

Inspection Report

28 April 2022



Cregagh Nursing Home

Type of service: Nursing Home
Address: 2a Graham Gardens, Belfast, BT6 9FB
Telephone number: 028 9045 1300

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual: Mr Christopher Philip Arnold	Registered Manager: Ms Louise Riley – not registered
Person in charge at the time of inspection: Ms Mirela Paun – Deputy Manager	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: 40
Brief description of the accommodation/how the service operates: 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 rooms.	

2.0 Inspection summary

An unannounced inspection took place on 28 April 2022 from 9.20am to 5.45pm by a 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.

Patients were well presented in their appearance and spoke positively when describing their experiences on living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients, visitors and staff are included in the main body of this report.

Staff promoted the dignity and well-being of patients and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management.

Areas for improvement were identified in relation to wound care, complaints, nutritional assessments and infection prevention and control. RQIA was assured that the delivery of care and service provided in Cregagh Nursing Home was safe, effective and compassionate and that the home was well led. Addressing the areas for improvement will improve staff practice and further enhance the patients' experience of living in the home.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

The findings of the inspection were discussed with the deputy manager and the regional manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with 11 patients, four visitors and eight staff. Patients spoke positively on the care that they received and with their interactions with staff describing staff as 'friendly' and 'respectful'. One told us, "They (the staff) are all very nice and go out of their way to help. Nothing is any bother." Another commented, "I am very comfortable and happy here; staff are all very nice." Staff acknowledged that working in the home could be stressful at times, though, all staff consulted were confident that they worked well together and enjoyed working in the home and interacting with the patients. Visitors spoke positively on their engagements with staff and care delivery, however, one concern shared with the inspector was passed on to the regional manager who followed up on the concern during the inspection.

There were no questionnaire responses and we received no feedback from the staff online survey.

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 17 January 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure the environmental and hygiene practices outlined in the report do not impact on other infection prevention and control (IPC) measures and effective cleaning practices.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 4 Stated: Second time	The registered person shall ensure that care plans are reviewed in relation to the areas outlined in the report.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that when a buzzer mat is required for use, the patient's care plan clearly identifies when and where it should be used.	Met
	Action taken as confirmed during the inspection: There were no patients in the home with a buzzer mat in use and therefore this area for improvement is no longer relevant.	

Area for improvement 3 Ref: Standard 46 Criteria (2) Stated: First time	The registered person shall ensure that bedside tables in use in the home have an appropriate surface which can be cleaned effectively.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 4 Ref: Standard 4 Criteria (9) Stated: First time	The registered person shall ensure that skin checks made at the time of repositioning are accurately recorded.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 5 Ref: Standard 4 Stated: First time	The registered person shall ensure that patients' care plans are updated to reflect visiting professionals' recommendations to changes in care.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. All staff were provided with a comprehensive induction programme to prepare them for working with the patients; this also included agency or temporary staff. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), patient moving and handling and fire safety. A system was in place to ensure that staff completed their training. Staff told us that they were happy to see face to face training gradually returning. The majority of training had been provided either electronically or via a video platform during the Covid – 19 pandemic. Upcoming face to face training was identified within the duty rota file.

Staff confirmed that they were further supported through staff supervisions and appraisals. Supervision and appraisal planners were in use and a matrix was maintained to ensure that all staff received an annual appraisal and at minimum two supervisions per year. Supervisions were conducted on an individual and/or group basis.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Staff confirmed that they were busy in the home but that patients' needs were met with the number and skill mix of staff on duty. Staff said that there was good teamwork in the home and that the morale of staff was high.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. This included the use of agency staff. The duty rota identified the nurse in charge when the manager was not on duty.

Patients spoke highly on the care that they received and confirmed that staff attended to them when they needed them and that they would have no issues on raising any concerns that they may have to staff. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well and were comfortable in each other's company.

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 were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

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. This was good practice. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs. Patients' care records were held confidentially.

Where a patient was at risk of falling, a falls care plan was in place to direct staff in how to manage this area of care. 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. A review of accident records confirmed that the appropriate actions had been taken following an accident in the home. Records also indicated that the appropriate persons had been notified of the fall and the patient had been monitored. However, the monitoring form for recording neurological observations did not take into account limb movement or pupil size. This was discussed with the regional manager who confirmed that this was an old form and that new observation charts were in use.

The regional manager confirmed that they would ensure that these charts were available and that staff would be informed to use these charts only when monitoring neurological observations. This will be reviewed again at a subsequent care inspection.

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. Records of position changes had been recorded well and included checks on the patients' skin condition at the time of repositioning. An area for improvement in this regard has now been met. Risk assessments had been completed to determine if patients were at risk of skin breakdown. Where a risk was identified, a care plan was in place to guide staff on how to manage the risk.

Patients who had a wound had an initial wound assessment completed and a comprehensive wound care plan in place to identify how to manage the wound care. Wound care plans were reflective of tissue viability nurses' recommendations. An area for improvement was identified to ensure that where a patient had more than one wound, each wound should be monitored individually on a wound evaluation chart and include detail such as wound dimensions.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails. Discussion with the manager and a review of records evidenced that the proper procedures had been followed when a restrictive practice had been implemented. We discussed the importance of recording the rationale for the use of bedrails when the bedrail risk assessment identified a high risk on their use. The use of bedrails in the home was audited on a monthly basis to ensure safe and relevant usage.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. Staff assisted patients throughout the day with food and fluids in an unhurried manner. Records of patients' intake and outputs were recorded where this was required. Nutritional risk assessments were carried out to monitor for weight loss and weight gain using the Malnutrition Universal Screening Tool (MUST). However, one patient's MUST assessment had not been completed since January 2022 and was scored incorrectly. This was discussed with the manager and identified as an area for improvement.

Patients could avail from a choice of meal at lunch and evening mealtimes. A system was in place to ensure that each patient's nutritional requirements had been communicated to all relevant staff. The dining room was well supervised by staff who were wearing the appropriate PPE and took the opportunity for hand hygiene at the appropriate times. A range of drinks were served with the meal. Patients spoke positively and were complimentary in relation to the food provision in the home.

Supplementary care records had been completed by care assistants to evidence care delivery such as personal care. The records evidenced the actual care delivered such as eye care, nail care, oral care, body wash or shower. Records evidenced when beds were changed and rooms tidied. Bowel management and continence programs were evidenced within record keeping.

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. Bedside tables had been reviewed and replaced since the last care inspection and an area for improvement in this regard has now been met. Appropriate doors had been locked to ensure patients were safe from hazards such as chemicals.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

A system was in place in the laundry to ensure that clean laundered clothing was not in contact with any dirty linen or clothing.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Environmental infection prevention and control audits had been conducted monthly. All visitors, including health care professionals, to the home had a temperature check and symptom checks when they arrived at the home. They were also required to wear personal protective equipment (PPE). Visits were by appointment only.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Observation of two domestic cleaning trolleys in the home, one in use and one in a storage area, evidenced that these had not been effectively cleaned. This was an area for improvement stated for the second time at the previous care inspection. The regional area manager confirmed that following the last care inspection, the manager had developed a new cleaning schedule. The manager had spot checked the trolleys on a daily basis and these had remained clean. The regional manager also reviewed these as part of monthly monitoring and these had remained clean. The regional manager confirmed recent management changes in the home and provided assurances that this will become a focus for the current management team to monitor. The manager confirmed the actions that would be taken to ensure that the trolleys were maintained clean on a daily basis. Given these reassurances and additional reassurances provided following the inspection, the area for improvement will be carried forward for review to the next care inspection.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested. Patients, who could, could choose what they wore and what they preferred to eat.

An activities coordinator oversaw the activity provision in the home. A programme of activities was available and took into account group activities and one to one activities for those patients who could not engage in, or did not wish to engage in, group activity. Activities included arts and crafts, games, exercises, book clubs, reminiscence, aromatherapy and music. Patients were observed enjoying bingo during the inspection.

Visiting arrangements were in place in line with the Department of Health guidelines. As well as indoor visiting, patients were permitted outings with family members away from the home. There was one care partner arrangement in place in the home. Both the visiting and care partner arrangements were in place with positive physical and mental wellbeing benefits to the patients.

5.2.5 Management and Governance Arrangements

Since the last inspection the management arrangements had changed. Ms Louise Riley was providing management cover until a new manager has been recruited and inducted into post. The manager was supported by regional managers and a deputy manager. Discussion with the regional and deputy managers and staff confirmed that there were good working relationships between staff and management.

Staff were aware of who the person in charge of the home was in the manager's absence. Staff told us that they were aware of their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Areas audited included care plans, wound care, IPC and the kitchen. Where action plans were developed, there was evidence that these had been reviewed to ensure completion. The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

A complaints file was maintained. Not all areas of dissatisfaction received in the home were recorded as a complaint. This was discussed with the manager and identified as an area for improvement. Cards and compliments were kept on file and shared with staff.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Completed reports were available for review by patients, their representatives, the Trust and RQIA.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about reporting any concerns about patients' safety. Staff were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

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 (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2*	2

* The total number of areas for improvement includes one that has been carried forward for review to the next care inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mirela Paun, Deputy Manager and Linda Graham, Regional Manager, 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	
Area for Improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure the environmental and hygiene practices outlined in the report do not impact on other infection prevention and control (IPC) measures and effective cleaning practices.</p> <p>Ref: 5.1 and 5.2.3</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that where a patient has more than one wound, each wound will be monitored individually on a wound evaluation chart and include detail such as wound dimensions.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: The Registered Person has audited each wound separately to ensure correct documentation is in place and that measurements are being recorded The Registered Person has also carried out supervisions with nursing staff on wound documentation..</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 12 Criteria (4) Stated: First time To be completed by: 31 May 2022	<p>The registered person shall ensure that nutritional screening is conducted on, at minimum, a monthly basis and that the assessment is scored accurately to ensure appropriate actions are taken if required.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: The Registered person has devised an auditing tool to ensure MUST scores are accurately recorded on a monthly basis and that appropriate actions are taken as required. The Registered Person has completed supervisions with nursing staff regarding calculations of MUST scores.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure all complaints received in the home are recorded in detail identifying the complaint detail, actions taken and responses made in each case.</p> <p>All staff require training on complaints management.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Person is overseeing the management of any complaints received within the home. The Registered Person has discussed complaint management with all staff at a staff meeting and has completed supervision with all nursing staff in relation to handling of complaints.</p>
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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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