The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Redburn Clinic**

Provider: **Spa Nursing Homes Ltd**

Date of Inspection: **16 January 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Spa Nursing Homes Ltd
Responsible Individual:	Mr Christopher Philip Arnold
Registered Manager:	Mr Michael Bagood
Service Profile – This home is a registered nursing home which provides general nursing care for up to 27 patients over and under 65 years of age. Patients' bedrooms are located over three floors and patients have access to communal lounge and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 16 January 2025 from 9.40am to 3.10pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 5 September 2024.

Patients said that living in the home was a good experience and complimented the staff on their delivery of care. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection 10 areas for improvement were assessed as having been addressed by the provider and one area stated for the second time in relation to the completion of staffs' appraisals and supervisions. Full details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I'm happy here," and, "The food is excellent here".

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

Staff were satisfied with the staffing arrangements in place and felt that they worked well together. There was a good working relationship between staff and the home's management team.

Relatives were positive when describing their experiences of the care in the home. One told us, "You couldn't ask for better. It is excellent care here".

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Patients spoke positively on their engagements with staff. Any requests for assistance were answered in a timely manner. Timebound duties, such as the morning medicine round, were finished within an appropriate timeframe. Staff were satisfied that the staffing levels and skill mix on duty met the patients' needs. Patients raised no concerns in relation to the staffing arrangements.

The majority of staff were compliant with their mandatory training requirements. A plan was in place were staff had not completed training to bring them back into compliance. The manager confirmed that any staff who had not completed their training would be unable to work in the home.

There was evidence that a significant number of staff did not have an appraisal within the past 12 months and five staff did not have two recorded supervisions. This was discussed with the manager and an area for improvement in this regard has been stated for the second time.

3.3.2 Quality of Life and Care Delivery

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 were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

A safety pause, prior to the lunch mealtime, was conducted by the senior carer with all staff present to ensure that patients received their correct meals in accordance with the speech and language therapist's or dietician's recommendations. Patients were supervised at mealtimes in accordance with their assessed need. A new system had been commenced to ensure that all patients received their meals at the appropriate temperatures; especially those who preferred to dine in their bedrooms.

Patients and relatives confirmed that activities took place in the home. The allocated activitiy therapist's hours had increased since the last inspection. A programme for activities was displayed at the reception area and the dining room. Activities included arts and crafts, bowling, quiz, pampering and prayers. Patients spoke fondly of the seasonal activites they enjoyed over the Christmas break. The activity therapist confirmed that they were completing 'life stories' with patients and reviewing care plans for their hobbies and interests to ensure that the activities met with the patients' wants and needs. Records were maintained of patients' engagements with the activities provided.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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. The admission records had been completed in a timely manner from the date of admission.

Pressure management risk assessments had been completed. Where a risk of damage to a patient's skin was identified, a care plan was in place to guide staff on how to manage the risk. When a patient required to be assisted with positional changes, care plans identified the frequency of the repositioning and records of repositioning had been maintained well.

Supplementary care records had been recorded to monitor patients' dietary and fluid intakes. These records had been recorded well and included any supplements the patients were taking and anytime patients were offered, but refused, their meals.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy, warm and comfortable for patients to live in. Equipment had been stored safely and not impeaching on patients' living spaces. Some equipment was kept in the patient's bedrooms for their own use only. Corridors and fire exits were clear of any clutter and obstructions.

An uncovered radiator in the home was found to be very hot to the touch which could lead to an accidental burn should a patient fall against it. This was discussed with the manager and steps were put in place to mitigate this risk.

3.3.5 Quality of Management Systems

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to patients. Patients and their relatives spoken with said that they knew how to report any concerns/complaints and said they were confident that the manager or person in charge would address their concerns.

The number of complaints received was low. Records of complaints received were detailed in how they were managed and included the complainant's satisfaction level following response.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with the standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Michael Bagood, Registered Manager and Louise Riley, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 40 **Stated:** Second time **To be completed by:** 28 February 2025	The registered person shall ensure that staff receive an annual appraisal and, at minimum, two recorded supervisions per year. Ref: 2.0 and 3.3.1
	Response by registered person detailing the actions taken: The Registered Person shall ensure that all staff receive an appraisal and two recorded supervisions per year. An appraisal matrix and supervision planner are in place for the year and the Registered Person has commenced completion of both supervisions and appraisals according to the planner.

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

The Regulation and Quality Improvement Authority

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