purposes.

We reviewed the reports of accidents and incidents. We noted where an unwitnessed fall had occurred medical attention was sought. We discussed the management of unwitnessed falls and the manager clearly defined staffs response in relation to any fall which may happen.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the home's own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately and that complainants were satisfied with the outcome of the action taken to address the issues raised. The complaints records and all quality audits were reviewed at the time of the monthly quality monitoring visit.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of the visits for August, September and October 2020 were reviewed. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

Areas of good practice

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated.

Areas for improvement

Areas for improvement were identified regarding the housekeeping arrangements and the monitoring of the daily cleaning schedules and enhancing the infection prevention and control procedures in the home in conjunction with the cleaning regimes.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jocelyn Leyson-Bagood, registered manager, and Linda Graham, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 Stated: First time To be completed by: 23 June 2020	<p>The registered person shall ensure that the identified environmental areas are managed appropriately.</p> <p>A refurbishment action plan with timescales for improvement should be submitted to RQIA along with the completed QIP.</p> <p>Ref: 6.1</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 46.2 Stated: First time To be completed by: 31 December 2020	<p>The registered person shall ensure that the system to assure compliance with best practice in infection prevention and control procedures in the home is robustly monitored.</p> <p>Ref: 6.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has updated current cleaning schedules and has adapted a more in depth infection control audit tool to assure compliance with best practice in infection prevention and control..</p>
Area for improvement 2 Ref: Standard 44.1 Stated: First time To be completed by: 31 December 2020	<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>Ref: 6.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has updated current cleaning schedules to include staff signatories and she has implemented checks on the cleanings schedules to ensure all areas of the home are kept clean and hygienic in accordance with infection prevention and control. The Registered Manager will continue to have oversight of all the cleaning within the home on her daily walkabouts.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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