

Unannounced Care Inspection Report

20 October 2020



Cregagh Nursing Home

Type of Service: Nursing Home

Address: 2a Graham Gardens, Belfast BT6 9FB

Tel no: 028 9045 1300

Inspector: Liz Colgan

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing for up to 40 persons.

3.0 Service details

Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual: Christopher Philip Arnold	Registered Manager and date registered: Gillian Finlay – Registration pending
Person in charge at the time of inspection: 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: 37

4.0 Inspection summary

An unannounced inspection took place on 20 October 2020 from 10.00 to 17.30 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The purpose of the onsite inspection was to minimise risk to service users and staff, including our staff, whilst being assured that registered services are providing services in keeping with the minimum standards and relevant legislation.

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.

We discussed the management of operations in response to the COVID-19 pandemic with the manager. We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

During this inspection we identified evidence of good practice in relation to maintaining the well-being of patients, the management notifiable events, adult safeguarding, teamwork, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

There were areas for improvement identified in relation to environmental and hygiene issues, infection prevention and control (IPC) including the use of personal protective equipment

(PPE) and decontamination of patient equipment, control of substances hazardous to health (COSHH), the daily menu, care records and quality improvement audits.

The following areas were examined during the inspection:

- staffing
- infection prevention and control and personal protective equipment including the environment
- care delivery
- care records
- dining experience
- governance and management arrangements.

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	4*	3

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Gillian Finlay, manager, and Linda Graham, regional manager, as part of the inspection process.

Enforcement action did not result from the findings of this 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.

During the inspection the inspector met with eight patients, one patient's relative and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' 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.

The following records were examined during the inspection:

- staff duty rota from the 19 October to 8 November 2020
- five care records
- three patients' repositioning charts
- notifications of accidents and incidents
- incident and accident records
- regulation 29 monthly quality monitoring reports
- a selection of quality assurance audits
- the certificate of registration.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 5 November 2019.

No further actions were required to be taken following the most recent inspection.

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 19 (2) Schedule 4 (1) Stated: Second time	The registered person shall ensure that a record is maintained of the furniture and personal possessions which each patient has brought into the room occupied by him.	Met
	(The Care Standards for Nursing Homes (2015) state that these records should be kept up to date and be reconciled and signed and dated by two people on a quarterly basis).	
	Action taken as confirmed during the inspection: Review of documentation confirmed that a record has been maintained of the furniture and personal possessions which each patient has brought into the room occupied by him. This record is reconciled, signed and dated by two people on a quarterly basis.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>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.</p> <p>A more robust system to ensure compliance with best practices on infection prevention and control must be developed.</p> <p>Action taken as confirmed during the inspection: Observation and review of documentation evidenced that this area of improvement had been partially addressed. Areas still outstanding related to, inappropriate storage in bathrooms, staff coats and bags being stored in the first floor kitchenette. An infection prevention and control audit had been developed; this needs further development to ensure it includes waste management and the use of PPE.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (c) (d) (i) (iii)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that doors in the home are not propped open and that all fire exits are maintained clear at all times.</p> <p>Action taken as confirmed during the inspection: Observation evidenced that doors in the home were not propped open and that all fire exits were maintained clear at the time of inspection.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<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: Observation evidenced that harmful chemicals in the home were accessible to patients which is not in keeping with COSHH legislation.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p>Not met</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 2.8 Stated: First time	The registered person shall ensure that any changes to the individual agreement are agreed in writing by the patient or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the patient or their representative is unable to or chooses not to sign the revised agreement, this is recorded.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that changes to the individual agreement were agreed in writing by the patient or their representative. The individual agreement had been updated to reflect any increases in charges payable. Where the patient or their representative was unable to or chooses not to sign the revised agreement, this was recorded.	
Area for improvement 2 Ref: Standard 41 Stated: First time	The registered person shall review the staffing arrangements in the home, including deployment, in line with patients' dependencies.	Met
	Action taken as confirmed during the inspection: Review of documentation and discussion with the manager confirmed that staffing arrangements in the home had been reviewed and included deployment, in line with patients' dependencies.	
Area for improvement 3 Ref: Standard 30 Stated: First time	The registered person shall ensure that thickening agents are stored appropriately and are not left accessible to patients at any time.	Met
	Action taken as confirmed during the inspection: Observation confirmed that thickening agents were stored appropriately and were not accessible to patients at any time.	
Area for improvement 4 Ref: Standard 28 Stated: First time	The registered person shall review the morning routines to ensure that medicines are administered in a timely manner.	Met

	Action taken as confirmed during the inspection: Observation confirmed that the morning medications were administered in a timely manner.	
Area for improvement 5 Ref: Standard 4.4 Stated: First time	The registered person shall ensure that wound care plans reflect the recommendations from tissue viability nurses.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that wound care plans reflected the recommendations from tissue viability nurses.	

6.2 Inspection findings

6.1.2 Staffing

Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 19 October to 8 November 2020 were reviewed. The rota reflected the nurse in charge arrangements and staff on duty during the inspection. A competency assessment was completed by the manager with any nurse who is given the responsibility of being in charge of the home in their absence. Staff confirmed that staffing levels were maintained to ensure the needs of patients could be met. There were no concerns raised by staff regarding staffing levels in the home. Staff shared that normal staffing levels were maintained throughout the peak of the COVID–19 outbreak.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observation of staff practice showed they were kind and courteous to patients and responded to call bells or requests for assistance in a timely manner. Staff spoken with confirmed there was a good sense of teamwork in the home and demonstrated an awareness of the individual needs of patients. Staff spoken with felt supported by their manager.

Comments received from staff include:

- “the current situation has improved teamwork.”
- “the manager is very approachable.”
- “currently it is very rare that anyone phones in sick.”
- “I love working here, we are doing everything we can to protect the patients in the current situation.”

6.2.2 Infection prevention and control and personal protective equipment including the environment

We reviewed arrangements in relation to IPC procedures to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

We undertook a tour of the home and noted that the home was generally clean, tidy, uncluttered and well maintained. There were a number of environmental issues identified on this and the previous inspection which could impact on other infection prevention and control (IPC) measures and effective cleaning practices. These are as follows:

- inappropriate storage in bathrooms (restated)
- domestic trolleys were not clean
- clinical waste bags stored on the toilet cistern of two communal toilets
- storage of staff coats and bags in a cupboard of the kitchenette on the first floor (restated)
- a storage room was cluttered and the floor unclean
- the cleanliness, condition and availability of both clinical and domestic waste bins
- the lack of cleaning products and an equipment sink in the sluice rooms for the decontamination of equipment. A protocol was not available to outline how equipment could be cleaned without an equipment sink.
- the light in the sluice room on the first floor was not working properly, resulting in the door to a storage area being propped open creating the potential of aerosol spray from the sluice room to the stored patient equipment, continence products and PPE in the area.
- the infection prevention and control audit; needs further development to include waste management and the use of PPE. (restated)

These issues were discussed with the manager and an area for improvement was made. Areas identified at the previous inspection have been stated for the second time.

We observed that PPE supplies and hand sanitization was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Staff on the ground floor were observed using PPE appropriately in accordance with the current guidance. On the first floor we observed the inappropriate use of PPE by one staff member on two occasions. PPE was not removed after care delivery. Two staff members were observed on two occasions not to wear appropriate PPE for direct care to patients. We observed the communal use of patient equipment such as a hoist sling and a wheelchair. The manager confirmed that hoist slings are individually available for patients and that wheelchairs should be cleaned after each patient use. These issues were discussed with the manager. An area for improvement was made.

We observed the provision of a higher level of PPE available for two patients who require aerosol generating procedures including the use of FFP3 masks. The performance of these masks depends on achieving good contact between the wearer's skin and the mask. The only way to ensure that the FFP3 mask offers the desired level of protection is for the wearer to be fit tested for a particular make and model of mask. We reviewed the fit testing records and confirmed that the appropriate staff had been fit tested for FFP3 masks.

We observed signage at the entrance to the home to reflect the current guidance on COVID-19. We were advised that during the current pandemic all patients and staff had their temperature taken twice daily, records were available. We were advised that management completed regular observations of staff handwashing practices. Signage outlining the seven steps to handwashing was displayed throughout the home. Discussion with staff evidenced they were

aware of how to reduce or minimise the risk of infection in the home. Staff confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home.

We confirmed that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. The manager demonstrated good knowledge and understanding of IPC procedures.

Within the two kitchenette areas on both floors of the home we identified a chemical within spray bottles which were in an unlocked cupboard, which had the potential to be harmful to health if ingested. This was identified as an area for improvement at the previous care inspection and has been restated for the second time

6.2.3 Care delivery

We observed staff practice in the home and interactions with patients were warm and kind. Staff showed good knowledge and understanding of patients' individual needs. Patients were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Most patients' were observed relaxing in their bedrooms while others were in communal sitting rooms. Patients' appeared comfortable, staff were available throughout the day to meet their needs and call bells were observed to be in easy reach for patients who were in their bedrooms.

Comments received from patients included:

- "We are well looked after in here."
- "Everybody is so good."
- "I am very happy here."
- "The food is good; there is always plenty to choose from."

6.2.4 Care records

Five care records were reviewed; these had been completed upon patients' admission to the home. Records included an up to date assessment of needs, care plans, risk assessments as necessary and daily evaluation records. We viewed the care records for identified patients in relation to chest infection, risk of falling and catheter care. The care records were generally well completed, however a number of areas were noted for improvement:

- the care plan of a patient with a chest infection had not been reviewed after their course of antibiotics had been completed.
- the care plan, body chart and daily progress notes for a patient with moisture lesions had not been reviewed therefore either progress or deterioration could not be determined.
- in another care record a photo of a leg ulceration had no date, also the review of care did not state if the wound had improved or deteriorated, the continual recording in the review was "dressing renewal as per care plan."
- a malnutrition universal screening tool (MUST) assessment in another care record had not been updated since August 2020.

These areas were discussed with the manager. An area for improvement was made.

6.2.5 Dining experience

We observed the serving of lunch during the inspection. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for patients due to risks during the COVID-19 pandemic. A small number of patients made their way to the dining room for lunch; others were supported with lunch in their bedrooms or the lounge areas. We observed patients were provided with appropriate clothing protectors. Reviews of the menu choice evidenced patients were given a choice at each mealtime; this included patients who required a modified diet. The daily menu displayed in the dining areas still recorded the previous day's menu for the duration of the inspection. An area for improvement was made.

Feedback from patients indicated that they were happy with the food provided in the home. Drinks were made easily available and staff provided assistance as necessary. Meals provided looked appetising and were of a good portion size. We were advised the dining arrangements were subject to ongoing review. Staff were observed providing drinks and snacks to patients at intervals throughout the day.

We were advised that a risk assessment had been completed for relatives who regularly assist the relative with their meals. One relative was observed assisting with their mother's lunch. The relative was happy with the care and attention provided by the home.

6.2.6 Governance and management arrangements

The manager outlined the line management arrangements for the home and confirmed she felt well supported in the recent months of the COVID-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately. We reviewed a sample of monthly monitoring reports from March 2020 to August 2020. The monthly monitoring reports evidenced oversight had been maintained with regards to the running of the home. Actions plans were included within the reports.

We reviewed a selection of quality improvement audits including falls, bedrails, wounds, medication and hand hygiene and found that none of these had been updated on a monthly basis. The infection prevention and control audit had been carried out in October 2020 but as previously stated requires further development. An area for improvement was made.

We were advised the manager was available for staff if they had any issues or concerns and there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The homes certificate of registration was displayed appropriately in a central part of the home.

Areas of good practice

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, teamwork, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

Areas of improvement

The following areas were identified for improvement in relation to, environmental and hygiene issues, infection prevention and control including the use of PPE and decontamination of patient equipment, control of substances hazardous to health, the daily menu, care records and quality improvement audits.

	Regulations	Standards
Total number of areas for improvement	4*	3

6.3 Conclusion

Throughout the inspection patients were attended to by staff in a respectful manner. Patients appeared comfortable, and those spoken with were happy in the home and with the care provided. Seven areas of improvement were identified including two which were stated for the second time.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gillian Finlay, manager, and Linda Graham, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

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: Immediate effect	<p>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.</p> <p>A more robust system to ensure compliance with best practices on infection prevention and control must be developed.</p> <p>Ref: 6.1 and 6.2.2</p>
	<p>Response by registered person detailing the actions taken: The Registered Manager will continue to monitor infection prevention and control issues identified during the inspection to ensure the risk of spread of infection is minimised.</p> <p>The Registered Manager has instructed all registered nursing staff as part of their role to carry out daily observations on infection control practices within the home and to discuss any concerns with the Registered Manager.</p> <p>The Registered Manager has introduced the Regional Healthcare Hygiene and Cleanliness Audit Tool in order to ensure compliance with best practices.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: 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: 6.2.2</p>
	<p>Response by registered person detailing the actions taken: The Registered Manager can confirm that all inappropriate items have been removed from the bathrooms and she has informed all staff about correct areas for storage of equipment. The Domestic Trolleys and storage room floor have been cleaned. All staff have been informed that once bins are emptied the waste is removed to the outside bin area. Staff coats and bags are now stored in the staff room. The light in the sluice has been fixed and the adjoining store door is kept closed. The Registered Manager has carried out a check of all clinical and domestic bins and new bins have been purchased. Information for decontamination of equipment is available for staff in the Sluice area.</p> <p>The Registered Manager has introduced the Regional Healthcare Hygiene and Cleanliness Audit Tool to incorporate audit of waste management and compliance with PPE.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate effect</p>	<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>Ref: 6.2.2.</p> <p>Response by registered person detailing the actions taken: The Registered Manager has carried out education, observation and supervision of staff to ensure that the environmental and hygiene practices outlined in the report have been addressed. This is an area the Registered Manager and Registered Nursing Staff will continue to monitor.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate effect</p>	<p>The registered person shall ensure that harmful chemicals in the home are not accessible to patients in keeping with COSHH legislation.</p> <p>Ref: 6.1 and 6.2.2.</p> <p>Response by registered person detailing the actions taken: The Registered Manager has locks on the cupboards in the kitchenettes for storage of cleaning chemicals. Further Coshh Training has been arranged.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 20 November 2020</p>	<p>The registered person shall ensure that care plans are reviewed in relation to the areas outlined in the report.</p> <p>Ref: 6.2.4.</p> <p>Response by registered person detailing the actions taken: The Registered Manager and Deputy Manager have audited care files and have addressed the areas outlined in the report. The Registered Manager will continue to review care files to ensure compliance. Nursing staff continue to be supported on development of care file documentation.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate effect</p>	<p>The registered person shall ensure that the displayed menu is updated on a daily basis.</p> <p>Ref: 6.2.5.</p> <p>Response by registered person detailing the actions taken: Menu Boards are available on each floor and are updated daily. The Registered Manager will monitor this on her daily walk arounds.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p>	<p>The registered person shall ensure that quality improvement audits are updated regularly to provide assurance on the safe delivery of care within the home.</p>

Stated: First time To be completed by: 20 November 2020	Ref: 6.2.6. Response by registered person detailing the actions taken: The Registered Manager acknowledges that due to increase workload from covid 19, testing and visiting restrictions she was aware of the need to keep all governance up to date and had previously liaised with her RQIA Inspector on this. She is to seek support to ensure quality improvement audits are updated monthly. This will be monitored by the Regional Manager when carrying out Regulation 29 reports.
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