

Inspection Report

30 January 2024



Iveagh House Private Nursing Home

Type of service: Nursing Home

Address: 62 Castlewellan Road, Banbridge, BT32 4JD

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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 Responsible Individual: Mr Christopher Philip Arnold	Registered Manager: Miss Louise Riley Date registered: 26 April 2023
Person in charge at the time of inspection: Miss Louise Riley	Number of registered places: 33
Categories of care: Nursing (NH): I – old age not falling within any other category	Number of patients accommodated in the nursing home on the day of this inspection: 23
Brief description of the accommodation/how the service operates: Iveagh House Private Nursing Home is a registered nursing home which provides nursing care for up to 33 patients. Patients' bedrooms are located over three floors and patients have access to communal dining and lounge areas.	

2.0 Inspection summary

An unannounced follow up inspection took place on 30 January 2024, from 10.20am to 1.15pm by a pharmacist inspector. The purpose of this inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The areas for improvement identified at the last care inspection have been carried forward for review at the next care inspection.

The findings of the last medicines management inspection on 18 July 2023 indicated robust arrangements were not in place for the management of medicines. Three areas for improvement were identified in relation to out of stock medicines, the management of controlled drugs and personal medication records.

Following the inspection, the findings were discussed with the senior pharmacist inspector in RQIA. It was decided that the manager and staff would be given a period of time to implement the necessary improvements and that this follow up inspection would be completed to ensure the improvements had been implemented and sustained.

The outcome of this inspection evidenced that the areas for improvement in relation to medicines management had been suitably addressed. The audits completed at the inspection indicated that patient's had a continuous supply of their prescribed medicines. Satisfactory arrangements were in place for the management of controlled drugs and personal medication records had been maintained to the required standard.

The manager and staff were commended for their efforts and were reminded that the improvements must be maintained. RQIA would like to thank the staff and patients for their assistance during the inspection.

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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Discussions were held about how staff plan, deliver and monitor the management of medicines.

4.0 What people told us about the service

The inspector met with nurses, the manager and the regional manager. Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

Staff expressed satisfaction with how the home was managed. Nurses and the manager stated they had worked hard to improve the management of medicines and that the changes implemented since the last medicines management inspection had been effective and were sustainable.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 7 November 2023		
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a) and (b) Stated: Second time	The registered person shall ensure that neurological observations are conducted and recorded in line with best practice guidance following any fall resulting in a head injury / potential head injury.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 14 (2) (a) and (c) Stated: Second time	The registered person shall ensure that radiators in the home are maintained at a low heat, otherwise, covered to minimise the risk of accidental burns.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Regulation 12 (1) (a) and (b) Stated: First time	The registered person shall ensure that registered nurses maintain an oversight of supplementary care records to make sure that the appropriate care has been delivered.	Carried forward to the next inspection
	Any actions taken as a result of review should be clearly documented within the daily evaluation notes.	
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 4 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure patients have a continuous supply of their prescribed medicines.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 5.2.1.	
Area for improvement 5 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that the controlled drug record book is fully and accurately maintained.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 5.2.2.	
Area for improvement 6 Ref: Regulation 15 (2) (a) and (b) Stated: First time	The registered person shall ensure that patients' risk assessments and care plans are consistently reviewed regularly to ensure that they remain current.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with Care Standards for Nursing Homes, December 2022		Validation of compliance
Area for improvement 1 Ref: Standard 4 Criteria (9) Stated: Second time	The registered person shall ensure that records of repositioning are recorded contemporaneously and include: <ul style="list-style-type: none"> the position the patient was repositioned to the frequency of repositioning evidence of skin checks at time of repositioning signatures of any staff involved in the repositioning. 	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 2 Ref: Standard 29 Stated: First time	The responsible person shall ensure that personal medication records are fully and accurately completed and are reflective of the patient's currently prescribed medicines.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See Section 5.2.3.	
Area for improvement 3 Ref: Standard 41 Stated: First time	The registered person shall review the staffing arrangements in the home, taking into consideration the deployment of staff and working practices, to ensure that patients' needs are met at all times.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Medicines stock control

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The medicines ordering process had been reviewed since the last medicines management inspection. The manager advised that communication between the home and community pharmacy had improved and that nurses were aware to escalate any out of stock medicines to ensure no missed doses occur. The records inspected showed that medicines were available for administration when patients required them.

5.2.2 Management of controlled drugs

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs. The controlled drug record book was accurately completed and stock balances were reflective of the stock at hand. It was identified that a number of obsolete Schedule 2 controlled drugs remained in the controlled drug safe. This was discussed with the manager who provided assurances that these medicines would be appropriately disposed of following the inspection.

5.2.3 Medicine related records

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate. Review of patient's personal medication records was included in the home's audit process to ensure any discrepancies are suitably identified.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	4*	2*

* The total number of areas for improvement includes six which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Miss Louise Riley, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 (1) (a) and (b) Stated: Second time To be completed by: With immediate effect (7 November 2023)	The registered person shall ensure that neurological observations are conducted and recorded in line with best practice guidance following any fall resulting in a head injury / potential head injury.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Regulation 14 (2) (a) and (c) Stated: Second time To be completed by: 31 December 2023	The registered person shall ensure that radiators in the home are maintained at a low heat, otherwise, covered to minimise the risk of accidental burns.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 3 Ref: Regulation 12 (1) (a) and (b) Stated: First time To be completed by: 21 May 2023	The registered person shall ensure that registered nurses maintain an oversight of supplementary care records to make sure that the appropriate care has been delivered. Any actions taken as a result of review should be clearly documented within the daily evaluation notes.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 4 Ref: Regulation 15 (2) (a) and (b) Stated: First time To be completed by: 7 December 2023	The registered person shall ensure that patients' risk assessments and care plans are consistently reviewed regularly to ensure that they remain current.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

Action required to ensure compliance with Care Standards for Nursing Homes, December 2022	
Area for improvement 1 Ref: Standard 4 Criteria (9) Stated: Second time To be completed by: 7 December 2023	The registered person shall ensure that records of repositioning are recorded contemporaneously and include: <ul style="list-style-type: none"> • the position the patient was repositioned to • the frequency of repositioning • evidence of skin checks at time of repositioning • signatures of any staff involved in the repositioning.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: 15 December 2023	The registered person shall review the staffing arrangements in the home, taking into consideration the deployment of staff and working practices, to ensure that patients' needs are met at all times.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1



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