



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 5 November 2019



Cregagh Nursing Home

Type of Service: Nursing Home
Address: 2a Graham Gardens, Belfast BT6 9FB
Tel No: 028 9045 1300
Inspector: Dermot Walsh

www.rqia.org.uk

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

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 40 patients.

3.0 Service details

Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual: Christopher Philip Arnold	Registered Manager and date registered: Gillian Finlay – Registration pending
Person in charge at the time of inspection: Gillian Finlay	Number of registered places: 40
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 38

4.0 Inspection summary

An unannounced inspection took place on 5 November 2019 from 09.20 to 17.20 hours.

This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Areas for improvement in respect of the previous finance inspection has also been reviewed and validated as required.

Evidence of good practice was found in relation to monitoring professional registrations, adult safeguarding, management of falls and nutrition, quality improvement and the management of complaints. Further good practice was found in relation to the delivery of compassionate care, teamwork and maintaining good working relationships.

Areas for improvement were identified in relation to compliance with infection prevention and control, compliance with Control of Substances Hazardous to Health legislation, fire safety, staffing arrangements, access to thickening agents, wound care planning and with the administration of medicines. An area for improvement in relation to the recording and reconciliation of personal belongings has been stated for the second time and an area relating to individual agreements has been carried forward for review at the next care inspection.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. .

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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
Total number of areas for improvement	*4	*5

*The total number of areas for improvement includes one under regulation which has been stated for a second time and one under standards which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Gillian Finlay, 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 dated 23 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 23 January 2019. No further actions were required to be taken following the most recent inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including finance issues, registration information, and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 28 October 2019
- records confirming registration of staff with the NMC and the NISCC
- staff training records
- incident and accident records
- one staff recruitment and induction file
- six patients' care records
- a sample of daily patient care charts including food and fluid intake charts, bowel management and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports from January 2019
- RQIA registration certificate.

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

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 previous inspections

There were no areas for improvement identified as a result of the last care inspection.

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Schedule 4 (1) Stated: First time	<p>The registered person shall ensure that a record is maintained of the furniture and personal possessions which each patient has brought into the room occupied by him.</p> <p>(The Care Standards for Nursing Homes (2015) state that these records should be kept up to date and be reconciled and signed and dated by two people on a quarterly basis).</p>	Not met
	<p>Action taken as confirmed during the inspection: A review of two patients' care records evidenced that this area for improvement has not been met.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	
Area for improvement 2 Ref: Regulation 5 (1) (b) Stated: First time	<p>The registered person shall ensure that each patient is provided with an individual written agreement setting out the terms and conditions of their residency in the home.</p>	Met
	<p>Action taken as confirmed during the inspection: A spreadsheet had been maintained evidencing when the written agreements were provided to patients/patients' next of kin.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.28 Stated: First time	<p>The registered person shall ensure that money donated to or collected for the home specifically for the benefit of patients is accounted for separately from the home's other income and expenditure accounts.</p> <p>A standard financial ledger format should be introduced with the balance checked against cash held and reconciled by two people at least quarterly.</p>	Met

	<p>Action taken as confirmed during the inspection: Resident comfort fund expenditure records had been maintained separately from the home's other income and expenditure accounts.</p>	
<p>Area for improvement 2 Ref: Standard 2.8 Stated: First time</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the patient or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the patient or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 3 Ref: Standard 14.6, 14.7 Stated: First time</p>	<p>The registered person shall ensure that written authorisation is obtained from each patient or their representative to spend the patient's personal monies to pre-agreed expenditure limits.</p> <p>The written authorisation must be retained on the patient's records and updated as required. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the patient is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager.</p> <p>Action taken as confirmed during the inspection: Written authorisations had been obtained and retained in patients' care records.</p>	<p>Met</p>
<p>Area for improvement 4 Ref: Standard 36.4 Stated: First time</p>	<p>The registered person shall ensure that policies and procedures are subject to a three yearly review at a minimum (and more frequently if required), and the registered person ratifies any revision to (or the introduction of new) policies and procedures.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>We reviewed the home's Accounting and Financial Control Agreements policy. The policy had been reviewed on December 2018 and was documented for next review December 2021. The regional manager confirmed that policies in the home were subject to a three yearly review.</p>	
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6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the number of staff and the skill mix of staff on duty at any given time. Three staff consulted were concerned with the staffing arrangements and in particular the staffing on the first floor where the majority of patients were assessed as requiring the assistance of two staff. This was discussed with the manager and an area for improvement was made to review the staffing arrangements, including deployment of staff, in line with patients' dependencies. Patients and the visitor consulted spoke positively in relation to the care provision in the home, though, two patients did comment that they felt there was not enough staff on duty. During the inspection nurse call bells were sounding for prolonged periods of time. This was discussed with the manager who agreed to review call bell response times through audit. This will be reviewed at a subsequent care inspection.

A review of a recently employed staff member's recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. References had been obtained and records indicated that AccessNI checks had been conducted.

Checks were evidenced to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC). Similar checks were made on care workers to ensure that they were registered on the Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified.

A record of any training that staff had completed was maintained in the home. Staff spoke positively in relation to the provision of training in the home and confirmed that face to face interactive training was conducted which allowed staff to ask questions when they arose. Compliance with training was monitored on a training matrix. A system was in place to communicate with staff whose training was about to lapse to ensure completion. Detail of upcoming training on palliative care and safeguarding were displayed on a noticeboard in the home. The Trust care home nursing support training calendar was available within the duty rota file for staff to access and identify upcoming training dates. The manager spoke positively in regards to the development of new training on role clarification for staff involved in caring for patients using the interim beds in the home. Role clarification would be identified for team members such as nurses, care assistants, occupational therapists, physiotherapists and the discharge hub coordinator.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Any allegations with regard to safeguarding had been managed well. Records were maintained of any investigations or allegations made.

Discussion with the manager and a review of accident records evidenced that falls in the home had been managed in accordance with best practice. Falls in the home were monitored on a monthly basis for any patterns and trends. This would be to review the pattern to proactively plan measures to reduce the incidences of falls where possible.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Bedrooms and communal rooms were maintained clean and tidy. There were no malodours detected in the home. However, compliance with best practice on infection prevention and control (IPC) had not been well maintained in identified areas around the home. This was discussed with the manager and identified as an area for improvement.

Two doors were observed to be propped open with furniture. In addition, a fire exit at the bottom of a stairwell was partially blocked with a bed which could have impeded on an evacuation of the home. This was discussed with the manager and identified as an area for improvement. The bed was removed immediately when reported.

During the review of the environment, thickening agents were observed accessible to patients in two unsupervised areas of the home. This was discussed with the manager and identified as an area for improvement.

We also found chemicals accessible to patients in two separate areas in the home which was not in keeping with Control of Substances Hazardous to Health (COSHH) legislation. This was discussed with the manager and identified as an area for improvement.

The morning medicine round on the ground floor was not completed until 11.55 hours. This was discussed with the manager and an area for improvement was identified to ensure the timely administration of medications.

Areas for improvement

Areas for improvement were identified in relation to compliance with IPC, compliance with COSHH legislation, fire safety, staffing arrangements, access to thickening agents and with the administration of medicines.

	Regulations	Standards
Total numb of areas for improvement	3	3

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided them with all necessary information to provide care to patients.

Each staff member was aware of their roles and responsibilities within the team. Staff spoke positively in relation to the teamwork in the home. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. Patients and representatives spoken with also expressed their confidence in raising concerns with the home's staff and/or management.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence; a care plan was developed to guide staff in measures to prevent skin breakdown. We reviewed one patient's wound care records. A wound care plan was evident within the patient's care records to guide the dressing regime; however, the care plan had not been updated sufficiently to reflect the recommendations of a tissue viability nurse. This was discussed with the manager and identified as an area for improvement. A photograph of the wound was available and wound observation charts were completed at the time of wound dressing to monitor the progress of the wound.

When a restrictive practice, such as the use of bedrails had been implemented, there was evidence within the patient's care records of an initial assessment completed to ensure safe use. This assessment informed the patient's care plan. The continued use of restraint was monitored at the evaluation of the patients' care plans.

Areas for improvement

An area for improvement was identified in relation to wound care planning.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Patients chose where to sit during the day; in their bedroom, the dining room or one of the lounges. Staff knocked on patients' doors before entering and personal care was delivered behind closed doors. Patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be both caring and timely.

The home engaged with a Facebook group called 'Postcards of Kindness'. By participating, postcards were sent, addressed to the patients in the home, with special messages of support from all over the world. There were postcards displayed from Hong Kong and Oklahoma. All cards were shared with patients and patients had the opportunity to respond to the senders by sending a postcard back. The activities person in the home had recently left and the manager confirmed that they were currently recruiting for this post.

Cards and letters of compliment and thanks were maintained in the home. Some of the comments recorded included:

- "Just a note to say thank you for continuing to treat my mum with kindness and respect throughout her stay here in Cregagh. You have all been so good to all of us and it is massively appreciated."
- "Thank you for looking after our mum You are all so lovely and kind to her."
- "... During his time in your care he was happy and content and it was a great comfort to me knowing he was being looked after so well."

Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in Cregagh Nursing Home was a positive experience. Patient questionnaires were left for completion. One was returned.

Patients consulted during the inspection commented:

- "It's alright here. Staff are nice."
- "They look after me. Good crowd here."
- "It's very good. The staff are very good."
- "The staff are brilliant and very attentive but there is not enough staff. Food is good."
- "They look after you well. I have no complaints."
- "They (the staff) keep me right and I'm not forgot about. I'm happy in here."
- "The staff are very very nice. I couldn't say anything about them. I've had no complaints."
- "I feel safe. There are times when there are not enough staff."

One patient's visitor was consulted during the inspection. Patient representatives' questionnaires were left for completion. One was returned. Patients' representatives' comments included:

- "The care is immense and I'm not just saying that. They are on top of their game here. I'm always kept up to date."
- "We are very satisfied indeed. Thank you."

One questionnaire was returned which did not indicate if it was from a patient or a relative. The respondent indicated that they were very satisfied that the home was delivering safe, effective and compassionate care and that the home was well led.

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from seven staff consulted during the inspection included:

- “I like it here. Everything runs smoothly.”
- “I like it.”
- “It’s not bad here.”
- “I really like working here.”
- “It can be challenging but better recently.”
- “I like it here.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, a new manager had been employed. An application to register the manager with RQIA had been made and was in the process of review.

A system was in place to record any complaints received including details of any investigation and all actions taken in response to the complaint. Patients consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home’s staff or management. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, wound care, bedrails, complaints, medications, care records and infection prevention and control. We reviewed the care plan audits. Auditing

records evidenced an action plan to manage any shortfalls that were identified. There was also evidence that action plans were reviewed to ensure completion.

Monthly monitoring visits to the home were conducted. Reports from the visit were available for review by patients and their visitors, staff, Trust staff and other healthcare professionals. Action plans were included within the monthly reports and reviewed as part of the next visit. There was evidence of consultation with patients and staff within the records.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gillian Finlay, 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 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.

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 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

<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 4 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 5 January 2020</p>	<p>The registered person shall ensure that a record is maintained of the furniture and personal possessions which each patient has brought into the room occupied by him.</p> <p>(The Care Standards for Nursing Homes (2015) state that these records should be kept up to date and be reconciled and signed and dated by two people on a quarterly basis).</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: The Home Manager shall ensure that the record of all furniture and personal possessions which each resident has brought into the room has been recorded. The importance of these records has been addressed with nursing and care staff..</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 5 December 2019</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system to ensure compliance with best practices on infection prevention and control must be developed.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The Home Manager continues to carry out infection control audits of all areas in the home . Spot checks of areas are carried out on daily walkarounds by the Nurse in Charge, Home Manager and the Regional Manager during her regulation 30 visits. All areas identified have either been addressed or are in the process of being addressed.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (c) (d) (i) (iii)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that doors in the home are not propped open and that all fire exits are maintained clear at all times.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The Home Manager has spoken with all staff and provided guidance on not propping open of fire doors and blocking of fire exits. The Home Manager Person has developed a daily walkabout to include checking that all fire doors are clear and not propped open. One Bedroom 18 that was identified has had a doorguard fitted and bedroom door 36 has had a DRU lowered for use..</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that harmful chemicals in the home are not accessible to patients in keeping with COSHH legislation.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Home Manager has ensured that harmful chemicals in the home are not accessible to residents in keeping with COSHH legislation and has spoken to all staff about the importance of this. She continues to monitor this on her daily walkabouts.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 18 December 2018</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the patient or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the patient or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Ref: 6.2</p> <hr/> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall review the staffing arrangements in the home, including deployment, in line with patients' dependencies.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Home Manager has reviewed the staffing arrangements in the home and has completed the Rhyns Hearn dependencies weekly against staffing levels rostered. The Home Manager continues on a daily basis to monitor the staffing levels to ensure the needs of the residents are met.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that thickening agents are stored appropriately and are not left accessible to patients at any time.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Home Manager has completed competencies for care staff in management of dysphagia and storage of thickening agents. She continues to monitor this on her daily walkabout.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 19 November 2019</p>	<p>The registered person shall review the morning routines to ensure that medicines are administered in a timely manner.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Home Manager has communicated to all nursing staff to ensure medication are completed in a timely manner. As this related to one staff member extra support has been provided for this staff member.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p>	<p>The registered person shall ensure that wound care plans reflect the recommendations from tissue viability nurses.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The Home Manager is checking as part of her governance that following a tissue viability visit that the current regime is reflected in the wound care plans.</p>

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



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