

Unannounced Care Inspection Report 4 April 2017



Cregagh Nursing Home

Type of service: Nursing Home
Address: 2a Graham Gardens, Belfast, BT6 9FB
Tel no: 028 9045 1300
Inspector: Donna Rogan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Cregagh Nursing Home took place on 4 April 2017 from 10.00 to 16.30 hours.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A safe system for monitoring compliance with mandatory training was in place. Compliance with best practice in infection prevention and control was well maintained. A requirement was made in regard to the refurbishment of the home. Three recommendations were also made; one was in relation to the personalisation of patients' bedrooms, the colour scheme and signage in the home. Another was made regarding the repair of a magnetic door holding device. The third was made in relation to the appropriate storage of cleansing products.

Is care effective?

Risk assessments had been conducted and informed subsequent care plans. Staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. Staff meetings were held regularly. There was evidence of engagement with patients' representatives. Three recommendations were made in this domain. They are in relation to care records, staff awareness regarding patient repositioning and one patients' personal hygiene.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report. One recommendation has been made in regards to patients' views and a review of the hand hygiene of staff.

Is the service well led?

Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display. Complaints received had been managed appropriately and systems were in place to monitor the quality of nursing. No requirements or recommendations were made in this domain.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	7

Details of the Quality Improvement Plan (QIP) within this report were discussed with Donna Mawhinney, registered 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced estates inspection undertaken on 16 August 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Spa Nursing Homes Ltd Christopher Arnold	Registered manager: Donna Mawhinney
Person in charge of the home at the time of inspection: Kunjamma Pascal nurse in charge until 12 Noon Donna Mawhinney from 12 Noon	Date manager registered: 10 March 2016
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 40

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP
- pre inspection assessment audit.

During the inspection we met with 17 patients individually and others in small groups, four patient representatives, four care staff, two registered nurses and one ancillary staff member.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Ten patient, ten staff and eight patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- four patient care records
- staff training records
- staff induction template
- complaints records
- incidents/accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 27 March to 9 April 2017.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 August 2016

The most recent inspection of the home was an unannounced premises inspection. The completed QIP was returned and approved by the estates inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 26 May 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 4:9 Stated: First time	The registered manager should ensure the formal evaluations of care contain more detail of the outcomes for patients.	Met
	Action taken as confirmed during the inspection: A review of four care records evidenced that the formal evaluations of care contained details of the outcomes for patients. The entries were observed to be meaningful.	

Recommendation 2 Ref: Standard 4 Stated: First time	The registered manager should ensure that the results of investigation specimen details are fully completed. The date and result and signature of the staff member receiving the results should be recorded. The Malnutrition Universal Screening Tool (MUST) should always be fully completed.	Met
	Action taken as confirmed during the inspection: A review of four patients' record of specimens, evidence that the staff member receiving the results signed the record and recorded the result and the date the result was received. The MUST assessment was observed to be fully completed.	
Recommendation 3 Ref: Standard 12 Stated: First time	The registered manager should ensure that the menus displayed should include the type of vegetables and choice of dessert served.	Met
	Action taken as confirmed during the inspection: The menus were appropriately placed in each of the dining areas, those displayed included the type of vegetables and the choice of dessert served.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 27 March to 9 April 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients and their representatives evidenced that there were no concerns regarding staffing levels.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for completion of the induction.

Discussion with the registered manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. A high percentage of staff were compliant with the home's mandatory training requirements.

Competency and capability assessments of the nurse in charge of the home in the absence of the registered manager had been appropriately completed.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of notifications forwarded to RQIA from 30 May 2016 confirmed that these were appropriately managed. Accidents and incidents were reviewed monthly to identify any potential patterns or trends. A review of the accident records and audits evidenced that accidents were being appropriately managed.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Many of the patients' bedrooms and communal areas required redecoration. Walls were observed to be chipped and some paint was flaking. All areas in the home are painted the same colour and discussion with patients, relatives and staff stated that the home would benefit from introducing new colour schemes and signage to brighten up the home. The registered manager confirmed that bedrooms are usually painted when they are vacated. However, some bedrooms have not been redecorated for quite sometime. A requirement was made that the refurbishment plan was revised to include the redecoration of bedrooms. A copy of the revised refurbishment plan should include timescales and should be forwarded to RQIA with the returned QIP. A recommendation was also made to consider the comments made by staff, patients and relatives with regards to the colour scheme and the provision of signage. Patients' bedrooms should also be personalised as discussed. All areas in the home were observed to be clean and tidy. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were generally well maintained.

A recommendation was also made to ensure that the magnetic holding device in the identified bedroom is repaired. Cleansing products were observed to be stored in the kitchenettes in the home where the cupboards were not locked. A recommendation was made that products required to be stored under Control of Substances Hazardous to Health (COSHH) are stored in accordance with guidelines at all times.

Areas for improvement

It is required that the redecoration programme is reviewed to ensure bedrooms and communal areas are redecorated. A recommendation is made to ensure the views of staff relatives and patients are considered in relation to colour schemes and personalisation of bedrooms. A recommendation is also made to ensure the identified magnetic door holder is repaired. A recommendation is made to ensure that chemical substances are appropriately stored.

Number of requirements	1	Number of recommendations	3
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4.4 Is care effective?

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

Three of the records reviewed had several assessments completed by allied health professionals. It was recommended that all assessments no longer relevant to the patients' current needs are archived in order to ensure that the most recent assessment is referenced.

Discussion with the registered manager and staff confirmed that staff meetings were conducted regularly. Minutes of the meetings were available and included details of attendees; dates; topics discussed and decisions made. Furthermore, there was evidence that relatives meetings had been conducted on a three monthly basis. The registered manager confirmed that minutes of relatives meetings would be shared with patients' next of kin.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a recorded daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

Two members of staff spoken with were unclear as to the most recent guidance regarding patients' repositioning and requested clarity from the inspector. A recommendation was made that discussion should be held with staff to ensure they are aware of the most up to date guidance in the management of patients at risk of pressure damage. Further training should be considered if appropriate.

Staff consulted knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

One patient who was observed with poor personal hygiene was identified to staff. Staff addressed this issue on the day of inspection. It was recommended that personal hygiene plans should be in place for those patients identified at risk.

Patients and representatives spoken with were confident in raising any concerns they may have with the staff and/or management.

Areas for improvement

It is recommended that care records contain only the most up to date assessments completed by allied health professionals.

It is recommended that staff are informed of the most up to date guidance on the repositioning of patients deemed at risk of pressure damage. Where appropriate training should be provided.

It is recommended that personal hygiene plans are in place for patients identified as being at risk.

Number of requirements	0	Number of recommendations	3
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4.5 Is care compassionate?

Two registered nurses, four carers and one ancillary staff member were consulted to ascertain their views of life in Cregagh Nursing Home. Staff confirmed that when they raised a concern, they were happy that the home's management would take their concerns seriously. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. None of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments made during the inspection were as follows:

- "I like working here and I enjoy the work."
- "It's good here. Really improved."
- "Things are much better, we work more as a team."
- "The work is hard but very rewarding."
- "We are provided with training."
- "There are regular meetings."
- "The home could do with some redecoration."

Seventeen patients were consulted. 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. Ten patient questionnaires were left in the home for completion. None of the questionnaires were returned in time for comments to be included in the report.

Some patient comments made during the inspection were as follows:

- "I am happy here."
- "The food is good."
- "Some areas need decorating."
- "A bit of colour would improve things."
- "The care is good and staff are kind and thoughtful."
- "I cannot complain about a thing."
- "Some staff do not adhere to good hand hygiene regimes, I see it quite often."

Four patient representatives were consulted with on the day of inspection. Eight relative questionnaires were left in the home for completion. None of the questionnaires were returned.

Some relatives' comments received during the inspection were as follows:

- "It's lovely in here. The place is very clean."
- "The care is absolutely fantastic."
- "Staff always make us feel welcome."
- "It needs some redecoration."
- "The environment is very bland, everywhere looks the same."

Staff interactions with patients were observed to be compassionate, caring and timely. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

It was recommended that the comments made by staff, patients and their representatives in relation to the environment and hand hygiene are considered and actioned.

The serving of lunch was observed in the main dining rooms upstairs and downstairs. Lunchtime commenced at 12.30 hours. Most patients were seated around tables which had been appropriately laid out for the meal. Food was served from hot food trolleys when patients were ready to eat or be assisted with their meals. Food appeared nutritious and appetising. A menu was on display on the wall of the dining rooms reflecting the food served. The mealtime was well supervised. Staff were observed to encourage patients with their meals. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Patients were observed to be assisted in an unhurried manner. Condiments were available on tables and a range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Areas for improvement

It is recommended that the comments made by staff, patients and their representatives are reviewed and actioned as necessary.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints records evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The complaints procedure was displayed at reception. The registered manager confirmed that any learning gained from complaints was discussed during staff meetings.

Compliments received were displayed on various notice boards throughout the home. Some examples of compliments were displayed as follows:

- "We want to thank all of you for the loving care given to"
- "Thank you for the all the care given to ... whilst in Cregagh Nursing Home."

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, accidents, complaints and infection prevention and control. The registered manager confirmed that an action plan to address identified shortfalls within audits would be developed and given to the patient's primary nurse to complete. There was evidence within infection prevention and control and care record auditing records that the action plans had been reviewed to ensure completion. There was also evidence that the regional manager overseen the auditing arrangements in the home.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated within the report to address any areas for improvement and a review of the previous action plan was included within the report. The registered manager confirmed that copies of the reports were made available for patients, their representatives, staff and trust representatives upon request.

Areas for improvement have been identified in the safe, effective and compassionate domains with regard to the environment, care records, staff awareness in relation to repositioning, and the management of patients personal hygiene. Compliance with these requirements and recommendations will further drive improvements in these domains.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Donna Mawhinney, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 27

Stated: First time

To be completed by:
30 May 2017

The registered person must ensure that the refurbishment plan is revised to include the redecoration of bedrooms. A copy of the revised refurbishment plan should include timescales and should be forwarded to RQIA with the returned QIP.

Ref: Section 4.3

Response by registered provider detailing the actions taken:
The home has a refurbishment planner in place to ensure that all bedrooms are redecorated for 2017

Recommendations

Recommendation 1

Ref: Standard 43

Stated: First time

To be completed by:
30 May 2017

The registered person should consider the comments made by staff, patients and relatives with regards to the colour scheme and the provision of signage in the home. Patients' bedrooms should also be personalised as discussed.

Ref: Section 4.3

Response by registered provider detailing the actions taken:
The registered manager will purchase signage for the home. The colour scheme will be reviewed when planning the redecoration programme. The patients will be encouraged to bring in their own items for personalisation and in the absence of this the home will provide pictures.

Recommendation 2

Ref: Standard 48

Stated: First time

To be completed by:
30 April 2017

The registered person should ensure that the magnetic door holder device is repaired.

Ref: Section 4.3

Response by registered provider detailing the actions taken:
The magnetic door holder was repaired immediately.

Recommendation 3

Ref: Standard 47

Stated: First time

To be completed by:
30 April 2017

The registered person should ensure that products required to be stored under Control of Substances Hazardous to Health (COSHH) are stored in accordance with guidelines at all times.

Ref: Section 4.3

Response by registered provider detailing the actions taken:
A locked cupboard has been provided in the kitchenettes for the storage of substances.

Recommendation 4 Ref: Standard 4 Stated: First time To be completed by: 30 April 2017	<p>The registered person should ensure that all assessments no longer relevant to the patients' current needs are archived in order to ensure that the most recent assessment is referenced.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: The registered person will ensure that all assessment no longer relevant to the patients current needs are archived in order to ensure that the most recent assessment is referenced.</p>
Recommendation 5 Ref: Standard 39 Stated: First time To be completed by: 30 June 2017	<p>The registered person should ensure that discussion is held with staff to ensure they are aware of the most up to date guidance in the management of patients at risk of pressure damage. Further training should be considered if appropriate.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: The registered person will ensure that a discussion is held with staff to ensure that they are aware of the most up to date guidance in the management of patients at risk of pressure damage.</p>
Recommendation 6 Ref: Standard 21 Stated: First time To be completed by: 30 April 2017	<p>The registered person should ensure that personal hygiene plans are in place for those patients identified at risk.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: The registered person will ensure that a personal hygiene plan is in place for those patients identified at risk.</p>
Recommendation 7 Ref: Standard 7 Stated: First time To be completed by: 30 June 2017	<p>The registered person should ensure that the comments made by staff, patients and their representatives are reviewed and actioned as necessary.</p> <p>Ref: Section 4.5</p> <p>Response by registered provider detailing the actions taken: The registered person will ensure that comments made by staff, patients and their representative are reviewed and actioned as necessary through meetings, reflection and supervision sessions.</p>

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