

# Inspection Report

**6 April 2023**



## Cregagh Nursing Home

**Type of service: Nursing Home**

**Address: 2a Graham Gardens, Belfast, BT6 9FB**

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Spa Nursing Homes Ltd  <b>Responsible Individual:</b> Mr Christopher Philip Arnold	<b>Registered Manager:</b> Miss Daniella Curran – Not registered
<b>Person in charge at the time of inspection:</b> Miss Daniella Curran	<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 6 April 2023 from 9.35 am to 6.00 pm. The inspection was carried out by care inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients said that they felt well looked after and that there were enough staff to help them. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were seen to treat the patients with respect and kindness and to attend to their needs in a timely manner.

Areas requiring improvement identified are discussed in the main body of the report. RQIA were assured that the delivery of care and service provided in the home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services 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 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 and how staff went about their work was observed.

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 manager at the conclusion of the inspection.

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

Patients spoke in very positive terms about their experience of living in the home. Comments made by patients included that "the staff are all very happy", "friendly staff", "I have no complaints at all, it is very good", "they are looking after me really well" and "the staff are excellent".

Staff said that staffing levels were satisfactory, teamwork was good and they feel well supported. Comments made by staff included "teamwork is great", "staffing levels are good", "great teamwork, we are good at helping each other" and "lovely place to work".

Relatives consulted with during the inspection said that “it is an excellent place” and “the staff are great”. Relatives said they were satisfied with the care provided and that communication was good.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Comments made by patients, staff and relatives were brought to the attention of the manager for information.

## 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 28 April 2022		
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 13 (7)  <b>Stated:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and IPC practices provided evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of wound care records confirmed that this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref: Standard 12</b> <b>Criteria (4)</b>  <b>Stated: First time</b>	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of nutritional screening records confirmed that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref: Standard 16</b>  <b>Stated: First time</b>	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.  All staff require training on complaints management.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records of complaints and training confirmed that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. Discussion with both permanent and agency staff confirmed that they completed a suitable induction prior to working with the patients.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. The manager maintained an overview of staff training and staff were reminded when training was due.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Bank staff were used or agency staff were block booked to cover shifts when required.

Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

Staff said that they were satisfied with staffing levels and that teamwork was good. Staff also said that they felt well supported in their role and found the manager to be accessible and approachable.

It was observed that there were sufficient numbers of staff on duty to attend to the needs of the patients in a timely manner.

Patients said there were enough staff to help them and that they found the staff to be helpful and friendly.

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

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly. Patients who were in their rooms had call bells within reach and staff were noted to be responsive to requests for assistance.

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 and included any advice or recommendations made by other healthcare professionals. There was evidence of consultation with patients and their relatives, if this was appropriate, in planning care. Patients' care records were held confidentially.

Care records for patients with mobilising difficulties included recommendations regarding pressure relieving equipment in use and the frequency of repositioning. Patients were assisted by staff to change their position regularly.

Where a patient was at risk of falling measures to reduce this risk were in place. Relevant risk assessments and care plans had been developed. Review of care records evidenced that staff took appropriate action in the event of a patient having a fall.

Care records accurately reflected the patients' recommended care needs if they had a wound and relevant care plans had been developed for individual wounds. If required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and/or the Podiatrist and followed the recommendations they made.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails, crash mats and alarm mats.

Review of care records evidenced that these were regularly signed off as having been reviewed by staff. The manager confirmed that care record audits were completed to identify any deficits and ensure that action was taken to resolve these. Care plans were detailed and person centred. However, it was observed that there was duplication of care plans in identified care records which could lead to confusion and conflicting information regarding care needs. An area for improvement was identified.

Informative 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 recorded.

Staff maintained records of the frequency of repositioning and food and fluid intake in patient's individual supplementary care records. However, the exact time of repositioning was not consistently recorded. It was not always clear, from the manner in which records were completed, how much of their meal patients had eaten. It was also noted that there were gaps in the recording of hourly bedrail checks during the night duty shift. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff were seen to assist patients with the level of support they required from simple encouragement through to full assistance. Staff ensured that patients were comfortably seated in their preferred location for their meal. Lunch was well organised, relaxed and unhurried.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. The food was attractively presented, smelled appetising and was served in appropriate portion sizes. Patients were offered a variety of drinks with their meal.

The daily menu on display for patients' information was not reflective of the current week of the menu cycle on display. This was discussed with staff and it was established that the menu cycle had just changed to the summer menu and the day's menu was, in fact, reflective of that. Staff took action to ensure the menu cycle on display was updated.

Review of care records evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT) and/or the Dietician. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain and nutritional assessments reviewed were correctly calculated.

The vast majority of patients said that they enjoyed the food on offer in the home; comments included that "the food is excellent", "the food is lovely", "I can get a salad whenever I want" and "if I don't like something there is always a choice". One patient said that they had always been a picky eater and sometimes struggled with the options available; this was brought to the attention of the manager who confirmed that there was always a choice available and that efforts were made to ensure all the patients had a meal they enjoyed.

A relative, who visited very regularly, said that they were "absolutely" satisfied with the care provided and that "the food is good".



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

The home was observed to be clean, tidy, warm and fresh smelling. The main communal areas were attractively decorated and welcoming spaces for patients. Fire exits and corridors were observed to be clear of clutter and obstruction.

Patients' bedrooms were attractively personalised with items that were important to them, such as, family photos, ornaments, pictures and flowers.

It was noted that the ceiling and walls in an identified bedroom required repair and redecoration. Some pressure relieving cushions, bed frames and bed tables also needed to be replaced due to obvious wear and tear which can be a barrier to effective cleaning. This was brought to the attention of the manager and an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Staff were observed to carry out hand hygiene regularly. Staffs' use of personal protective equipment (PPE) was not always seen to be in accordance with the regional guidance. Staff did put on appropriate PPE to assist patients with their lunch but were then observed to assist patients to mobilise without changing their PPE between tasks. Staffs use of PPE and hand hygiene was monitored by the manager and records were kept; review of records confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. However, observation of staffs use of PPE identified that training was not effectively embedded into practice. An area for improvement was identified.

The manager said that there had been some recent issues with hot water supplies to a limited number of sinks in the home and that action was underway to ensure this was resolved as soon as possible. During the inspection it was noted that this issue appeared to be intermittent and not widespread; no patients or staff mentioned any issues with hot water supplies. Following the inspection, the manager confirmed that the home's Estates Team was in the process of replacing a number of valves and that RQIA would be informed when the works were completed.

Patients said that they were satisfied that the home was comfortable and was kept clean and tidy. One patient commented that the environment was "very homely".

### 5.2.4 Quality of Life for Patients

The atmosphere throughout the home was warm, welcoming and friendly. Observations of the daily routine confirmed that staff offered patients choices throughout the day regarding, for example, what they would like to eat and drink, whereabouts they preferred to spend their time and the option to take part in activities or not.

Discussion with patients confirmed that they were able to choose how they spent their day. Patients said they were aware of the planned activities on offer and that it was very much their choice whether or not to join in with these or not.



Patients' birthdays and holidays were celebrated. Activity planners were on display and included options such as hairdressing, church services, reminiscence sessions, bingo and an 'International Walking Day' activity. Singers were regularly invited in to the home to entertain the patients.

Care records were maintained for patients regarding activities and socialising; these records were person centred and reflective of individual needs and preferences.

Drinks and snacks were offered at regular intervals and patients said they could get a cup of tea whenever they wanted. Patients had jugs of juice or water available in their bedrooms.

Staff said that they enjoy working in the home. Comments made by staff included that "there is no set routine here at all, it is the patients' home and we only work here, it is our job to help them live well", "we are one big family" and "we try to be as flexible as possible for the patients".

Patients said that they felt staff listened to them and that they were confident any concerns they might have would be sorted out. Patients commented that "I have no issues and I go straight to the top if I need to speak to anyone", "I know who to speak to of course and how to get things sorted", "first class, staff are excellent", "very happy, no complaints" and "flexible choices and I come and go as I want".

### **5.2.5 Management and Governance Arrangements**

There has been a change in the management of the home since the last inspection. Ms Daniella Curran has been the acting manager in this home since 30 January 2023 and has been supported during her induction period by senior managers. Ms Curran has not yet submitted an application to RQIA to be registered as the manager of the home.

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. Staff commented positively about the management team and said that "we can go to absolutely anyone about anything".

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Relatives said that they knew how to report any concerns or complaints and that they were confident that these would be dealt with. There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity for the team to learn and improve.

It was established that 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.

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. The reports are available for review by patients, their representatives, the Trust and RQIA.

Relatives had recently been provided with an opportunity to discuss their views on the running of the home at a relatives' meetings. Staff meetings were held on a regular basis. Records of meetings were maintained and were available for review.

## 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
<b>Total number of Areas for Improvement</b>	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Daniella Curran, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (b)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of the inspection	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> Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> <b>The Registered person can confirm that the repairs and redecoration in the identified bedroom has been completed. A list of bedtables/ bedframes and pressure relieving cushions has been recorded and is the process of being replaced.</b>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	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.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> <b>The Registered Person is completing care plan audits to ensure that patients care plans are specific, relevant and any duplicated care plans have been removed.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	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.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> <b>The Registered Person has addressed the recording of supplementary charts with all staff and has carried out supervisions in relation to the thorough completion of all supplementary records. There will be ongoing monitoring by the Registered Manager</b>

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	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> Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> <b>The Registered Person has carried out supervision with staff on PPE compliance in accordance with regional guidelines. The use of PPE and infection control audits have also been completed. Staff have completed online Infection prevention control training and the Registered Manager will continue to monitor compliance to ensure it is embedded into practice and any deficits identified will be promptly addressed.</b>

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