

Inspection Report

1 June 2021



Cregagh Nursing Home

Type of Service: Nursing Home
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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: Mrs Gillian Finlay Date registered: 17 February 2021
Person in charge at the time of inspection: Mrs 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: 35
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 40 persons. The home is divided into two units. The unit on the ground floor offers general nursing and interim beds which are short stay beds that can be used to assist patients in gaining independence through rehabilitation. The unit on the first floor accommodates general nursing patients.	

2.0 Inspection summary

An unannounced inspection took place on 1 June 2021 from 9.30am to 6.00pm 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.

Patients spoke positively 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 and staff are included in the main body of this report. RQIA was assured that the delivery of care and service provided in Cregagh Nursing Home was compassionate and that the home was well led.

Areas for improvement were identified to enhance the safe and effective care provision in the home and these were in relation to record keeping, infection control and the environment. Good practice was observed with staffs' training and knowledge, the delivery of compassionate care, provision of activities and with the governance measures in place to monitor the care provision in the home.

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.

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 patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this 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 and 'Tell Us' cards 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

Nine patients and seven staff were consulted during the inspection. Patients spoke positively on the care that they received and with their interactions with staff. Staff were confident that they worked well together and enjoyed working in the home and interacting with the patients. We received no questionnaire responses or responses from the 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?

The last inspection to Cregagh Nursing Home was undertaken on 20 October 2020 by a care inspector.

Areas for improvement from the last inspection on 20 October 2020		
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 that the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection. A more robust system to ensure compliance with best practices on infection prevention and control must be developed.	Met
	Action taken as confirmed during the inspection: The areas identified at the previous inspections had been managed well.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First 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.	Not met
	Action taken as confirmed during the inspection: Staff practices relating to domestics' equipment could have the potential to impact on effective infection prevention and control measures in the home.	

Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	<p>The registered person shall ensure that the infection prevention and control issues identified during the inspection, such as the appropriate use of PPE and patient equipment in relation to individual use and decontamination are managed to minimise the risk and spread of infection.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and observation of staff practices evidenced that this area for improvement has now been met.</p>	Met
Area for improvement 4 Ref: Regulation 14 (2) (a) (c) Stated: Second time	<p>The registered person shall ensure that harmful chemicals in the home are not accessible to patients in keeping with COSHH legislation.</p> <p>Action taken as confirmed during the inspection: Chemicals were not observed accessible to patients in any area of the home.</p>	
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: First time	<p>The registered person shall ensure that care plans are reviewed in relation to the areas outlined in the report.</p> <p>Action taken as confirmed during the inspection: A review of patient care records evidenced that this area for improvement has not been met.</p>	Not met
Area for improvement 2 Ref: Standard 12 Stated: First time	<p>The registered person shall ensure that the displayed menu is updated on a daily basis.</p> <p>Action taken as confirmed during the inspection: The menu on display at the lunch mealtime was up to date and reflective of the food served.</p>	

Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person shall ensure that quality improvement audits are updated regularly to provide assurance on the safe delivery of care within the home. <hr/> Action taken as confirmed during the inspection: Quality improvement audits had been conducted on a regular basis.	Met
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5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

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.

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 said there was good teamwork and that they felt well supported in their role and the level of communication between staff and management. Three staff highlighted concerns regarding the staffing levels which were shared with the manager for their review and action as appropriate. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the manager was not on duty. Staff were allocated each morning to the areas in the home where they would provide initial care.

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.

There were safe systems in place to ensure staff were recruited and trained properly and that patients' needs were met by the number and skill of the staff on duty.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Regional Manager was identified as the appointed safeguarding champion for the home.

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.

It was noted that patients and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. Complaints were monitored monthly in the home and any learning from complaints was shared with staff.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and/or alarm mats. Review of patient records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required. However, when we reviewed the care plan in place to guide the use of an alarm mat, it did not specify at which times or on which occasions the alarm mat was to be used. This was discussed with the manager and identified as an area for improvement. It was good to note that patients who had capacity were actively involved in the consultation process and could give informed consent. This was good practice. The use of restrictive practices was monitored monthly in the home.

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.

There were systems in place to ensure patients were safe in the home.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen, laundry and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. 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. The manager confirmed that improvement works were ongoing with bedroom redecorations and carpeted flooring replaced where appropriate.

Thickening agents, which could be harmful to patients if ingested, were observed to be accessible to patients in two separate areas in the home. This was discussed with the manager and identified as an area for improvement.

Patients were complimentary in relation to the environment and with the cleanliness in the home.

5.2.4 How does this service manage the risk of infection?

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors 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). Visiting arrangements were managed in line with Department of Health and IPC guidance.

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.

Equipment used by domestic staff and transferred through the home was found to be unclean. An area for improvement in this regard has been stated for the second time. Several bedside tables were in disrepair and could not be effectively cleaned due to the condition. This was discussed with the manager and identified as an area for improvement.

The risk of infection was monitored during infection control audits and through daily walkarounds the home.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time?

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, a further meeting was held daily after lunch to ensure patients' needs had been met and to discuss any changes to the care provision. 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, dressings 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.

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. Care plans were in place to direct this care including the frequency of repositioning and identification of any pressure relieving equipment in use.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, use of an alarm mat. 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. There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available served with meals. Staff attended to patients in a caring and compassionate manner. If required, records were kept of what patients had to eat and drink daily. Patients spoke positively in relation to the food provision in the home. Patients' weights were monitored monthly or more often if required, for weight loss and/or weight gain.

Patients received the right care at the right time suitable to their individual needs. Patients' needs were communicated to staff at the point of shift handover and amended during the day if required.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

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. However, a review of three patients' care records evidenced gaps in falls and wound care planning. This was discussed with the manager and an area for improvement in this regard has been stated for the second time. Patients' care records were held confidentially.

Care records were regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. 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. An area for improvement was identified in relation to the recording of skin condition at the time of repositioning. An additional area for improvement was identified to ensure the consistent recording of administration of topical preparations on the Topical Medicines Administration Record (TMAR).

Reports from healthcare professionals were included within the patients' care records. An area for improvement was identified to ensure that care plans were updated to reflect the recommendations of other healthcare professionals such as the tissue viability nurse.

Care records reflected the changing needs of patients on a daily basis. Three new areas for improvement were identified to improve the record keeping in the home in evidencing care delivery.

5.2.7 How does the service support patients to have meaning and purpose to their day?

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 go out for a walk when they wanted, remain in their bedroom or go to a communal room when they requested.

An activities therapist was employed to coordinate activities in the home. A programme of activities was available. Activities included reminiscence, bingo, art, bible readings, singing, pampering, puzzles and games. Activities were provided on a patient group basis but also took into account those who did not wish to engage in group activities and those who wished to or

had to remain in their bedrooms. The home also engaged with the local primary school and community groups as an additional social outlet for patients. An activities diary was maintained to record all activities provided in the home and those who involved with the activity.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

There was evidence that patients were supported to have meaning and purpose to their day.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff 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. There has been no change in the management of the home since the last inspection. Mrs Gillian Finlay has been the registered manager in this home since 17 February 2021.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or members of the team completed regular audits to support the safe delivery of care and the smooth running of the home.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments had been received from patients and their relatives/representatives.

Staff commented positively about the manager and the management team 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.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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

Systems were in place to monitor the quality of services and drive improvements.

6.0 Conclusion

Patients spoke positively on living in the home. They were afforded choice on how to spend their day and staff supported patients with their choices. There was adequate staff on duty to attend to patients' needs in a timely manner and systems were in place to ensure the smooth running of the home.

Based on the inspection findings and discussions held we are satisfied that this service is providing care in a caring and compassionate manner; and that the service is well led by the manager/management team. Areas for improvement were identified to enhance the safe and effective care in the home.

7.0 Quality Improvement Plan/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).

	Regulations	Standards
Total number of Areas for Improvement	2*	6*

* The total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Gillian Finlay, Registered 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 5.2.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager following the inspection implemented a checklist for cleaning of domestic trolley. The Registered Manager continues to check this on her daily walkarounds.</p>
Area for improvement 2 Ref: Regulation 13 (4) (a) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that thickening agents are stored safely when not in use and not accessible to patients.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager has addressed with staff the storage of thickening agents to ensure none are accessible to residents.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 31 July 2021	<p>The registered person shall ensure that care plans are reviewed in relation to the areas outlined in the report.</p> <p>Ref: 5.1 and 5.2.6</p> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed all care plans in relation to the areas outlined in this report.</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 31 July 2021	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered manager has spoken with staff about the resident in question and use of the buzzer mat. The resident's care plan has been updated to clearly reflect when and where the mat is used.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 46 Criteria (2)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2021</p>	<p>The registered person shall ensure that bedside tables in use in the home have an appropriate surface which can be cleaned effectively.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager has carried out an audit of all bedside tables and has a replacement programme in place to replace any that does not have an appropriate surface which can be cleaned effectively.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2021</p>	<p>The registered person shall ensure that skin checks made at the time of repositioning are accurately recorded.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: The Registered Manager has addressed this area with staff and continues to monitor and oversee skin check recordings, any issue found will be further address with staff through supervision.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 29 Criteria (2)</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2021</p>	<p>The registered person shall ensure that TMARs are completed in full at the time of administration.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed the recordings of topical administrations and continues to monitor the recordings of these.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2021</p>	<p>The registered person shall ensure that patients' care plans are updated to reflect visiting professionals' recommendations to changes in care.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: The Registered Manager has addressed with staff the need for timely update of care plans in line with any updates from visiting professional recommendations and will continue to monitor this area.</p>

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