

# Inspection Report

14 May 2024



## Cregagh Nursing Home

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Registered Provider:</b> Spa Nursing Homes Ltd  <b>Responsible Individual:</b> Mr Christopher Philip Arnold	<b>Registered Manager:</b> Miss Daniella Curran – registration pending
<b>Person in charge at the time of inspection:</b> Miss Daniella Curran – Manager	<b>Number of registered places:</b> 40
<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 patients accommodated in the nursing home on the day of this inspection:</b> 37
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 40 patients. Patients' bedrooms are located over two floors in the home and patients have access to communal lounges and dining areas on each floor.	

## 2.0 Inspection summary

An unannounced inspection took place on 14 May 2024 from 9.30 am to 6.30 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were happy to engage with the inspector and shared their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and were comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Cregagh Nursing Home was provided in a compassionate manner.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Cregagh Nursing Home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

### **4.0 What people told us about the service**

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "It is brilliant in here. The staff make you feel at home. You can have a laugh and it's not all doom and gloom". Another patient said, "I have no problems. The staff treat me with the utmost dignity and respect." A third patient said, "They [the staff] are looking after me very well and I am very happy here."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "We have no concerns at all."

Staff spoken with said that Cregagh Nursing Home was a good place to work. One staff member said, "The teamwork is fantastic, we have a good team." Staff commented positively about the manager and described them as supportive and approachable. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No responses were received to the online staff survey and no questionnaires were returned by patients or their relatives.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 6 April 2023		
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 (2) (b) (c)  <b>Stated:</b> First time	The responsible person shall ensure that: <ul style="list-style-type: none"> <li>• required repairs and redecoration are undertaken in the identified bedroom</li> <li>• pressure relieving cushions, bedframes and bedtables which show signs of wear and tear are replaced in order to ensure that effective cleaning can be maintained.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The responsible person shall ensure that review of care records is sufficiently robust in order to confirm that patients care plans are specific, relevant and not duplicated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The responsible person shall ensure that repositioning records, food and fluid intake records and hourly bedrail check records are completed accurately, contemporaneously and in full.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement is partially met and is stated for a second time. This is discussed further in section 5.2.2.	

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The responsible person shall ensure that: <ul style="list-style-type: none"> <li>• staff use PPE in accordance with the regional guidance</li> <li>• there is regular and effective oversight of staff use of PPE to ensure that training is embedded into practice and in order that any identified deficits are promptly addressed.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

A review of a selection of recruitment records confirmed that pre-employment checks had been completed prior to staff members, who were employed directly by the home, commenced in post. These staff members were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registration with the Nursing and Midwifery Council (NMC) or with the Northern Ireland Social Care Council (NISCC).

However, concerns were identified regarding the lack of governance and management oversight regarding the staffing arrangements of one to one care for an identified patient. For example, there was no evidence of a system in place to check the recruitment and registration status of agency staff providing the one to one care; there were no records to confirm that agency staff had been inducted to the home, that they received a handover at the start of their shift; and the staff rota did not record any details of the agency staff on duty. In addition, a lack of communication was also evident in that when the agency staff member needed to take a break they left the patient unattended and did not inform the nurse in charge to ensure adequate supervision was provided for the identified patient at all times. These arrangements created a potential risk of harm to the identified patient and to the other patients living in the home.

These concerns were discussed during the inspection and again at more detailed feedback meeting with the manager and regional manager on 4 June 2024. An action plan detailing actions taken since the inspection and lessons learned was discussed. Areas for improvement were identified and will be managed through the home's Quality Improvement Plan (QIP) details of which are in Section 6.0.

No induction records were available for student nurses who were on placement in the home. An area for improvement was identified.

Review of records confirmed all of the staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as manual handling, infection prevention and control (IPC) and fire safety.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels.

Review of staff meeting minutes did not evidence that staff meetings were held on at least a quarterly basis. This was discussed with the manager who agreed to arrange meetings for the next year and retain detailed records.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; relatives said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

It was observed that the majority of staff working in the home did not have name badges to identify who they were and what role they worked in. An area for improvement was identified.

### **5.2.2 Care Delivery and Record Keeping**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs and their daily routine.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced deficits in record keeping. This is discussed further on in this section.

Management of wound care was examined. Review of a selection of care records confirmed that systems were in place to wounds effectively.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. Review of records relating to the management of falls evidenced appropriate actions were consistently taken by staff following falls. Minor deficits in record keeping were discussed with the manager who agreed to monitor record keeping through their audits and share any learning with their nursing colleagues.



Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous.

A variety of drinks were served with the meal. Patients spoke positively in relation to the quality of the meals provided.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Records of patients' intake and outputs were recorded where this was required.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Examination of a selection of care plans for a patient recently admitted to the home confirmed these were well completed.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

Some patients required one to one care. Examination of care records evidenced care plans were not in place; care plans lacked specific details of the one to one care required or any information regarding the patients likes and preferences. This was discussed with the manager and an area for improvement was identified.

It was noted that some care records for an identified patient were completed by agency care staff and retained by the care agency on an online system; these records were not available for inspection. Nursing staff did not have access to or oversight of these records. This was discussed with the manager who was not aware that this system was in place. Assurances were sought and provided that the records had been secured by the manager following the inspection. An area for improvement was identified.

Shortfalls were identified in the completion of supplementary care records such as charts for repositioning, food and fluid intake and hourly bedrails checks. For example, food and fluid intake records for an identified patient had not been recorded for up to five days; some overnight bedrail checks were not recorded contemporaneously with gaps of up to four hours noted and repositioning charts did not consistently state the frequency of repositioning that was required. An area for improvement identified at the previous care inspection was stated for a second time.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment evidenced the home was warm and comfortable. Many patients' bedrooms were personalised with items important to them.

Some areas of the home required painting and decorating, while anti-slip stair edging was missing from some stairs in an identified fire exit route. This was discussed with the manager who confirmed they had recently recruited new maintenance personnel and a refurbishment plan was available which addressed the identified works required throughout the home.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 20 March 2024. The manager confirmed that all actions identified by the fire risk assessor would be addressed within the required timeframe.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Hand sanitisers were readily available throughout the home. It was observed that some personal protective equipment (PPE) was not stored appropriately or readily available in identified areas of the home. This was discussed with the manager who provided assurances that this would be reviewed without delay.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided, although shortfalls in staff practice were noted. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. An area for improvement was identified.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room for meals or to the lounge to socialise.

Patients were observed reading, listening to music and watching TV in their bedrooms, while others enjoyed bingo with the activity co-ordinator.

An activity planner displayed in the general nursing unit confirmed varied activities were delivered although no planner was on display in the intermediate care unit. Patient's spoke positively regarding the activities within the home. One patients said, "I enjoy the bingo."

Examination of records evidenced that individual activity assessments/life stores with associated person centred activity care plans were not in place for patients in the intermediate care unit. No record of activities delivered to patients in this unit were retained. There was no evidence that registered nurses reviewed records retained by the activity co-ordinator when evaluating activity care plans. Further work is required to ensure the delivery and evaluation of meaningful activities to all patients is evidenced.

This was discussed with the manager who provided verbal assurances that they would review care planning and record keeping regarding activities and meaningful engagement within the home. RQIA were satisfied that the manager understood their role and responsibilities in terms of activity provision and needed a period of time to address this area of work. This will be reviewed at a future care inspection.



### 5.2.5 Management and Governance Arrangements

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

There has been no change in the management of the home since the last inspection. Miss Daniella Curran has been the manager since January 2023. RQIA were notified appropriately.

Review of records confirmed that systems were in place for staff supervision and appraisal.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were analysed on a monthly basis.

A review of the records of accidents and incidents which had occurred in the home found that these were generally well managed and reported appropriately. Review of records identified two notifiable events which had not been reported. These were submitted retrospectively and this process will be reviewed at a future care inspection.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. As stated previously in this report, areas for improvement were identified regarding the management and oversight of agency staff recruitment and how agency staff provided and recorded care to an identified patient.

Review of a sample of audits confirmed that improvements were required regarding the auditing of IPC practices and the home environment. For example, while the audits had the date completed and by whom, they did not generate an action plan with associated timescales, who was responsible for addressing the actions or evidence of action taken. Details were discussed with the manager and it was agreed that further work was required to ensure that the evaluation and analysis of the audit outcomes is understood and evidenced. This process will be reviewed at a future care inspection.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These reports were available for review by patients, their representatives, the Trust and RQIA. It was noted from the reports reviewed that the manager had not 'signed off' the action plan. This was discussed with the manager and advice was shared regarding evidencing the manager role and driving improvement through this reports action plan.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5	*5

\*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Daniella Curran, Manager, at the conclusion of the inspection and after the inspection with Mrs Linda Graham, Regional Manager on 4 June 2024 on as part of the inspection process. The timescales for completion commence from the date of inspection.

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 21 (1) (b) Schedule 2  <b>Stated:</b> First time  <b>To be completed by:</b> 14 May 2024	<p>The registered person shall ensure that all pre-employment checks are completed before any staff commence working in the home and evidence retained of managerial oversight of all such records.</p> <p>This includes arrangements for temporary/agency staff employed to work in the home.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager ensures all pre-employment checks are completed and retained on file prior to staff commencing work in the home. All agency staff profiles are requested and checked by the Registered Manager.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 14 May 2024	<p>The registered person shall ensure that patients in receipt of one to one care are appropriately supervised at all times.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager has addressed with all nursing staff the importance of ensuring that patient on one to one care is supervised at all times. The Registered Manager has included in induction documentation for agency staff that the patient is supervised at all times and continues to monitor this.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 14 May 2024	<p>The registered person shall ensure detailed and person centred care plans are in place for those patients who require one to one care.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager has developed a detailed and specific care plan for the patient who at present is requiring one to one care.</p>

<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 19 (3) (b)  <b>Stated:</b> First time <b>To be completed by:</b> 14 May 2024	<p>The registered person shall ensure that patient care records are at all times available for inspection in the home.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>  The Registered Manager has received all records from the agency staff providing one to one care and these are kept within the home. All records are available for inspection.</p>
<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time <b>To be completed by:</b> 14 May 2024	<p>The registered person shall ensure a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene.</p> <p>Where deficits are identified by the monitoring system, an action plan is put in place to drive the necessary improvement.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  The Registered Manager is carrying out donning and doffing spot checks and hand hygiene audits. The Registered Manager has provided education to all staff on donning/doffing and continues to monitor this area. Any deficits noted will be addressed through an action plan.</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time <b>To be completed by:</b> 14 May 2024	<p>The responsible person shall ensure that repositioning records, food and fluid intake records and hourly bedrail check records are completed accurately, contemporaneously and in full.</p> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>  The Registered Manager continues to monitor the recording of food and fluid intake charts, repositioning and bedrail checks and has addressed with staff any deficits noted in order to ensure charts are accurately recorded.</p>

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 39.1  <b>Stated:</b> First time <b>To be completed by:</b> 14 May 2024	<p>The registered person shall ensure that all staff newly appointed, including agency staff and student nurses, complete a structured orientation and induction programme in a timely manner and that records are retained for inspection.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>  The Registered Manager ensures all student nurses and agency staff have completed an induction programme and records are retained for inspection.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> 14 May 2024	<p>The registered person shall ensure records are kept of all staff working in the home over a 24-hour period and the capacity in which they are working.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>  The Registered Manager maintains records of all staff working in the home which includes all agency staff providing one to one care.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> 14 May 2024	<p>The registered person shall ensure staff providing one to one care receive a comprehensive handover report and are appraised with any other significant information regarding the patient they are assigned to care for.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>  The Registered Manager ensures that all one to one staff receive a handover and are informed of any information required regarding the patient they are caring for.</p>
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 19.4  <b>Stated:</b> First time  <b>To be completed by:</b> 14 May 2024	<p>The registered person shall ensure that there is a system in place to easily identify each member of staff by their name and role within the home.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>  The Registered Manager has provided name badges for all staff with their name and role so that they are easily identified.</p>

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



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