

Inspection Report

5 September 2024



Redburn Clinic

Type of service: Nursing Home
Address: 89 Belfast Road, Ballynahinch, BT24 8EB
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Spa Nursing Homes Ltd	Registered Manager: Mr Michael Bagood
Responsible Individual: Mr Christopher Philip Arnold	Date registered: 4 May 2024
Person in charge at the time of inspection: Miss Louise Riley – Regional Support Manager	Number of registered places: 27
Categories of care: Nursing (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: 19
Brief description of the accommodation/how the service operates: This is a registered nursing home registered to provide nursing care for up to 27 patients. Patients' bedrooms are located over three floors and patients have access to communal lounges, a dining room and a garden area.	

2.0 Inspection summary

An unannounced inspection took place on 5 September 2024 from 9.20am to 4.20pm by a care inspector.

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

Patients were well presented in their appearance and spoke positively when describing their experiences of living in the home. Comments received from patients and staff are included in the main body of this report.

Care was delivered in a compassionate manner. Areas for improvement were identified and details can be found in the Quality Improvement Plan (QIP) at the end of this report.

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 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.

The findings of the inspection were discussed with the regional manager and the regional support manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients told us that they were happy living in the home and were offered choice in how they spent their day. One patient said, "The staff are brilliant. Very attentive. Food is very good. There is good chat around here".

Staff told us that there were enough care staff on duty to provide good care and that there were good working relationships between staff and the home's management team.

There were no questionnaire responses received from patients or relatives and we received no responses from the staff survey.

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 11/08/23		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: Second time	The registered person shall ensure that the temperature of the medicine storage area is maintained at or below 25°C.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 16 (1) (2) Stated: First time	The registered person shall ensure that patients' risk assessments and corresponding care plans are completed in a timely manner following admission to the home.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and this will be discussed further in Section 5.2.3. This area for improvement has not been met and has been stated for the second time.	
Area for improvement 3 Ref: Regulation 27 (2) (m) Stated: First time	The registered person shall ensure that patients have a lockable space in their bedrooms to lock any items they wish away.	Met
	Action taken as confirmed during the inspection: 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
Area for improvement 1 Ref: Standard 6 Stated: Second time	The registered person shall review the management of distressed reactions to ensure that care plans are in place and the reason for and outcome of administration are recorded on all occasions.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 23 Stated: First time	The registered person shall ensure that when a pressure management risk is identified, a care plan is in place to direct staff on how to manage this risk.	Partially Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and this will be discussed further in Section 5.2.2. This area for improvement has not been fully met and has been stated for the second time.	
Area for improvement 3 Ref: Standard 12 Criteria (27) Stated: First time	The registered person shall ensure that food and fluid intake records are maintained accurately and include any supplements consumed by the patients.	Not Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and this will be discussed further in Section 5.2.2. This area for improvement has not been met and has been stated for the second time.	
Area for improvement 4 Ref: Standard 12 Criteria (4)	The registered person shall ensure that nutritional assessments in use are scored correctly.	Met

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Standard 11 Stated: First time	The registered person shall review the provision of activities to ensure that patients, who wish, are engaged with regular meaningful activities.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and this will be discussed further in Section 5.2.4. This area for improvement has not been fully met and has been stated for the second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Patients raised no concerns in regards to the staffing arrangements in the home. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. Staff consulted were satisfied that the staffing levels met the patients' needs. However, a deficit was identified with nursing hours in the morning when the manager was not on duty. This was discussed with the manager and identified as an area for improvement. Staff felt that they worked well together and that the teamwork was good.

All newly employed staff completed an induction to become more familiar with the homes policies and procedures. A booklet was completed to record the topics of induction covered. A list of training was identified for completion as part of the induction process.

Staff had a suite of mandatory training topics to complete annually to maintain their knowledge and skills in order to provide safe and effective care. Training topics included infection prevention and control, patient moving and handling, adult safeguarding, deprivation of liberty safeguards and management of dysphagia. The system to ensure compliance with mandatory training requirements was not robust as several topics had lower levels of compliance. This was discussed with the manager and identified as an area for improvement. In addition, an area for improvement was identified to ensure that nursing and care staff received an annual appraisal and, at minimum, two recorded supervisions each year.

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

Staff were observed to work well and communicate well with one another during the inspection.

5.2.2 Care Delivery and Record Keeping

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

A review of a recently admitted patient's care records evidenced that a low number of risk assessments and care plans had been completed some 12 days following admission. This was discussed with the manager and an area for improvement in this regard was stated for the second time.

Where a risk to skin integrity was identified, pressure management care plans were not always detailed enough to give specific detail on how to manage the risk. For example, the need for repositioning or the frequency of repositioning. This was discussed with the manager and an area for improvement was stated for the second time.

Supplementary care records were recorded to capture the care provided to patients. This included any assistance with personal care, food and fluid intake and any checks made on patients. However, food and fluid intake records were inconsistent in recording and several did not reference supplements taken. This was discussed with the manager and an area for improvement was stated for the second time. Nursing staff completed daily progress notes to evaluate the daily care delivery.

Incident forms were completed by staff to record any accidents or incidents which occurred in the home. Falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed to monitor for weight loss or weight gain. Additional attention was required to ensure that these were conducted monthly. The manager provided an assurance that this would be done and this will be reviewed at the next inspection. Nutritional care plans were in line with the recommendations of the speech and language therapists (SALT) and/or the dieticians. Patients were safely positioned for their meals. An area for improvement was made to ensure that patients received the supervision they require, as dictated by their care plans, when consuming their meals.

The food served appeared appetising and nutritious. However, it was observed that meals were not appropriately stored in order to maintain their temperature when being delivered to patients' bedrooms. This was discussed with the manager and identified as an area for improvement.

5.2.3 Management of the Environment and Infection Prevention and Control

The home's environment including a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms were reviewed. The home was warm, clean and comfortable. There were no malodours detected.

Corridors in the home were free from clutter and obstruction as were the fire exits should patients have to be evacuated. Fire extinguishers were easily accessible. The actions required from the most recent fire risk assessment had been completed.

Equipment was identified to have been inappropriately stored in a patient's bedroom. This was discussed with the manager and identified as an area for improvement.

Infection prevention and control audits were conducted monthly and included monitoring of staffs' hand hygiene practice. Action plans were developed and reviewed to ensure that any deficits identified were appropriately addressed. Staff were observed to perform hand hygiene and wear the correct personal protective equipment at the appropriate times.

5.2.4 Quality of Life for Patients

Patients appeared comfortable and settled in their environment. There was a pleasant atmosphere throughout the home. It was observed that staff provided care in a caring and compassionate manner. It was clear through patient and staff interactions that they knew one another well and were comfortable in each other's company.

Patients confirmed that activities took place in the home. An activities planner was available for review. Activities included games, sing-a-long, arts and crafts, music, newspaper reading and reminiscence. Life stories were completed on admission to give staff information of patients' past and current family life and interests. However, only 12 hours per week were allocated to activity provision. Activities were provided in groups or on a one to one basis making it difficult for meaningful activities to be provided to all who wished to engage. This was discussed with the manager and an area for improvement in this regard was stated for the second time.

Patients spoken with told us they enjoyed living in the home and that staff were friendly. One patient told us, "They are lovely staff here. We are well looked after. I couldn't want any better. I go out for fresh air when I want". Another patient told us, "The staff are very good; both day and night staff".

Visiting was open for relatives to attend when they wished and patients were free to leave the home with family members if they wished.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change to the management arrangements. Mr Michael Bagood registered with RQIA as Manager of the home on 4 May 2024. Discussion with the manager and staff confirmed that there were good working relationships between staff and the manager. Staff told us that they found the manager to be 'approachable', 'available' and 'easy to talk to'.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff had a good awareness of the homes' organisational structure should they need to escalate their concern and were aware of the departmental authorities that they could contact should they need to escalate further.

The managers confirmed their own internal governance practices in order to monitor the quality of care and other services provided to patients. Audits were conducted on, for example, patients’ care records, restrictive practice, medicines management, staff training and the environment.

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 and completed reports were available for review by patients, their representatives, the Trust and RQIA.

The number of complaints made to the home was low. Although, the complaints records were not sufficient in capturing all of the details of the complaint investigations or related correspondence. This was discussed with the manager and identified as an area for improvement. Any compliment’s received were kept on file and shared with staff.

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
Total number of Areas for Improvement	3*	8*

*The total number of areas for improvement includes one under regulation and three under standards that have each been stated for a second time.

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16 (1) (2) Stated: Second time To be completed by: 5 October 2024	The registered person shall ensure that patients’ risk assessments and corresponding care plans are completed in a timely manner following admission to the home. Ref: 5.1 and 5.2.2 Response by registered person detailing the actions taken: The Registered Manager has addressed with nursing staff the need for risk assessments and care plans to be completed in a timely manner. The Registered Manager will continue to audit new admissions to ensure all risk assessments and care plans are in place within 5 days of admission.

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients are adequately supervised when taking food/fluids in accordance with SALT/dietetic advice.</p> <p>Ref: 5.2.2</p>
<p>To be completed by: With immediate effect (5 September 2024)</p>	<p>Response by registered person detailing the actions taken: The Registered Manager has addressed with staff the supervision of residents and meals are staggered in order to ensure that supervision is in place in line with SALT/ Dietetic advice.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (l)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that equipment in the home is appropriately stored and does not impede on patients' daily living.</p> <p>Ref: 5.2.3</p>
<p>To be completed by: With immediate effect (5 September 2024)</p>	<p>Response by registered person detailing the actions taken: The Registered Manager has addressed with all staff the safe storage of equipment and continues to monitor this on his daily walkarounds.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that when a pressure management risk is identified, a care plan is in place to direct staff on how to manage this risk.</p> <p>Ref: 5.1 and 5.2.2</p>
<p>To be completed by: 5 October 2024</p>	<p>Response by registered person detailing the actions taken: The Registered Manager has addressed with nursing staff the need to ensure that pressure management care plans when in place are detailed to ensure this directs all staff on how to manage the risk.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12 Criteria (27)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that food and fluid intake records are maintained accurately and include any supplements consumed by the patients.</p> <p>Ref: 5.1 and 5.2.2</p>

<p>To be completed by: 5 October 2024</p>	<p>Response by registered person detailing the actions taken: The Registered Manager has addressed with nursing staff the need to ensure that all supplements administered are recorded on the fluid/ food records and the Registered Manager continues to monitor this.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be completed by: 5 October 2024</p>	<p>The registered person shall review the provision of activities to ensure that patients, who wish, are engaged with regular meaningful activities.</p> <p>Ref: 5.1 and 5.2.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed the provision of activities to ensure residents who wish to engage are consulted on their wishes and that the activity programme covers Monday to Friday.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 41 Criteria (1)</p> <p>Stated: First time</p> <p>To be completed by: 5 October 2024</p>	<p>The registered person shall review the staffing arrangements in the home to make sure at all times there are sufficient staff on duty to meet patients' needs.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed the staffing arrangements and the working of the team to ensure all staff are working together to meet the needs of the residents.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 5 November 2024</p>	<p>The registered person shall ensure that a more robust system is put in place to ensure compliance with mandatory training requirements.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager continues to address with all staff the compliance with mandatory training. All permanent staff have completed training. Any bank staff who do not carry out training are not permitted to work until training has been completed.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 40</p>	<p>The registered person shall ensure that staff receive an annual appraisal and, at minimum, two recorded supervisions per year.</p>

Stated: First time To be completed by: 5 November 2024	Ref: 5.2.1
	Response by registered person detailing the actions taken: The Registered Manager is at present carrying out appraisals and supervisions with all staff and these will be concluded by year end.
Area for improvement 7 Ref: Standard 12 Stated: First time To be completed by: With immediate effect (5 September 2024)	The registered person shall ensure that robust arrangements are in place with regards to maintaining the temperature of all meals served to patients when dining in their bedrooms. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Registered Manager ensures all meals are delivered to bedrooms from a heated trolley to ensure that temperature of meals are maintained.
Area for improvement 8 Ref: Standard 16 Criteria 11 Stated: First time To be completed by: With immediate effect (5 September 2024)	The registered person shall ensure that complaint records contain sufficient detail to evidence all actions taken in response to the complaint and include all relevant correspondence sent/received. Ref: 5.2.5
	Response by registered person detailing the actions taken: The Registered Manager has updated the complaint record to ensure all correspondence and actions taken are reflected.

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



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