

Inspection Report

24 October 2022



Iveagh House Private Nursing Home

Type of service: Nursing Home

Address: 62 Castlewellan Road, Banbridge, BT32 4JD

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Spa Nursing Home Ltd Responsible Individual: Mr Christopher Philip Arnold	Registered Manager: Mrs Gillian Finlay – not registered
Person in charge at the time of inspection: Cyndy Lam, Nurse in Charge	Number of registered places: 33
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 26
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 33 patients. Patients' bedrooms are located over three floors. Communal lounges and the dining room are located on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 24 October 2022 from 6.05 pm to 8.30 pm by two care inspectors.

RQIA had undertaken an unannounced care inspection in Iveagh Private Nursing Home on 29 September 2022. At this inspection it was identified that five out of eight areas for improvement made as a result of a previous inspection conducted on 16 June 2022 were not met and were stated for a second time. These areas related to the misuse of fire doors, clutter and inappropriate storage in communal bathrooms, the accuracy of staff duty rota records, staff supervision and appraisals, and staff meetings. Additional areas for improvement were identified during the inspection on 29 September 2022 and these areas were in regards to the provision of staffing, staffs' registration status with the Northern Ireland Social Care Council (NISCC), Control of Substances Hazardous to Health (COSHH), the safe use of wheelchairs, care records, the dining experience, environmental cleanliness, infection prevention and control (IPC) practices, and governance arrangements.

Enforcement action resulted from the findings of this inspection. A meeting was arranged with the Responsible Individual (RI), on 10 October 2022, with the intention of issuing three Failure to Comply (FTC) notices in respect of The Nursing Homes Regulations (Northern Ireland) 2005; these were in relation to:

- Regulation 10 (1) relating to the management and governance arrangements
- Regulation 13 (7) relating to the health and welfare of patients through infection prevention and control practices
- Regulation 14 (2) (a) (c) (3) (4) relating to the health and welfare of patients through COSHH, moving and handling practices, fire safety, and safeguarding .

The meeting was attended by Mr Chris Arnold, Responsible Individual (RI), and Mrs Linda Graham, Regional Manager. At this meeting RQIA were provided with assurances regarding actions taken by the service to ensure the improvements necessary to achieve compliance with the required regulations. As a result of the action plan presented by the RI and Regional Manager and the understanding that action had already been taken to address some of the areas of concern, RQIA did not serve two of the intended FTC notices; Regulation 13 (7) and Regulation 14 (2) (a) (c) (3) (4).

However, RQIA were not assured that the systems and process in relating to the overall management and governance of the service were sufficient to drive further necessary improvements in a timely and consistent manner. As a result one FTC notice was issued under Regulation 10 (1) with the date of compliance to be achieved by 6 December 2022.

Three of the areas for improvement identified as not met and stated for a second time were subsumed into the FTC notice. They related to inappropriate use of fire doors, clutter in communal bathrooms, and staff duty rota records.

On 21 October 2022 RQIA received information from the Southern Health and Social Care Trust (SHSCT) about the provision of care and services in Iveagh House Private Nursing Home. The concerns raised by the Trust were in relation to the cleanliness of the environment, IPC practices and incorrect use of personal protective equipment (PPE), staffing arrangements, care records, provision of food and catering arrangements.

The concerns raised by the Trust brought into question some of the assurances provided by the RI and Regional Manager during the meeting on 10 October 2022.

In response to this information RQIA decided to undertake an inspection which focused on the following areas:

- Staffing arrangements
- Care delivery and record keeping
- Management of the environment and infection prevention and control
- Catering arrangements
- Patient experience

Patients said that they were overall happy living in Iveagh House Private Nursing Home but said that they were very much aware of staffing issues and believed that sometimes there were not enough staff on shift. Patients told us that staff were “brilliant” but “under pressure” and this often resulted in patients having to wait longer than they had been used to for care delivery.

Staff were seen to be busy but to communicate well with each other to ensure smooth running of the shift.

Improvements were noted in the home’s environment with no inappropriate clutter found in communal bathrooms and the main kitchen was tidy. Fire doors were seen to be used correctly.

It was evident that some new systems had been implemented since the inspection on 29 September 2022 with daily flash meetings taking place in addition to the handovers at the beginning of each shift, and a new person in charge daily walk around record was being maintained.

It was established that a start date of 8 November 2022 was planned for a new Manager to take up post. Interim arrangements for management cover included day to day management by the Regional Support Manager who would be based in the home daily, with additional support from the Regional Manager.

While some deficits remain RQIA were assured that the implementation of the ongoing action plan places the service on an improving trajectory. Date of compliance for the FTC notice on 6 December 2022. The quality improvement plan as set out in section 5.1, areas for improvement were carried forward and will be reviewed at a future 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.

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

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.

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 management team at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with ten patients and four staff.

Patient feedback during this inspection included similar themes as discussed in the report from the inspection conducted on 29 September 2022. Patients said that they were generally happy living in the home but that there were not enough staff to meet their needs in a timely manner. Patients described staff as "brilliant", and "very good", but that there was "not enough" on duty. Patients told us that they sometime had to wait longer than they were used to or comfortable with to receive assistance with personal care needs such as going to the toilet.

Patients said that the majority of interactions with staff were positive and that even with issues such as staffing levels staff were “very cooperative.” This was discussed with the management team and staffing levels form part of the current quality improvement plan.

Staff said that their main concern was staffing levels and that they felt under pressure to meet patients’ needs. Staff described prioritising duties such as personal care, getting meals out and repositioning patients. Staff said that this meant that other expected duties such as record keeping were often not completed. Staff also expressed frustration at being unable to provide social stimulation to patients and felt that they only got the opportunity to chat with patients while they were undertaking other tasks with the patients such as personal care.

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 29 September 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 20 (i) Stated: First time	The Registered persons must ensure that the provision of staffing is kept under review to ensure that patients’ needs are met in a timely manner and to the satisfaction of the patients.	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 the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 40 Stated: Second time	The registered person shall ensure that staff are supported in their roles to enhance performance and promote quality care delivery. This should be evidenced through: <ul style="list-style-type: none"> • Staff supervision conducted no less than every six months • Annual appraisal 	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 41 Stated: Second time	The registered person shall ensure that arrangements for night staff attendance at staff meetings are considered during meeting scheduling.	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 3 Ref: Standard 4 Stated: First time	The registered person shall ensure a review of care records is undertaken and all care plans are brought up to date to accurately reflect the patients' needs and detail the measures required to address those needs.	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 4 Ref: Standard 12 Stated: First time	The registered person shall ensure that patients are offered the opportunity to choose which meal they prefer from the menu choices available.	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 Staffing Arrangements

Discussion with the management team confirmed that a new Manager had been appointed and was due to formally start in November 2022. Interim arrangements were in place with the Regional Support Manager based in the home on a full time basis to provide day to day management oversight. The Regional Manager was also available for additional support and an on-call duty rota was in place for out of hours issues.

Staff confirmed that they were aware of the interim management arrangements and said that they could approach anyone in the senior team.

The Regional Manager confirmed that staffing levels are determined and/or adjusted based on the assessed dependency needs of patients, and that this was reviewed regularly.

The Regional Manager acknowledged the challenges faced by the home in establishing full recruitment levels and that they were currently reliant on agency staff to cover some shifts on a daily basis. Records showed that as far as reasonably possible agency staff members were block booked to improve continuity of care and services. The Regional Manager confirmed that the home remained closed to new admissions until such time as staffing was stable.

Agency staff spoken with said that they were provided with a good induction to the home and that the daily handover sheet which contained important information such as patient repositioning needs and dietary requirements was invaluable.

Review of staff duty rotas and discussion with staff confirmed that records were maintained up to date and any changes from the planned staffing arrangements were documented. The duty rotas accurately reflected the staff working in the home on a daily basis. It was noted that a number of upcoming shifts remained vacant for nursing, care, and catering. The Manager confirmed that all vacant shifts had been put out to agency.

Staff were observed to be busy and scheduled staff breaks were delayed until the last hour of the shift. Staff were seen to attend to patients' needs and to communicate well with each other and patients.

Since the last inspection on 29 September 2022 a number of systems had been put in place to improve communication within the home and ensure appropriate delegation of duties. Daily flash meetings were implemented whereby the nurse in charge and the care team would reconvene during their shift to discuss any changes to patients' needs or planned care, any changes to staffing arrangements, and any concerns arising from the shift.

Another system in the early stages of implementation was the nurse in charge 'daily walkabout', which prompted the nurse in charge to monitor aspect important to the running of the home, such as but not limited to; the environment, fire safety, IPC, and staffing. This system ensured that someone was taking responsibility for the home in the absence of the Manager and prompted the person in charge to address any issues that arose and to document actions taken.

Staff confirmed that a staff meeting had recently taken place and that communication lines between management and staff had improved. Staff members maintain that their main issue of concern is staffing levels and that they continue to have difficulty meeting patients' needs in a timely manner.

Patients made positive comments about staff saying that staff were "brilliant" and "the girls are great", but reiterated that when requesting assistance from staff, especially for tasks that require two staff, they often have to wait for periods of time longer than they are used to or are comfortable with.

5.2.2 Care Delivery and Record Keeping

Patients were observed to be in various stages of their evening routine with some sitting in the communal lounges watching television after their evening meal, and some in their bedrooms. Patients looked cared for in that attention had been paid by staff to the personal care and dressing needs of patients, and patients who require assistance from staff with mobility were positioned comfortably.

Staff told us that they meet at the beginning of each shift to discuss any changes in patients' needs and to plan the duties for that shift. In addition to verbal discussions staff used a handover sheet which contained priority points about each patient's needs including level of assistance required and any specialist instructions such as Speech and Language Therapy (SALT) recommendations.

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 seen to use wheelchairs appropriately with foot rests in place and positioned correctly.

Patients who are less able to mobilise require special attention to their skin care. Observation and discussion with patients confirmed that these patients were assisted by staff to change position regularly; however records did not accurately reflect this. Staff said that they were unable to maintain records in a contemporaneous manner due to other work load demands.

Care records were found to have further gaps, for example patient daily progress notes were not consistently recorded. This was discussed with the management team who confirmed that inconsistencies in care documentation were being addressed through the home's ongoing action plan. There was evidence of some auditing of care records as part of the overall governance improvements and it was acknowledged that this was a work in progress. Care records will be reviewed as part of the ongoing quality improvement plan at the next care inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included a selection of patients' bedrooms, communal lounges and dining room, communal bathrooms, and corridors.

The home was found to be warm and free from malodours. Most patient areas were generally clean and tidy although more attention to cleaning was required for less accessible areas such as behind and/or underneath furniture. Discussion with the management team confirmed that while there continued to be some vacant hours within the housekeeping department, the majority of outstanding shifts have been taken up as extra shifts by existing staff and an external cleaning contractor had been secured to complete a deep clean of all areas of the home. The deep cleaning by the contractor was to commence following the inspection.

Fire doors were seen to be used correctly and corridors and fire exits were maintained free of clutter or obstruction.

Communal bathrooms were clutter free and there was easy access to the toilets and hand washing basins.

PPE stations were well supplied. The majority of observations of staffs' IPC practices were positive with compliance with PPE use. One staff member was seen to transport a used commode bowl without a lid in place. This is not in line with best practice and was discussed with the management team who confirmed ongoing work in relation to IPC practices.

Records showed that measures to improve IPC practice was being addressed through staff training, supervisions, staff meetings, and auditing systems.

5.2.4 Catering arrangements

It had been identified at the inspection on 29 September 2022 that the home was facing challenges in relation to staff vacancies in most departments including catering, and part of the recruitment drive was to appoint another full time cook. The Southern Health and Social Care Trust (SHSCT) raised concerns in relation to the absence of a cook during a recent visit by Trust staff.

Discussion with the Manager and review of records showed that an agency cook had been booked and confirmed by the home but the agency cook did not attend for shift and the cook and the agency failed to notify the home in a timely manner. This was unforeseen by the home and all reasonable action was taken at the time with an on-call Manager attending the home to assist.

Duty rotas showed that a number of upcoming shifts in the catering department remained vacant but had been put out to agencies. The management team confirmed that a contingency plan was in place which included redeploying experienced staff from other departments. A recruitment drive was ongoing.

Staff told us that delegation of duties around mealtimes was more organised and that staff unsure about patients' dietary requirements would check the handover sheets as they all had their own copies to carry.

Agency staff demonstrated an awareness of those patients requiring modified diets.

The kitchen was found to be tidy and any dishes from earlier meals had been cleaned and put away. Staff organising the evening tea trolley had easy access to the kitchen and were seen to prepare the evening trolley without any issues.

The majority of patients said that they were happy with the provision of food and drinks. Some patients said that sometimes the food was not to their taste and that sometimes family would bring food in, however their main concern continued to be staffing levels.

5.2.5 Patient experience

Patients looked relaxed in their surroundings and were happy to engage with the inspectors and to share their experiences.

Patients told us that their experience of living in Iveagh House Private Nursing Home was generally a positive one. Patients said that staff were mostly pleasant and polite during communications but that they observed staff to be "under pressure", which sometimes resulted in hurried interactions with staff.

Patients said that they often had to wait for assistance for long periods of time, causing discomfort and sometimes distress.

Patients were observed to have access to a nurse call system and patients confirmed that they used the system but that often one member of staff would attend but be unable to assist because the task would require two staff.

Patients said that they were happy with their bedrooms and had access to items for comfort such as drinks, snacks, tissues, reading materials, television remotes etc.

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/or the Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	1*	4*

No new areas for improvement were identified and areas for improvement identified from the last inspection have been carried forward. *The total number of areas for improvement includes five which are carried forward for review at the next inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (i) Stated: First time	The Registered persons must ensure that the provision of staffing is kept under review to ensure that patients' needs are met in a timely manner and to the satisfaction of the patients. Ref: 5.1
To be completed by: With immediate effect (from date of inspection 29 September 2022)	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 the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 40 Stated: Second time To be completed by: 31 August 2022	The registered person shall ensure that staff are supported in their roles to enhance performance and promote quality care delivery. This should be evidenced through: <ul style="list-style-type: none"> • Staff supervision conducted no less than every six months • Annual appraisal . Ref: 5.1
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Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 24 November 2022	The registered person shall ensure a review of care records is undertaken and all care plans are brought up to date to accurately reflect the patients' needs and detail the measures required to address those needs. Ref: 5.1
	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 4 Ref: Standard 12 Stated: First time To be completed by: 6 October 2022	The registered person shall ensure that patients are offered the opportunity to choose which meal they prefer from the menu choices available. Ref: 5.1
	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.

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