

Inspection Report

24 August 2021



Spa Nursing Home

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual Mr Christopher Philip Arnold	Registered Manager: Ms Jocelyn Leyson-Bagood Date registered: 12 August 2009
Person in charge at the time of inspection: Jocelyn Leyson- Bagood	Number of registered places: 36
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: 22
Brief description of the accommodation/how the service operates: 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 24 August 2021 from 9.40am to 7.00pm 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.

Areas requiring improvement were identified in relation to the management of falls, pressure management and notifiable events.

Patients spoke positively on living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients and staff are included in the main body of this report. Staff were knowledgeable about the needs of the patients and care was delivered in a caring and compassionate manner.

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.

'Tell Us' cards 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 Jocelyn Leyson-Bagood Registered Manager and Linda Graham Regional Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Eleven patients and five staff were consulted during the inspection. Patients said that they liked living in the home and were happy with the staff. Patients spoke fondly of how they spent their day in the home and were complimentary regarding the food.

Staff were confident that they worked well together, enjoyed working in the home and interacting with the patients. Staff commented positively regarding manager support.

There were 10 responses from the patients and relative questionnaires all indicating that they were satisfied with the service provided in Spa Nursing Home. Comments provided referred to staff as "very good" "friendly" and "helpful". One patient commented that staff treated them with respect.

No responses from the staff online survey was received.

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 3 December 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 Stated: First time	The registered person shall ensure that the identified environmental areas are managed appropriately.	Met
	A refurbishment action plan with timescales for improvement should be submitted to RQIA along with the completed QIP.	
	Action taken as confirmed during the inspection: Areas identified on the previous action plan were mostly completed with carpets fitting taking place on the day of inspection. This area for improvement as stated was therefore met However further areas requiring refurbishment were identified during the inspection. Please refer to section 5.2.3.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 46.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Standard 44.1 Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: A review of the environment evidenced that this area for improvement has not been met and therefore is stated for a second time. Please refer to 5.2.3	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post.

There were systems in place to ensure that staff completed training and were supported to do their job. Staff consulted were satisfied with the training provision in the home.

All staff were provided with an induction programme at the commencement of their employment to prepare them for working with the patients. A system was in place to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Staff said there was good teamwork in the home and that they felt well supported in their role. The duty rota reflected all staff that worked in the home over a 24 hour period. Staff told us that there was enough staff on duty to meet the needs of the patients. One staff member discussed the impact on patients of recent changes to staffing levels. This was discussed with the manager who agreed to review this information and provide a written response. A written response was provided following the inspection with assurance that the staffing levels in the home were adequate to meet the needs of the patients.

Patients appeared happy and were complimentary when asked about their relationship with staff. Those patients, who could, told us that they would have no issues on raising any concerns that they may have to staff. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well and were comfortable in each other's company.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences.

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. This was good practice.

Patients who were less able to mobilise were assisted by staff to change their position regularly. In one record no care plan was in place for the repositioning of the patient. Records were maintained of when the patient was assisted to reposition however the recording was not time specific. This was discussed with the manager and an area for improvement identified.

Some patients required the use of pressure relieving mattresses; a number of these required to be set manually in accordance to the patient's weight. A system was in place to ensure that the mattresses were set accurately however issues were identified with the setting of a mattress and the records of the checks were not available to view. This was discussed further with the manager who agreed to address this.

At times patients may be required to use equipment that can be considered to be restrictive. For example bed rails. Bed rail risk assessment and care plan were in place but did not always include the rationale for the use of the bed rails. This was discussed with the manager who agreed to address this.

The daily and monthly evaluation of care records was reviewed. A sample of records evidenced some of the evaluations lacked a person centred approach and the oversight by the registered nurses of the supplementary care records was inconsistent. This was discussed with the manager and an area for improvement was identified.

If a patient had an accident or a fall a report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents. Records evidenced that clinical and neurological observations had been recorded at the time of the falls and monitored however these had not been completed in keeping with best practice guidance. This was discussed with the manager and an area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the care records. Daily records were kept for each patient however they were not patient centred and there was no evidence of a daily evaluation/oversight of the patients supplemental care records such as food and fluid intake and bowel records. This was identified as an area for improvement.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor for weight loss and weight gain.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. There was a choice of meal on the menu and the cook confirmed that they were aware of patients' preferences at mealtime. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks offered with meals. Staff attended to patients in a timely manner offering patients encouragement with their meals. Patients spoke positively in relation to the food provision in the home.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm and fresh smelling throughout. Some of the patients' bedrooms were personalised with items important to them. Patients could choose to spend time in their bedrooms or in the communal lounges.

During a previous inspection it was identified that the décor in some areas of the home was tired and required updating. An action plan for refurbishment was submitted to RQIA and it was observed that works had been completed to address the areas previously identified. The refurbishment completed to date has improved the quality of the environment for patients. However further areas that required refurbishment were identified during this inspection. Therefore a further area for improvement has been made. An action plan was submitted following the inspection detailing refurbishment plans. The need to ensure that internal processes are in place to identify work required was discussed.

Greater attention to detail with areas of high and low dusting and with the cleanliness of some of the equipment was identified. The storage of aprons was also discussed with the manager. An area for improvement identified at the previous inspection will now be stated for a second time.

Thickening agents and prescribed medications such as topical creams, dietary supplements and laxatives were not securely stored in the upstairs dining area. The manager immediately addressed the issue when it was brought to their attention. The need to monitor the safe storage of such items was discussed with the manager and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction however a table in the upper lounge was observed to be occluding the walk way to the fire exit this was discussed with the manager and moved on the day of inspection.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients and staff. Environmental infection prevention and control audits had been conducted monthly.

All visitors to the home had a temperature check and symptom checks when they arrived at the home. They were also required to wear personal protective equipment (PPE). Visits were by appointment only.

Hand hygiene facilities were available and PPE was provided to all visitors before proceeding further into the home. Visiting and care partner arrangements were in place in keeping with the current Department of Health guidance. While the majority of staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; some staff did not. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested and they could choose what clothes they wanted to wear and what food and drink options they preferred.

The regional support manager told us of the ongoing project taking place within the orchard at the back of the home. She discussed how patients and local community were involved in the project and that they were looking forward to the official opening and event they had planned.

A programme of activities for patients was available. The activities were conducted on a group basis and on a one to one basis where this was preferable for the patient. Patients told us they could take part in the activity if they wished. Some patients were observed watching television in their rooms or listening to music. The provision of activities was discussed with the manager and will be reviewed further at the next inspection.

5.2.5 Management and Governance Arrangements

Since the last care inspection the management arrangements in the home had not changed. Staff commented positively about the manager and described her as always approachable, always available and they felt that she would listen to them if they had any concerns. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager had a system in place to monitor accidents and incidents that happened in the home and these were observed to have been reported appropriately.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about reporting any concerns about patients' safety and were aware of whom to report their concerns to.

The Regional Manager undertook an unannounced visit each month, on behalf of the Responsible Individual. 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. The reports were available in the home for review by patients, their representatives, the Trust and RQIA if requested.

There was a system in place to manage complaints to the home. The manager maintained records of compliments received about the home and shared these compliments with staff.

6.0 Conclusion

Patients spoke fondly about the staff, their enjoyment of the activities and on the food provided in the home. Observation of practice confirmed that staff provided care in a compassionate manner. There were good working relationships between staff and management.

Based on the inspection findings one previous area for improvement has been stated for second time and six further areas for improvement were identified; Compliance with the areas for improvement will further enhance the service provided in Spa Nursing Home. Details can be found in the Quality Improvement Plan included.

7.0 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 the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	3	4*

* The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Jocelyn 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	
Area for improvement 1 Ref: Regulation 14(2)(c) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that the clinical and neurological observations are accurately and consistently recorded in line with best practice guidance. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Registered Person has addressed with nursing staff best practice guidelines for recording of clinical and neurological observations and will continue to monitor nursing staff recordings after any falls.
Area for improvement 2 Ref: Regulation 27(2)(d) Stated: First time To be completed by: 30 December 2021	The registered person shall ensure that the environment of the home is maintained to an acceptable standard. Ref: 5.2.3
	Response by registered person detailing the actions taken: A refurbishment plan has been submitted to the inspector and areas identified have been painted and new furniture ordered.
Area for improvement 3 Ref: Regulation 14 (2) (a) (b) (c) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that the storage of medicinal items in the upper dining room is monitored to make sure that they are securely stored. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Registered Manager has removed all creams, nutritional supplements and laxatives that were stored in cupboards in the upstairs lounge and has these locked away.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 44.1 Stated: Second time To be completed by: Immediately and ongoing	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. Ref:5.1 and 5.2.3
	Response by registered person detailing the actions taken: The Registered Manager has addressed with her housekeeping team the need for maintaining hygiene standards especially in relation to high dusting in accordance with infection prevention control and best practice guidelines. The Registered Manager will monitor this on her daily walkarounds.
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 30 October 2021	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Registered Manager has addressed with staff regarding residents at risk of developing pressure damage requiring a prescribed care plan and will continue to monitor this area. The Registered Manager has addressed with all staff that recording of repositioning charts are time specific.
Area for improvement 3 Ref: Standard 18 Stated: First time To be completed by: Immediately and ongoing	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. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Registered Manager has addressed with staff regarding monthly care plan reviews and daily evaluations of care being meaningful and that they include the oversight of supplementary charts and will continue to monitor this.

Area for improvement 4 Ref: Standard 46 Stated: First time	The registered person shall ensure that staff practice with hand hygiene and use PPE is regularly audited to ensure good compliance. Ref:5.2.3
To be completed by: Immediately and ongoing	Response by registered person detailing the actions taken: The Registered Manager has addressed with staff through supervision PPE compliance. Hand hygiene and PPE audits have been carried out. The Registered Manager will continue to monitor this area of practice within the home.

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



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