



The Regulation and  
Quality Improvement  
Authority

# Unannounced Care Inspection Report 25 February 2019



## Spa Nursing Home

**Type of Service: Nursing Home**

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

**Tel no: 028 9756 2579**

**Inspector: James Lavery**

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

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Spa Nursing Homes Ltd  <b>Responsible Individual:</b> Christopher Arnold	<b>Registered Manager:</b> Jocelyn Leyson-Bagood
<b>Person in charge at the time of inspection:</b> Jocelyn Leyson-Bagood	<b>Date manager registered:</b> 12 August 2009
<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 registered places:</b> 36  There shall be a maximum of 1 named resident receiving residential care in category RC-I.

### 4.0 Inspection summary

An unannounced inspection took place on 25 February 2019 from 09.15 to 16.30 hours.

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 Care Standards for Nursing Homes 2015.

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

Evidence of good practice was found in relation to the refurbishment of communal lounges within the home, collaboration with the multi-professional team, staff communication with one another and patients, and the formal supervision of staff.

Three areas for improvement were identified under regulation in regard to ongoing refurbishment within the home; infection, prevention and control (IPC) practices and the registered manager's working hours. Three areas for improvement under the standards were also highlighted in relation to the completion of supplementary care records, planned activities for patients and staff management.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

The term 'patients' is used to describe those living in Spa nursing home which provides both nursing and residential care.

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
<b>Total number of areas for improvement</b>	3*	3*

\*The total number of areas for improvement includes one regulation and one standard which have each been stated for a second time.

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.

#### 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 24 July 2018. Other than those actions detailed in the QIP no further actions were required to be taken following 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 which may include information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with six patients individually and other patients who were sitting within group settings, four staff, and one patient's relative. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. The inspector provided the registered manager with 'Have we missed you 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.

A poster informing visitors to the home that an inspection was being conducted was also displayed.

The following records were examined and/or discussed during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- a recent refurbishment plan for the home
- five patients' care records
- supplementary care records for three patients
- staff supervision and appraisal governance records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- staff rota for the period 7 January 2019 to 24 February 2019

The findings of the inspection were provided to the registered manager and regional manager at the conclusion of the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 24 July 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 24 July 2018

Areas for improvement from the last care inspection		
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 27 <b>Stated:</b> First time	The registered person shall ensure that the areas relating to the environment identified in the report are addressed.  A detailed refurbishment action plan with firm timescales for improvement should be forwarded to RQIA along with completed QIP.	<b>Partially met</b>

	<p><b>Action taken as confirmed during the inspection:</b>                  Observation of the environment confirmed that good progress had been made with regards to improvements in the décor of the home. However, some matters remain outstanding and are discussed further in section 6.3.1.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	
<p><b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that fire doors are not kept open.</p> <p><b>Action taken as confirmed during the inspection:</b>                  Observation of the environment confirmed that all fire doors were appropriately closed.</p>	<b>Met</b>
<p><b>Area for improvement 3</b>  <b>Ref:</b> Regulation 19(1)a  <b>Stated:</b> Second time</p>	<p>The registered persons must ensure that care plans are in place for patients and that they reflect all assessed care needs, specifically patient's assessed sleeping needs and preferences.</p> <p><b>Action taken as confirmed during the inspection:</b>                  The care records for two patients who regularly rise early were examined. Only one care record evidenced a holistic and comprehensive care plan with regard to the patient's waking and sleeping pattern/preferences. This was discussed with nursing staff on duty who immediately updated the identified care plan accordingly. Feedback from nursing and care staff did provide assurance that staff had a detailed understanding of these identified patients' waking and sleeping patterns/preferences. The registered manager agreed to review this aspect of care planning as part of her monthly auditing of care records.</p>	<b>Met</b>
<p><b>Area for improvement 4</b>  <b>Ref:</b> Regulation 19(1)b  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that care records are stored securely.</p> <p><b>Action taken as confirmed during the inspection:</b>                  On the day of the inspection all records were stored securely.</p>	<b>Met</b>

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	The registered person shall ensure that infection prevention and control practices in relation to the appropriate use of PPE, and sharps are addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Appropriate practices were observed to be in place.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	The registered person shall ensure that patients are safely transported using footplates in wheelchairs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Footplates were noted to be used appropriately at all times.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that daily progress notes are recorded in accordance with Nursing and Midwifery Council (NMC) and supplementary care records	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Daily progress notes were examined for five patients. It was noted that nursing entries were written in an accurate and contemporaneous manner. The poor legibility of one staff member's written entries were discussed with the registered manager and regional manager who agreed to address this appropriately.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that supplementary care records are fully completed.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Supplementary care records for three patients were examined, which included both repositioning and food/fluid intake charts. This is discussed further in section 6.3.2.  This area for improvement has not been met and is stated for a second time.	

<b>Area for improvement 5</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered provider shall ensure that a robust system of auditing care records is maintained. Audits should include action plans to address any deficits identified.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Quality assurance audits for the period December 2018 and January 2019 were examined. The December 2018 audits had been completed in a robust and accurate fashion. However no care records audit had been completed for January 2019. The registered manager agreed to prioritise the ongoing completion of monthly care record audits in order to effectively quality assure this aspect of care delivery to patients; this will be reviewed at the next inspection.	

**6.3 Inspection findings**

**6.3.1. The internal environment.**

Upon arrival to the home, a number of patients were observed to be sitting comfortably within a ground floor lounge while some others were finishing breakfast within an adjacent dining area. All patients appeared to be relaxed and settled. At the inspector’s request, the registered manager erected signage requesting that visitors make use of the visitor’s book.

A patient sitting in the lounge was observed to be receiving oxygen therapy and it was agreed with the registered manager that suitable and discreet signage should be in place which highlights the use of oxygen, so as to ensure patient safety. This signage was put in place before completion of the inspection. In another lounge, one patient was observed relaxing and enjoying watching a large television. The inspector noticed an unstable table in this lounge and the registered manager had it removed.

It was encouraging to note that refurbishment and repainting identified at the last inspection had been carried out. Patients and staff commented positively on the improvement it had made to the home. The registered manager agreed to ensure that the cleanliness of both lounge and entrance hall windows would be carefully monitored.

Remedial work to three sluice areas within the home had not yet been commenced this area for improvement has therefore been restated. The registered manager also provided assurance that appropriate and patient friendly signage for all communal lounges had been ordered and would be in place within one month’s time.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. An area for improvement under the regulations was made.



Fire exits and corridors were observed to be clear of clutter and obstruction. It was noted that a door way which provided access to a loft area was closed but unlocked. This was highlighted to the registered manager who ensured that the doorway was immediately secured.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the refurbishment of communal lounges within the home.

**Areas for improvement**

One area for improvement under regulation was identified in regard to infection, prevention and control practices. A further area for improvement was stated for a second time in regard to the sluice areas.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	0

**6.3.2. Care delivery / care records.**

Staff confirmed their attendance at a handover meeting at the commencement of each shift. These meetings ensured staff were informed in all matters relating to patients’ needs. A communication book was also in place which staff stated had helped to enhance communication.

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

The completion of supplementary care records was reviewed, specifically, repositioning and food/fluid intake charts. With regard to repositioning charts, the care record for one patient did provide assurance that an identified patient was regularly repositioned. A pressure relieving mattress was in place but the need for greater attention to recording the frequency of repositioning was noted.

The food/fluid intake supplementary charts for two patients were reviewed. While the majority of these records clearly evidenced the amount of food/fluid the patient had consumed within a given 24 hour period, these charts were not fully completed. It was agreed with management that all sections of food/fluid charts should be completed by staff. It was further agreed that the dietary intake of patients within a 24 hour period should then be reviewed in a meaningful manner by nursing staff within the daily care record. An area for improvement was stated for a second time.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to collaboration with the multi-professional team.

## Areas for improvement

One area for improvement under the standards was stated for a second time in regard to the completion of supplementary records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.3. Management arrangements.

Discussion with nursing and care staff evidenced a motivated team who understood the importance of effective teamwork and the provision of patient centred care. Staff feedback also evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff stated that management was responsive to any suggestions or concerns raised. Discussion with the registered manager, staff and a review of governance records evidenced that staff regularly received formal supervision and support. Staff feedback included the following comments:

- “I love it here.”
- “I enjoy working here.”

It was also noted that a system was in place for ensuring that the mandatory training needs of staff was met and monitored. However, it was noted that there was no written record maintained to evidence that the training needs of peripatetic staff, who are used within the home on occasion, were up to date. The regional manager stated that the use of such peripatetic staff was a recent development within the home which allowed nursing homes within the Spa group to make use of experienced nursing and care staff who may be employed in other care homes. The regional manager provided assurance that such staff receive a suitable induction when entering any care home within the Spa group for the first time. It was agreed that a record should be maintained by the registered manager which evidences that the mandatory training needs of such staff members are up to date if they are rostered within the home. An area for improvement was made.

A review of the staffing rota for the period 7 January 2019 to 24 February 2019, evidenced that a significant period of the registered manager’s hours were worked and rostered in the capacity of a registered nurse rather than as the registered manager. Deficits which were found within some governance records, as outlined in section 6.2, also highlighted the importance of the registered manager being allocated sufficient hours in a management capacity. While the efforts of the registered manager to ensure a consistent presence of nursing staff is recognised, it was stressed that sufficient management hours are integral to ensuring that those areas for improvement identified during this inspection are addressed. It was also agreed that this approach helps to effectively maintain existing quality assurance monitoring/governance processes. The regional manager also provided assurance that the use of peripatetic nursing staff was an option which the registered manager could further explore, as needed.

It was therefore agreed that the registered manager would not work in excess of 12 hours per week in the capacity of a registered nurse, with immediate effect, and that a retrospective copy of the staff rota would be submitted to RQIA on a monthly basis. It was further agreed that this arrangement would continue until such time as RQIA are assured that governance systems within the home are sufficiently and consistently robust. An area for improvement under regulation was made.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff communication and the formal supervision of staff.

**Areas for improvement**

One area for improvement under regulation was made in regard to the registered manager’s working pattern. One area for improvement under the standards was identified in relation to the use of peripatetic staff.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

**6.3.4. Activities / Patient & relative feedback.**

Throughout the inspection, staff were observed interacting with patients in a friendly, compassionate and respectful manner. All patients who were spoken with were positive in their description of staff and felt confident that staff would effectively meet their needs. Patient comments included the following remarks:

- “It’s good enough for me.”
- “It’s very nice here ... I’d recommend the food.”

One patient’s relative was also spoken with who informed the inspector “The care is very good ... is well looked after.” The relative went on to describe how they had raised an initial concern with the registered manager who they felt had addressed it promptly and effectively.

At the time of writing this report, five patient questionnaires have been returned within the specified timescales. All respondents indicated a high level of satisfaction with the provision of care they received. Questionnaire comments received after specified timescales will be shared with the registered manager, as necessary.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Feedback from the registered manager and regional manager confirmed that an activity co-ordinator who works within the Spa group attends the home three days per week, namely, Mondays, Wednesdays and Thursdays. Feedback from both staff and patients indicated a high level of satisfaction with input from the activity co-ordinator. In addition to this, the registered manager confirmed that a hairdresser also visits every Tuesday as well as local church groups who attend the home, on occasion. However, the regional manager confirmed that on days whenever the activity co-ordinator is not in the home, the provision of activities is left to nursing/care staff to implement. It was also noted that there was no formal activity plan which

ensures that a comprehensive and patient centred range of activities were available to patients in a dedicated manner throughout the entire week. Patients’ comments, in regard to activities, included:

- “The nurses are exceptional ... not much happening during the day.”
- “Sometimes a fella comes in with a guitar ...”

It was agreed with the registered manager and regional manager that the provision of activities to patients, and the availability of activity staff, would be reviewed as a priority. An area for improvement was identified.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff interaction with patients.

**Areas for improvement**

One area for improvement under the standards was made in regard to the provision of activities.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

**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 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 DHSSPS 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 22 April 2019</p>	<p>The registered person shall ensure that the areas relating to the environment identified in the report are addressed.</p> <p>A detailed refurbishment action plan with firm timescales for improvement should be forwarded to RQIA along with completed QIP.</p> <p>This relates specifically to the identified sluices within the home.</p> <p><b>Ref: 6.2. &amp; 6.3.1.</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> The home continues to roll out the refurbishment programme that was sent to RQIA. The scheduled date of 17/05/19 has been arranged for the three identified sluices to be upgraded and this has been confirmed by the Estate manager.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</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 that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p><b>Ref: 6.3.1.</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed with staff hand washing after disposal of waste in the sluice areas and this is being monitored until the sluice areas are upgraded to include hand washing facility 17/5/19 . There has been no incidences of spread of infections.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</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 that that the registered manager works sufficient hours in a management capacity as agreed with RQIA until such times as RQIA are satisfied that the governance systems within the home are sufficiently and consistently robust.</p> <p><b>Ref: 6.3.3.</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager hours allocated to work on the floor is reflected on the weekly rota..Copies of the rotal will be forwarded to designated inspector Mr.J.Laverty. The Registered Manager will ensure that the goverance systems in the home are robust. .</p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that supplementary care records are fully completed.</p> <p><b>Ref: 6.2. &amp; 6.3.2.</b></p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager will ensure that the supplementary records are being fully completed and has addressed this with all staff. The Registered Manager will continue to monitor and audit these records.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 April 2019</p>	<p>The registered person shall ensure that there is a programme of activities and events for patients throughout the week which are person centred and reflect patients' individually assessed social and emotional needs. The nature and duration of activities provided must be appropriately recorded and traceable to individual patients.</p> <p><b>Ref: 6.3.4.</b></p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed this with staff and has a plan of activities to reflect individual assessed needs. The activity records include nature and duration of the activity completed for each individual residents.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 39</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 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><b>Ref: 6.3.3.</b></p> <p><b>Response by registered person detailing the actions taken:</b> The Regional Support Administrator is maintaining a log of all peripatetic staff mandatory training which is then sent to managers. All peripatetic staff have induction completed and their training is monitored. The staff member in question has been spoken with about her non attendance at mandatory training and this will be monitored.</p>

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



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