

# Inspection Report

18 April 2024



## Carryduff Nursing Home

Type of service: Nursing  
Address: 19 Church Road, Carryduff BT8 8DT  
Telephone number: 028 9081 4862

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Registered Provider:</b> Spa Nursing Homes Ltd  <b>Responsible Individual:</b> Mr Christopher Philip Arnold	<b>Registered Manager:</b> Mrs Jinu Mathew – registration pending
<b>Person in charge at the time of inspection:</b> Mrs Jinu Mathew – Manager	<b>Number of registered places:</b> 23
<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> 20
<b>Brief description of the accommodation/how the service operates:</b> This is a registered Nursing Home which provides nursing care for up to 23 patients. The home is divided into two floors with patients' bedrooms located on both floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 18 April 2024 from 9.10 am to 6.30 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Carryduff Nursing Home was provided in a compassionate manner.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Carryduff Nursing 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 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

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "The staff are good craic. I like it", while another patient said, "I have no concerns at all, I am more than well cared for." A further patient said, "I love it here. The girls are kind."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "We have no concerns. Our relative is well cared for", while another relative said, "They (the staff) keep us updated on everything." Another relative said, "I come in every day and the care is brilliant. The staff are fantastic. They couldn't be better. The bedrooms aren't fancy and the food looks lovely."

Staff spoken with said that Carryduff Nursing Home was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No responses were received to the online staff survey and no questionnaires were returned by patients or their relatives.

## 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 April 2023		
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 (1) (a) (b) <b>Stated:</b> First time	The registered person shall ensure that patient care plans and risk assessments are updated on a regular basis.	Met
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 27 (4) (a) <b>Stated:</b> First time	The registered person shall ensure recommendations made in the fire risk assessment are addressed in the recommended timeframe.	Met
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 3</b> <b>Ref:</b> Regulation 27 (4) (d) (v) <b>Stated:</b> First time	The registered person shall make adequate arrangements for fire detection & alarm test activation on a weekly basis.	Met
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 39.9 <b>Stated:</b> First time	The registered person shall ensure that mandatory training requirements are met.	Met
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for Improvement 2</b> <b>Ref:</b> Standard 14.26 <b>Stated:</b> First time	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 3</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection.	<b>Met</b>
	This area for improvement specifically related to the storage of patient equipment/toiletries and management of storage space within the home.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time	The registered person shall ensure activities are planned and delivered to provide structure to the patient's day.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

A review of a selection of recruitment records confirmed that pre-employment checks had been completed prior to each staff member commencing in post. Staff members were provided with a comprehensive induction programme to prepare them for providing care to patients.

Checks were made to ensure that staff maintained their registration with the Nursing and Midwifery Council (NMC) or with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

Review of records confirmed all of the staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as manual handling, infection prevention and control (IPC) and fire safety.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels. Review of staff meeting minutes confirmed that staff meetings were held on at least a quarterly basis.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; relatives said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

## 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 members were knowledgeable of patients' needs, their daily routine, wishes and preferences. 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. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

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. Examination of the recording of repositioning evidenced these records were generally well completed.

A number of patients were on bed rest and were unable to use the nurse call system due to their cognitive impairment. This was discussed with the manager who agreed to audit to the use of the nurse call system to ensure those patients who cannot use the system are appropriately supervised. Appropriate care plans should be implemented and records maintained.

Management of wound care was examined. Review of a selection of care records confirmed that wound care was provided in keeping with care plan directions.

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. Examination of records regarding the management of falls evidenced that these were managed in keeping with best practice guidance.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Bedrail risk assessments clearly identified if bedrails were a suitable intervention, however bed rail check lists were not consistently in place. This was discussed with the manager who agreed to review those patients who use bed rails and ensure a system of safety checks is implemented.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients spoke positively in relation to the quality of the meals provided.

Discussion with staff confirmed changes to the planned menu were not recorded and review of the menu evidenced that the choice of meal was similar on some identified days. This was discussed with the manager who agreed to meet with the catering manager to review the current menu with patients and to ensure a system of recording changes to the planned menu is in place.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Records of patients' intake and outputs were recorded where this was required.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Examination of menu choice records and the modified diet records held by kitchen staff confirmed conflicting information regarding the levels of food and fluid recommended for some of the patients. In addition, some of the records were not updated to include the name of the patients currently living in the home; this had the potential to cause confusion in relation to the delivery of patient care. This was discussed with the manager who agreed to review records relating to the management of patients on modified diets. An area for improvement was identified.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Examination of a selection of care plans for a patient recently admitted to the home confirmed these were well completed. However, review of a selection of care records evidenced that not all care plans had been updated to reflect a change in patients assessed needs. Some care plans were not personalised, while some evaluations of care were not person centred and contained repetitive statements. Areas for improvement were identified.

Patient's looked presentable, clean and well cared for, however recording gaps of up to four weeks were noted on some personal care records. Care staff should record when care has been offered but refused and evidence any further attempts that were made for care delivery. This was discussed with the manager and an area for improvement was identified.

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 also recorded.

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

Examination of the home's environment evidenced the home was warm and comfortable. Many patients' bedrooms were personalised with items important to them.

While the home was found to be clean, shortfalls in environmental cleaning were noted, particularly in relation to bedside tables. Many of the bedside tables were damaged and required repairing or replacing; this was discussed at the previous care inspection. In order to drive the necessary improvements, areas for improvement were identified.

Some areas of the home required painting and decorating while items of patient equipment such as bedframes with surface damage required repair or replacing. It was noted that some of the furniture in the home did not match. This was discussed with the manager who submitted a refurbishment plan to RQIA following the inspection which included timeframes for works to be completed. Given these assurances and to provide the manager with sufficient time to fully address the works required, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

Concerns about the management of risks to the health safety and wellbeing of patients, staff and visitors to the home were identified. For example, the home's treatment room was unlocked with access to medications and sharps, while thickening agents were accessible to patients in a number of areas of the home and were not appropriately supervised. The door to the electrical services room was unlocked and a domestic cleaning trolley was unsupervised on two occasions allowing potential patient access to substances hazardous to health. A cabinet with sharp tools and carpet adhesive was also in an area accessible to patients. These matters were discussed with staff who took immediate action. Areas for improvement were identified.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 4 April 2024 and the manager was awaiting the final report from the fire risk assessor at the time of the inspection. Review of the fire risk assessment from 20 April 2023 confirmed all corrective actions identified by the fire risk assessor were signed off as completed by the manager.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Hand sanitisers were readily available throughout the home.

Discussion with staff confirmed that training on IPC measures and the use of PPE (personal protective equipment) had been provided. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly. A small number of shortfalls in individual staff practice were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

## 5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room for meals or to the lounge to socialise.

Patients were observed reading, listening to music and watching TV in their bedrooms, while others enjoyed a visit from relatives. Comments received from patients included, "I do my own activities" and "The activities lady is very good to me, we made butterflies and do colouring in."

An activity planner displayed in the home confirmed varied activities were delivered which included arts and crafts, sing-a-long, games and hand massage. Photos displayed within the home showed patients enjoying birthday celebrations. A newsletter for March 2024 highlighted a number of events such as exercises, pet therapy and karaoke.

Examination of the staff allocation book confirmed that no staff were allocated to lead on activities in the absence of the activity co-ordinator. This was discussed with the manager who agreed to review this to ensure meaningful engagement for all patients when the activities staff are not working.

It was noted that a lounge within the home was being used for a purpose other than the reason it had been registered for. This has the potential to impact on the provision of a fulfilled day to patients and the use of the lounge for social interactions. Review of records confirmed a variation application had not been received by RQIA. This was discussed with the regional manager who confirmed in writing following the inspection that the room had reverted to its original use.

## 5.2.5 Management and Governance Arrangements

Staff members 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 manager 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.

There has been a change in the management of the home since the last inspection. Mrs Jinu Mathew has been the manager since May 2023. RQIA were notified appropriately.

Review of records confirmed that systems were in place for staff supervision and appraisal.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were analysed on a monthly basis.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly. However, there was evidence that not all notifiable events were recorded and notified appropriately. A number of incidents that had occurred had not been recorded in the incident log while at least two notifiable events had not been submitted to RQIA.

The manager agreed to audit the accidents and incidents and notify RQIA retrospectively. Areas for improvement were identified.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. Review of a sample of audits confirmed that improvements were required regarding the auditing of care records, hand hygiene and the home environment. This was discussed at the previous care inspection. In order to drive the necessary improvement, an area for improvement was identified.

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

## 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 (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5	6

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jinu Mathew, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 April 2024</p>	<p>The registered person shall ensure medicines are securely stored in the home.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Manager has addressed with all nursing staff the importance of storage of medicines and ensuring the treatment room/ nursing office door is locked when no-one is present in this room. Care Staff are aware that thickener must be stored away and new cupboards have been purchased.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 April 2024</p>	<p>The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Manager has addressed with staff and carried out supervision regarding the safety of chemicals on their trolley whilst cleaning. All tools have been removed and are now stored away from resident area.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 19 (1) (a) Schedule 3 (3) (j)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 April 2024</p>	<p>The registered person shall ensure that a record is retained of any accident affecting the patient in the nursing home and of any other incident in the home which is detrimental to the health and welfare of the patient.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Manager has addressed with nursing staff the recording of all accidents/incidents which affect the welfare of any resident. The Manager will continue to audit the recording of accident/incidents in the home.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30 (1) (d) (f)</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively.</p> <p>Ref: 5.2.5</p>

<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 April 2024</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Manager has submitted two retrospective notifications and will ensure all accidents/ incidents are notified within the timeframe.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 May 2024</p>	<p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The Manager has reviewed the audits and has updated them and increased frequency of environmental audits.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 April 2024</p>	<p>The registered person shall ensure that accurate and contemporaneous records for patients on modified diets are maintained by kitchen staff.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The Manager has updated all records for the kitchen regarding modified diets.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 April 2024</p>	<p>The registered person shall ensure that patient's care plans are kept under review and reflect any changes in the patient's assessed care needs.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The Manager has addressed with nursing staff the updating of care records when any change in condition arises and will continue to monitor this.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 April 2024</p>	<p>The registered person shall ensure patient's care plans and all evaluations of care are meaningful and person centred.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The Manager has addressed with nursing staff care plans and evaluations of care to ensure they are meaningful and person centred.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 April 2024</p>	<p>The registered person shall ensure that personal care records are accurately maintained.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The Manager has addressed with all care staff the importance of recording personal care records and any refusal of care. The Manager will continue to monitor this.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 April 2024</p>	<p>The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection.</p> <p>This area for improvement specifically relates to the cleaning of bedside tables.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The Manager has addressed with staff the cleaning of bedside tables after meals and will continue to monitor this.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 43.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 June 2024</p>	<p>The registered person shall ensure that the damaged bedside tables are repaired or replaced.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Six new bedside tables which were damaged have been replaced.</p>

*\*Please ensure this document is completed in full and returned via Web Portal*



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