



The **Regulation** and
Quality Improvement
Authority

Spa Nursing Home
RQIA ID: 1301
77-79 Grove Road
Ballynahinch
BT24 8PW

Inspector: Gavin Doherty
Inspection ID: IN021480

Tel: 028 9756 2578
Email: Jocelyn.leyson@spanursing.co.uk

**Announced Estates Inspection
of
Spa Nursing Home**

26 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 26 January 2016 from 10:30 to 13:00. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes 2015.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	1

The details of the QIP within this report were discussed with Jocelyn Leyson-Bagwood, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Spa Nursing Homes Ltd/Chris Arnold	Registered Manager: Jocelyn Leyson-Bagwood
Person in Charge of the Home at the Time of Inspection: Jocelyn Leyson-Bagwood	Date Manager Registered: 12 August 2009
Categories of Care: RC-I, RC-PH, RC-PH(E), NH-TI, NH-PH, NH-I, NH-PH(E)	Number of Registered Places: 36
Number of Patients Accommodated on Day of Inspection: 26	Weekly Tariff at Time of Inspection: £467-£593

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 44: Premises

Standard 47: Safe and Healthy working Practices

Standard 48: Fire safety

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months.

Discussions with Jocelyn Leyson-Bagwood, Registered Manager for the home.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, and fire risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 12 November 2015. The completed QIP was returned and approved by the care inspector on 21 December 2015.

5.2 Review of Requirements and Recommendations from *the last* Estates Inspection undertaken on 27 September 2012.

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 27 (2) (b) (d)</p>	<p>Survey the current bathroom and toilet facilities to ensure that <u>suitable and sufficient</u> provision is maintained for patients in the home as determined in the current 'Nursing Homes Minimum Standards 2008' issued by the Department of Health, Social Services and Public Safety. A suitable time bound program must be prepared and submitted to RQIA in relation to any remedial works identified by this survey.</p> <hr/> <p>Action taken as confirmed during the inspection: This issue was confirmed as addressed at the time of the inspection.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p>	<p>The following floor finishes must be adjusted, sealed or replaced as identified:</p> <ul style="list-style-type: none"> • Adjust or stretch the carpet in Bedroom 31. • Refit and suitable seal the edges to the floor finish in the Treatment Room. <p>Replace the floor finish in Room 205, Sluice Room and adjacent w.c.</p> <hr/> <p>Action taken as confirmed during the inspection: This issue was confirmed as addressed at the time of the inspection.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p>	<p>The following must be addressed in relation to the Laundry Facilities:</p> <ul style="list-style-type: none"> • Arrange the Laundry equipment to provide a clear workflow from 'dirty in' through to 'clean out'. • Provide a suitable and slip resistant sealed floor finish. • Provide suitable easily cleaned impermeable wall finishes and shelving. <hr/> <p>Action taken as confirmed during the inspection: This issue was confirmed as addressed at the time of the inspection.</p>	Met

Requirement 4 Ref: Regulation 14 (2) (a) (c)	Provide confirmation that all remedial works required as a result of the most recent Fixed electrical wiring inspection have been completed and that the system is in satisfactory condition.	Met
Action taken as confirmed during the inspection: This issue was confirmed as addressed at the time of the inspection.		
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 44	The existing carpet in the lounge and dining area should be closely monitored for stretching. It is recommended that this floor finish be replaced and consideration given to providing a suitable slip resistant impermeable sheet flooring.	Met
Action taken as confirmed during the inspection: This issue was confirmed as addressed at the time of the inspection.		
Recommendation 2 Ref: Standard 44	The tiling and grouting in the rear kitchen was found to be in very poor condition. In line with current infection prevention and control best practice, these wall surfaces should be replaced with a suitable easily cleaned impermeable finish.	Met
Action taken as confirmed during the inspection: This issue was confirmed as addressed at the time of the inspection.		

5.3 Standard 44: Premises Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care. One issue was however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

Areas for Improvement

The carpet in Bedroom 26 had been stretched due to the use of a patient hoist within the bedroom and should be addressed immediately to remove any tripping hazard. It is recommended that this carpet and underlay is replaced with a solid floor finish which is suitably robust and slip resistant.

(Recommendation 1 in the attached Quality Improvement Plan)

Number of Requirements	0	Number Recommendations:	1
-------------------------------	----------	--------------------------------	----------

5.4 Standard 47: Safe and Healthy Working Practices**Is Care Safe? (Quality of Life)**

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care. A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

There are health & safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

1. A risk assessment with regards to the control of legionella bacteria in the Home's hot and cold water systems was undertaken on 26 January 2015 and was available at the time of the inspection. It is essential that the control measures required as a result of this risk assessment are fully implemented and maintained accordingly. This will include:
 - A suitable monitoring of temperatures at all calorifiers and cold water storage tanks
 - Suitable inspection, maintenance and testing of all thermostatic mixing valves installed throughout the premises.

Current best practice guidance prepared by the Health and Safety Executive in relation to the control of legionella bacteria may be obtained at the following web address:

<http://www.hse.gov.uk/pubns/priced/hsg274part2.pdf>

(Requirement 1 in the attached Quality Improvement Plan)

2. Confirmation should be forwarded for the most recent 'Thorough Examination' of the Home's passenger lift as required under the Lifting Operations, Lifting Equipment Regulations (LOLER). It is important that any requirements outlined in this report are implemented accordingly.

(Requirement 2 in the attached Quality Improvement Plan)

Number of Requirements	2	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.5 Standard 48: Fire Safety

Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

Areas for Improvement

No areas of improvement were identified as a result of this inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.6 Additional Areas Examined

No additional areas were examined during this inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jocelyn Leyson-Bagwood, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Persons

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 13 (7) Stated: First time To be Completed by: 22 March 2016	Ensure that the control measures required as a result of the current Legionella risk assessment are fully implemented and maintained accordingly. This will include: <ul style="list-style-type: none"> • A suitable monitoring of temperatures at all calorifiers and cold water storage tanks • Suitable inspection, maintenance and testing of all thermostatic mixing valves installed throughout the premises. 		
Response by Registered Manager Detailing the Actions Taken: Plan to insert a thermometer into the bottom quarter of water tank. Readings can be made on regular basis.			
Requirement 2 Ref: Regulation 27 (2) Stated: First time To be Completed by: 22 March 2016	Confirmation should be forwarded for the most recent 'Thorough Examination' of the Home's passenger lift as required under the Lifting Operations, Lifting Equipment Regulations (LOLER). It is important that any requirements outlined in this report are implemented accordingly.		
Response by Registered Manager Detailing the Actions Taken: Copies of a detailed inspection report by the service contractor provider was forwarded via e-mail. Any concerns or requirements will be address accordingly..			
Recommendations			
Recommendation 1 Ref: Standard 44 Stated: First time To be Completed by: 22 March 2016	The carpet in Bedroom 26 had been stretched due to the use of a patient hoist within the bedroom and should be addressed immediately to remove any tripping hazard. It is recommended that this carpet and underlay is replaced with a solid floor finish which is suitably robust and slip resistant.		
Response by Registered Manager Detailing the Actions Taken: Awaiting for the quotations to replace the carpet .			
Registered Manager Completing QIP	Jocelyn Bagood	Date Completed	14/3/16
Registered Person Approving QIP	Chris Arnold	Date Approved	14/3/16
RQIA Inspector Assessing Response	Gavin Doherty	Date Approved	8/4/2016

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address