



Unannounced Follow-up Care Inspection Report 23 January 2019



Cregagh Nursing Home

Type of Service: Nursing Home (NH)
Address: 2a Graham Gardens, Belfast BT6 9FB
Tel No: 028 9045 1300
Inspector: Lyn Buckley

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

3.0 Service details

Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual: Christopher Philip Arnold	Registered Manager: Gail Ellen Chambers
Person in charge at the time of inspection: Gail Chambers – registered manager	Date manager registered: 13 April 2018
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 registered places: 40

4.0 Inspection summary

An unannounced inspection took place on 23 January 2019 from 10.35 to 14.47 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.

The inspection focused on assessing the level of the progress and/or compliance with the areas for improvement identified during the last unannounced care inspection on 4 July 2018.

We can confirm that all areas of improvement identified during the July 2018 inspection have been met.

There were no areas for improvement identified during this inspection.

With one exception all those consulted with during this inspection commented positively regarding the care provided, the staffs' caring and respectful attitude, staffing levels and the management arrangements for the home.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Gail Chambers, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced finance inspection undertaken on 18 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection.

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
- the previous finance inspection report.

During the inspection the inspector met with seven patients individually and others in small groups, three patients' relatives and eight staff. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left in the home to obtain feedback from patients and relatives not consulted. During the inspection.. A poster was provided for staff inviting them to provide feedback to RQIA on-line. The inspector also provided the registered manager with 'Have we missed you' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

The following records were examined during the inspection:

- nursing and care staff duty rotas from 14 to 27 January 2019
- records pertaining to accidents occurring in the home from 1 October 2018
- a sample of governance records

- three patients' care records
- the complaints record
- the menu planner
- catering equipment checks.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 18 October 2018

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last care inspection dated 4 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) Stated: First time	The registered person shall ensure that fire safety measures, such as ensuring fire exits and escape routes are not compromised and that fire doors are not blocked or wedged open are adhered to at all times.	Met
	Action taken as confirmed during the inspection: Observation of the home's environment, review of records and discussion with the registered manager evidenced that this area for improvement has been met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (l)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the storage of items of furniture, patient equipment no longer in use and staff equipment such as domestic trolleys, aprons and gloves is reviewed in accordance with regulation and infection prevention and control regional guidance.</p> <p>The two identified bathrooms must be maintained clear of all inappropriate storage.</p> <p>Action taken as confirmed during the inspection: Observation of the home’s environment and discussion with the registered manager evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that food safety arrangements for the management of the kitchenettes on each floor are reviewed to ensure they are managed effectively and meet food hygiene and safety requirements.</p> <p>Action taken as confirmed during the inspection: The registered manager confirmed that the arrangements had been reviewed; the catering team confirmed that they managed the food safety arrangements for each kitchenette. As stated this area for improvement has been met.</p> <p>Details regarding the use of microwaves and patient food refrigerators were further discussed in Section 6.3.5.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 32 (h)</p> <p>Stated: First time</p>	<p>The registered person shall submit a retrospective variation to registration application regarding the changes made to three bedrooms.</p> <p>Any additional planned changes to the premises must be notified to RQIA in advance of the works commencing.</p> <p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	<p>Met</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 22.5 Stated: First time	The registered person shall ensure that when a patient is deemed to be at risk of falls, following risk assessment, a detailed falls care plan is put in place.	Met
	Action taken as confirmed during the inspection: Review of patient records and discussion with nursing staff evidenced that this area for improvement has been met.	

6.3 Inspection findings

6.3.1 Staffing Arrangements

Discussion with the registered manager confirmed the planned staffing levels for the nursing home. These levels were also subjected to regular review to ensure the assessed needs of the patients were met.

Review of the nursing and care staff duty rotas from 14 to 27 January 2019 evidenced that the planned staffing levels were adhered to. Nursing and care staff confirmed that there was sufficient staff on duty to ensure the needs of patients were met.

Patients and relatives consulted, with the exception of one patient's relatives, confirmed that they were very satisfied with number of staff on duty and that staff were attentive, caring and respectful. Discussion with the registered manager and review of complaint records evidenced that the relative's concerns regarding their loved on had been acknowledged and responded to. Refer to Section 6.3.3 for further details regarding the management of falls.

Observations of the delivery of care evidenced that the needs of patients were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Patients were observed to be relaxed and comfortable in the interactions with staff.

In addition to discussions during the inspection we also consulted patients and relatives via questionnaires regarding staffing. However, none were received within the timeframe specified.

Staff not consulted were invited via a poster, left with the registered manager, to provide feedback via an on line survey. At the time of issuing this report we had received no responses.

Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Management of Accidents and Incidents

We reviewed accidents and incident records from 1 October 2018 in comparison with notifications received by RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained as required and RQIA were appropriately notified.

We also reviewed patient care records regarding the management of falls. Care records evidenced that when a patient was admitted to the nursing home their history regarding falls was considered as part of the assessment process. Care plans were then developed to address how the risk of falling was to be managed. In addition, and if required, nursing staff considered the use of equipment such as bedrails or a pressure mat as part of the falls management plan. If equipment was to be put in place the relevant risk assessments and care plans, for the equipment, were also completed.

Review of records evidenced that when a patient sustained a fall, nursing staff delivered the required care and treatment given the patient's condition; and reviewed all relevant risk assessments and care plans as part of the post falls analysis process.

The registered manager confirmed that they undertook a review of all the falls occurring in the home on at least a monthly basis. The data was analysed to identify if any patterns of trends were emerging and/or if further action was required to reduce risk.

Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Management and Governance Arrangements

Since the last care inspection there has been no change to the management arrangements for the home. The duty rotas reviewed confirmed the registered manager working patterns and the nurse in charge of the home in the absence of the registered manager.

We reviewed the governance arrangements in relation to management of the home's environment, falls and management of complaints. The registered manager had a system and process in place to review each of the areas examined and records were maintained which evidenced that, where deficits were identified through the audit process, action plans were developed to address them.

In addition to the governance records reviewed the registered manager also held 'overview' records pertaining to the number, type and origin of any wound or pressure ulcer sustained by a patient. These records enabled the registered manager to ensure patients received effective care and treatment and that care plans were reviewed regularly to reflect patients' assessed needs; and any recommendations made by other healthcare professionals such as the tissue viability nurse (TVN).

Review of the home's complaints record evidenced that systems were in place to ensure that any concerns expressed by patients, relatives, a member of the public or staff, regarding the

care of patients or about services delivered in the nursing home were managed appropriately. Complaints were also audited as part of the governance arrangements, on at least a monthly basis. Any learning or deficits identified were discussed with staff and action plans developed to drive improvement as required.

Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.4 Patient Care Records

We reviewed three patient care records in relation to the admission process, management of falls, management of wounds and pressure area care; and management of nutrition.

Care records reflected that where appropriate, referrals had been made to other healthcare professionals such as GPs or TVNs. Care charts such as repositioning charts evidenced that contemporaneous records were maintained. As stated previously care plans and risk assessments were reviewed regularly.

Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.5 Management of nutrition and menu choices.

We observed the serving of the lunchtime meal. The meal served offered a choice of main meal and look nutritious and smelt appetising. Catering staff served the meal from a heated trolley. Patients consulted confirmed that the food was tasty, portion sizes were good and there was “some good home baking” available for snacks with tea and coffee. One patient said she was impressed that catering staff remembered at each mealtime that she liked only one portion of potatoes. One relative said baked beans were served with most meals over the week; review of the home’s weekly menus and discussion with catering staff evidenced that this was not the case unless a patient specifically requested it. For example we reviewed week one menu planner and choice sheet; baked beans were on the menu on only one occasion.

Catering, nursing and care staff demonstrated their knowledge how to manage the needs of patients requiring a therapeutic diet. These diets had been prescribed by dieticians and/or speech and language therapist (SALT). Staff also confirmed their knowledge regarding the national/regional guidelines on how modified food and fluids were to be described. The registered manager confirmed that she and her team were working closely with the local healthcare Trust and GPs to ensure patients nutritional needs were met in accordance with the new descriptors. Training had been planned for staff and information to assist staff was clearly displayed.

We also reviewed two patient's care records in regard to how their nutritional needs were met. When a patient was admitted to the home nursing staff completed nutritional risk assessments and recorded the patients weight to provide them with a baseline for future reference. Following these assessment care plans were developed to manage patients' care needs. Risk assessments and care plans were kept under regular review. Where necessary care plans also reflected recommendations made by dieticians and SALT.

In each kitchenette we observed that microwaves were available. Staff spoken with stated that they did not use the microwaves to reheat patients' food as this was "done by catering staff". However it was evident that the microwaves were being used as both were in need of cleaning. One staff member said that staff used them to reheat their own food. Details were discussed with the registered manager. During feedback at the conclusion of the inspection, the registered manager confirmed that she had asked for the microwaves to be removed immediately from the two kitchenettes as staff had access to a microwave in their staff room. In addition we observed and confirmed with a staff member that food containers stored in the kitchenette refrigerators belonged to staff. The registered manager also directed staff, with immediate effect, that all staff food was to be stored in the large refrigerator in the staff room

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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