

# Unannounced Follow Up Care Inspection Report 17 October 2017



## Cregagh Nursing Home

**Type of Service:** Nursing Home  
**Address:** 2a Graham Gardens, Belfast, BT6 9FB  
**Tel No:** 028 90 451300  
**Inspector:** Donna Rogan

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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 nursing home registered to provide nursing care for up to 40 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Spa Nursing Homes Ltd  <b>Responsible Individual:</b> Christopher Philip Arnold	<b>Registered Manager:</b> Linda Parkes
<b>Person in charge at the time of inspection:</b> Linda Parkes	<b>Date manager registered:</b> 22 September 2017
<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> 40

### 4.0 Inspection summary

An unannounced inspection took place on 17 October 2017 from 14.10 to 21.15 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 DHSSPS Care Standards for Nursing Homes 2015.

Following recent public correspondence regarding the quality of one patient's meal, the Belfast Health and Social Care Trust (BHSCT) initiated a review of delivery of care and patient satisfaction in Cregagh Nursing Home. In keeping with partnership working information was provided to RQIA by the adult safeguarding team from the BHSCT regarding the management of nutrition, the use of agency staff and the staffing arrangements in Cregagh Nursing Home.

It is not the remit of RQIA to investigate complaints/whistleblowing/adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home. On this occasion and following discussion with senior management in RQIA it was decided that an afternoon and out of hours inspection would be undertaken to review the following;

- Sufficiency of staff to meet the care needs of patients
- Use of agency staff and how consistency is maintained
- Handover of information regarding patients care needs given the high use of agency staff
- Care plans
- The meal time experience.

The following areas were examined during the inspection:

- staffing – including deployment and recruitment
- the management of the evening meal
- observation of handover information.

Patients stated that they felt well cared for in the home and most expressed satisfaction with the provision of meal times and staffing arrangements.

Details of the findings of inspection were shared with the BHSCT post inspection.

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	*2

\*One area for improvement under regulation and one under care standards were not reviewed and have been carried forward for review during the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Linda Parkes, registered manager and Heather Murray, 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 on 16 June 2017

No further actions were required to be taken following the most recent inspection on 16 June 2017.

#### 5.0 How we inspect

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

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

During the inspection the inspector met with 20 patients, nine staff, and nine patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution. None were returned in time for comments to be included in the report.

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

The following records were examined during the inspection:

- staffing arrangements in the home
- staff induction
- staff training records
- four patient care records
- a review sample of patient care charts including food and fluid intake charts and reposition charts
- governance arrangements
- complaints record
- hand over records
- competency and capability records
- management of supervision records

Due to the focus of this inspection not all of the areas for improvement identified at the last care inspection were reviewed. Assessment of compliance were recorded as met, partially met, or not met, or not reviewed as part of this inspection and carried forward for review to the next care inspection.

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 16 June 2017**

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

## 6.2 Review of areas for improvement from the last care inspection dated 04 April 2017

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 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.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> An action plan was forwarded to RQIA with the returned QIP.  The action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 43  <b>Stated:</b> First time	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.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 48  <b>Stated:</b> First time	The registered person should ensure that the magnetic door holder device is repaired.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment evidenced that all magnetic door holder devices were in working order.	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 47 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There were no products observed to be inappropriately stored during this inspection.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of four care records evidenced that the most recent assessment was the only one in the patient's care records.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff evidenced that they were familiar with the most up to date guidance in the management of patients at risk of pressure damage. The regional manager confirmed that supervision sessions were held with all nursing staff in this regard.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 21 <b>Stated:</b> First time	The registered person should ensure that personal hygiene plans are in place for those patients identified at risk.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of four patient care records evidenced that where appropriate that personal hygiene plans were in place for those identified at risk.	



<b>Area for improvement 7</b>  <b>Ref:</b> Standard 7  <b>Stated:</b> First time	The registered person should ensure that the comments made by staff, patients and their representatives are reviewed and actioned as necessary.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The regional manager confirmed that staff meetings, patients meetings and relatives meetings have been held in order to review the comments and where appropriate actioned.	

This inspection focused on the issues previously outlined in section 4.0. Two of the areas for improvement from the last care inspection on 04 April 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection.

### 6.3 Inspection findings

#### 6.3.1 Sufficiency of staff to meet the care needs of patients

A review of the duty rotas evidenced two registered nursing staff on duty, one on each floor alongside four care staff, two on each floor. The duty rota and staff spoken with indicated that there is usually an additional member of staff on duty in the afternoon on the ground floor; however, this shift was temporarily filled on a day to day basis pending recruitment processes completing. Observation of care delivery evidenced that dependency on the ground floor was high during the serving of the evening meal. The registered manager was observed to assist with the meal time.

Following discussion with the registered manager it was confirmed that management had identified the need to have an additional member of staff during twilight hours to assist with the evening meal and the night time routine. The regional manager confirmed that this post is currently undergoing selection and recruitment processes.

Relatives spoken with on the first floor expressed their satisfaction with the staffing levels and the overall management of care and nutrition. All stated that the food was good and that they felt there was always a wide range of choices available. All relatives with the exception of one on the ground floor stated that they felt the meals in the home were satisfactorily served and that there was a wide range of choices available. One relative stated that at times the food was allowed to go cold whilst waiting on personal care to be delivered. This issue was discussed immediately with the registered manager who addressed the matter at the time.

#### Areas of good practice

Areas of good practice were observed regarding staff knowledge of patients' nutritional needs; the provision of food, and the environment.



## Areas for improvement

There were no areas of improvement identified.

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

### 6.3.2 Use of agency staff and how consistency is maintained and how the handover of information is maintained

There were two members of agency staff on duty on the afternoon of the inspection, and two members of agency staff on night duty. The registered manager confirmed that due to recruitment difficulties there is currently high use of agency staff in the home. However, the registered manager confirmed that agency staff were usually blocked booked in advance to ensure consistency. The registered manager confirmed that agency staff are inducted to the home on their first day and then usually shadow a permanent member of staff throughout their shift. A review of the records evidenced that the agency staff on duty had received an induction; the induction was dated and signed by the inductee and the inductor. Discussion was held with all agency staff, and all confirmed they had been in the home before and had received an induction on their first day. All four agency staff stated they felt well directed by the registered nurse and guided by permanent staff in the home. The duty rotas were completed three to four weeks in advance in order to assist with staff planning. The registered manager also confirmed that when more than one agency staff were employed at the same time that they were split on each floor to shadow permanent staff.

## Areas of good practice

Areas of good practice were observed regarding the overall management of agency staff.

## Areas for improvement

There were no areas for improvement identified.

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

### 6.3.3 Care plans

With the focus of the inspection we choose to review care records from those patients who have been or are continuing to be monitored for weight loss or gain. Four patients' care plans were reviewed; three of the care patients were identified with weight loss and one with a weight gain. Whilst the appropriate information was recorded, it was not clear and did not always follow the nursing process. All four required to be reviewed in keeping with best practice as follows;

- new care plans were not prepared as the needs of patients changed, information was added on at a later date, which was confusing
- care plans no longer relevant were not discontinued
- prescribed nutritional supplements were not detailed into the care plans
- separate care plans should be formulated for each problem identified

- interventions of care were recorded as problems of care
- one care record did not have the nutritional needs of care updated following an update of the Malnutrition Universal Screening Tool (MUST).

The above issues were discussed with the registered and regional managers, it was agreed that the identified patients' care records would be updated without delay. It was agreed that confirmation would be forwarded to RQIA when completed. An area of improvement is made under regulation in this regard. An area for improvement is also identified under regulation that care records are audited and reviewed to ensure they are up to date in relation to meeting the needs of patients.

Discussion with staff gave an assurance that they were knowledgeable regarding patients' nutritional care needs. They were also aware of patients dietary and Speech and Language Therapist (SALT) recommendations. Records of the up to date dietary and SALT recommendations for all patients was provided to the kitchen and care staff. Patients' weights were regularly recorded in the care records and food and fluids were being consistently recorded and consolidated at the end of any 24 hour period by registered nursing staff.

### **Areas of good practice**

Areas of good practice were identified in the management of patients' weights, staff knowledge regarding the nutritional needs of patients and the records maintained in relation to patients' SALT and dietary needs.

### **Areas for improvement**

Two areas for improvement were identified regarding the management and auditing of care records.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	0

### **6.3.4 The meal time experience**

As previously stated in section 6.3.1, observation of care delivery evidenced that dependency on the ground floor was high during the serving of the evening meal. One patient required to have one to one supervision during the serving of the meal. Due to there being staffing difficulties on the ground floor, staff spoken with stated that they felt under pressure to get the meal served in a timely way. With the exception of one relative, who was concerned that their relative's meal was allowed to go cold whilst waiting on personal care, all others spoken with were complementary of the mealtime experience.

We were advised that the main meal of the day is served at lunch time; with the evening meal offering a variety of choices to suit every appetite. On the day of inspection the evening meal choices included; chicken soup, roast pork, mash, carrots, pasties, spaghetti hoops, a range of sandwiches, salmon, fish fingers, salad and chips. A choice of dessert was also available; sultana sponge with custard, fresh fruit, and yoghurts, strawberry mousse with fresh cream and diabetic ice cream and jelly.

The hot food was observed to be served first; the hot food trolleys located in both serveries were not used to maintain food hot after it was served by the cook. Staff stated that they are normally used. An area for improvement under the care standards is made in this regard.

On the first floor the meal was served in an organised manner, staff were observed to serve food in a timely way in accordance with patients' needs and choices. All patients stated they really enjoyed the food served; stating they always got what they wanted. All stated that the portion sizes were appropriate and that meals were served hot.

Tables were nicely set with cutlery, crockery, tablecloths, napkins, centre pieces and a range of condiments. The atmosphere was tranquil and all staff were observed to take their time assisting patients with their meals in a respectful manner offering choices throughout.

### Areas of good practice

Areas of good practice were observed throughout the serving of the meal, in terms of portion sizes, the variety of food available, staff attitude, appropriate assistance with meals and staff knowledge of patients likes and dislikes.

### Areas for improvement

An area of improvement was identified in relation to ensuring the hot food trolleys are used to maintain food hot whilst waiting for it to be served.

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

### 6.3.5 Other areas of good practice observed

The kitchen was well organised, clean and tidy, stock was plentiful and there was fresh fruit, vegetables and homemade baking available. The planned menu was being adhered to and the cook was knowledgeable regarding the dietary and SALT recommendation for each patient. A written record of patients' dietary and SALT needs was available in the kitchen.

Staff confirmed that they had recently received individual supervision on the consistency and textures of food and had received training on choking and swallowing difficulties.

Nine relatives/patient representatives were spoken with all with, all expressed complete satisfaction with the care and the management of nutrition. They also stated they were kept well informed; all felt staff were caring and thoughtful towards their loved ones needs. We also observed the nurse call bells to be answered in a timely way.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Linda Parkes, registered manager and Heather Murray, 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27  <b>Stated:</b> First time  <b>To be completed by:</b> 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.  <b>Section: 6.2</b>
	<b>Response by registered person detailing the actions taken:</b> The home has a refurbishment planner in place to ensure that all bedrooms are redecorated for 2017, this is currently on schedule and a feature wall has been incorporated into many rooms which has created a more homely atmosphere. Feedback from residents and their families has been positive. Refurbishment Plan submitted as per request.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 October 2017	The registered person shall ensure that the four identified care records are updated to meet patients' individual needs. Confirmation that they have been updated should be forwarded to RQIA when completed.  <b>Ref: Section 6.3.3</b>
	<b>Response by registered person detailing the actions taken:</b> The four identified carefiles were updated immediately and all other residents' carefiles have now been updated to ensure the nutritional needs of each resident is clearly reflected and is in line with best practice. Care file audits will continue, to ensure any areas identified as requiring improvement are addressed and will be monitored by the Home Manager.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 17 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2017	The registered person shall ensure that care records are audited and reviewed to ensure they are up to date in relation to meeting the needs of patients.  <b>Ref: Section 6.3.3</b>
	<b>Response by registered person detailing the actions taken:</b> Whilst care file audits were in place, further development of this tool has been implemented and a planner of these audits has now been put in place to ensure areas identified as requiring improvement are addressed and signed off by the named nurse to ensure that the needs of the residents are met. The Home Manager will continue to complete monthly audits and also monitor this on a day to day basis.

<b>Action required to ensure compliance with The Care Standards for Nursing Homes 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 43  <b>Stated:</b> First time  <b>To be completed by:</b> 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.  <b>Ref: Section 6.2</b>
	<b>Response by registered person detailing the actions taken:</b> Some signage for the home has been purchased. The colour scheme has been reviewed following discussion with the residents when planning the redecoration programme. The residents are encouraged to bring in their own items for personalisation and in the absence of this the home will provide pictures.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> 30 October 2017	The registered person shall ensure the hot food trolleys are used to maintain hot food whilst waiting for it to be served.  <b>Ref: Section 6.3.4</b>
	<b>Response by registered person detailing the actions taken:</b> Hot food trolleys are in place on both floors in the home and further discussions with staff have been held to ensure these trolleys are used in line with best practice to ensure food remains hot whilst waiting to be served.

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



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