



# Unannounced Post Registration Inspection Report 30 March 2021



## Iveagh House Private Nursing Home

**Type of Service: Nursing Home**  
**Address: 62 Castlewellan Road, Banbridge, BT32 4JD**  
**Tel No: 028 4062 8055**  
**Inspector: Heather Sleator**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 33 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Spa Nursing Homes Ltd  <b>Responsible Individual:</b> Christopher Philip Arnold	<b>Registered Manager and date registered:</b> Cheryl Palmer Registered 21 November 2019
<b>Person in charge at the time of inspection:</b> Cheryl Palmer	<b>Number of registered places:</b> 33
<b>Categories of care:</b> I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 22

### 4.0 Inspection summary

An unannounced post registration inspection took place on 30 March 2021 from 09.10 to 18.40 hours. There had been a change of ownership of the home which came into effect as of 1 March 2021 and Iveagh House Private Nursing Home is now part of the Spa Nursing Homes Ltd.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment
- care delivery
- care records
- governance and management arrangements.

RQIA received information which raised concerns in relation to the staffing arrangements of the home and the delivery of care, for example, how quickly staff answered patient call bells and the accessibility of the manager. In response to the issues raised RQIA reviewed the concerns at the inspection. The outcome of the review of the concerns were discussed with the manager and included enhancing the communication systems in the home and the organisation of the day and the assigning of staffs' duties. These have been identified as areas for improvement in the quality improvement plan of this report.

It is not the remit of RQIA to investigate complaints/whistleblowing/adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or

minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

Evidence of good practice was found in relation to maintaining patients' health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients. Governance and management systems were well organised and infection prevention and control procedures were signposted throughout the home.

Area for improvement were identified regarding wound care management , enhancing the communication systems in the home, the organisation of the day and the assigning of staffs' duties and responsibilities and the consistent maintenance of patient supplementary care records.

Patients said that they felt they were well cared for by staff and commented, "It's a good place, glad of a wee bit of help".

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Cheryl Palmer, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with nine patients and nine staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell Us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were

not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- staff duty rotas from 1 to 30 March 2021
- three staff competency and capability assessments
- three patients' care records
- complaint records
- compliment records
- staff training information including induction training
- staffs' annual appraisal and supervision planner
- two staff recruitment and selection records
- a sample of governance audits/records
- infection prevention and control procedures
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection.

The most recent inspection of the home was a desk top finance inspection undertaken on 3 February 2021. No further actions were required to be taken following the recent inspection.

There were no areas for improvement identified as a result of the last care inspection of 13 February 2020.

## 6.2 Inspection findings

### 6.2.1 Staffing

We were assisted throughout the inspection by the manager; Cheryl Palmer and the Regional Manager, Spa Nursing Homes Ltd, Linda Graham.

The duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed.

The staff reported that they felt that the staffing levels were not sufficient to meet the needs of the patients. Staff stated that they felt 'rushed'. In response to this the manager stated that staffing levels were calculated by assessing the dependency of, and number of patients living in the home and that staff had been informed of this. The issue of staffing arrangements was not necessarily about the number of staff on duty but the organisation of the day, support given to staff and staffs roles and responsibilities. This was discussed with the manager and has been identified as an area for improvement. We observed the staffs' response to patient call bells. At breakfast time the call bells were frequent however, staff were responding promptly. For the remainder of the inspection call bells were infrequent and not noticeable.

We reviewed three staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. We discussed the annual staff appraisal and supervision of staff with the manager. The manager maintains a 'planner' which was viewed and confirmed the processes were on-going however, the manager also stated that due to Covid-19 individual supervision had not been undertaken as frequently as it usually was. The manager stated that individual supervision with staff was recommencing. We spoke to staff who also confirmed the arrangements for supervision and the annual staff appraisal.

Discussion with the manager and a review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records evidenced that the manager had reviewed the registration status of nursing and care staff on a monthly basis.

We reviewed the minutes of staff meetings which evidenced that the last care staff meeting held was in January 2021 and for registered nurses it was March 2021. In discussion with the manager it was stated that general staff meetings had been 'put on hold' due to Covid-19. We observed and read the staff communication books, one for care staff and one for registered nurses. The manager provided daily updates for staff within these books. Whilst useful it is important that regular meetings recommence to enhance the communication systems and to enable staff and the manager to discuss any issues and promote teambuilding. This was discussed with the manager and has been identified as an area for improvement. Care staff spoken with confirmed that they receive a handover report before they commence duty.

The review of two staff recruitment and selection records evidenced that the process was in accordance with The Nursing Homes Regulations (Northern Ireland) 2005. However, we noted that there wasn't clear evidence that any gaps in the employment history of staff had been stated or explored. This was discussed with the manager who stated that a new application form, as issued by the new provider, was to be used in future and that the application form would identify if there were any gaps in an applicant's employment history so as these could be explored.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The review of the fire safety training records evidenced that this was up to date. The manager advised that additional training was also provided for staff as and when required, for example; infection prevention and control procedures. Induction training records were reviewed and were signed and dated by the supervisor and the staff member.

There were eight questionnaires completed and returned to RQIA by staff prior to the issue of the report. The respondents indicated that they were dissatisfied with the number of staff employed to meet the needs of the patients and also expressed their dissatisfaction regarding the delivery of care indicating that it was not effective and that the service was not well led.

Additional comments were also made by staff relating to the availability of the manager. Due to the nature and level of concerns raised within the questionnaires RQIA informed the responsible individual, Mr Christopher Arnold, of the concerns and requested a response and action plan as to how these concerns would be investigated and/or actioned. Mr Arnold submitted a response to RQIA on 27 April 2021 which included an action plan which indicated that work had commenced, following the inspection of 30 March 2021, to stabilise the staffing arrangements, promote teambuilding and the accessibility of the manager. RQIA were satisfied with the action taken to date and proposed for the future and will continue to monitor the home through the inspection process.

### **6.2.2 Infection prevention and control procedures and the environment**

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of having their temperature and symptom checks taken when on duty and that the information was recorded. Records were present and reviewed and were satisfactory.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff.

We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE (personal protective equipment). PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

Visiting arrangements were pre-arranged with staff and an area which was accessed by the patio doors on the ground floor was designated for visiting. The location of the visitors' area meant that visitors were not walking through the main home and this minimised the potential health risk for other patients and staff. The manager had implemented the care partner arrangements and there were a number of identified care partners. We spoke with a relative who was visiting and was also a care partner. The relative stated, "I think the care partner role is very good, it helps my relative who whilst physically better, has deteriorated mentally from lockdown".

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, a lounge, dining areas and storage areas.

The majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. Walkways throughout the home were kept clear and free from obstruction.

A copy of the fire risk assessment report and action plan was reviewed. The report was dated 20 June 2020. The fire risk assessment was reviewed annually and evidence was present that any recommendations made had been actioned within a short timescale. The review of the record of fire drills undertaken did not evidence that the fire call points were being rotated throughout the home. Fire drills should be at different times of the day and the ignition source varied throughout the home. The manager agreed to ensure that this was done and that evidence would be present that all staff had attended at least one fire drill annually.

### 6.2.3 Care delivery

We observed that patients looked well cared for and nicely dressed. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Patients who were in bed appeared comfortable, personal care needs had been met and call bells were placed within easy reach for those patients. The atmosphere in the home was calm and friendly. We observed examples of staff engaging with patients in a kindly and thoughtful manner throughout the inspection. Patients were both appreciative of staffs care and kindness; "they'd (staff) give you anything" to commenting on the staffing arrangements, "its good enough, don't think there's enough staff but everyone probably says that." The comments and perceptions of patients and staff were fed back to the manager at the conclusion of the inspection. The manager agreed to continue to review and monitor the staffing arrangements.

Two questionnaires from patient representatives were completed and returned to RQIA. One respondent indicated that they were very satisfied that the care was safe, effective and compassionate and that the service was well led. The second respondent indicated that they were dissatisfied and that the delivery of care was not safe, in terms of the number of staff on duty, effective or that the service was well led. Additional comments were made and included; "Staff are lovely but seem worked to the bone".

We also spoke to the relative of a patient. The relative commented; "It's very good here, staff are lovely, so helpful"..

The staff told us that they recognised the importance of maintaining good communication with families due to the current pandemic. The care staff assisted patients to make phone calls with their families in order to reassure relatives, (where possible) and to assist patients to the visitors' area when their planned visit was due to take place. As previously discussed, arrangements had been in place on a phased appointment basis to facilitate relatives and care partners visiting their loved ones at the home.

We spoke with the staff who led the activity programme in the home. The activities coordinator commented that the change of their daily starting and finishing times was more productive as patients weren't engaged in other personal care activities to the same extent. The activities coordinator provides a range of activities including; quizzes, arts and crafts and armchair exercises. The staff member also stated that currently their focus is providing one to one social engagement and support to patients during this period of restrictions.

We observed the serving of the lunchtime meal. Dining tables were appropriately set with place mats and a range of condiments. Social distancing was maintained in the dining room and lounge areas during the mealtime. Patients were offered a choice of fluids to accompany their meal and their menu choice. Staff were helpful, attentive and in discussion they demonstrated their knowledge of patients' dietary preferences.



#### 6.2.4 Care records

The review of patient care records evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patients. The exceptions were in relation to wound care management and fluid intake management. The review of a patient's wound care management plan evidenced gaps in recording and that registered nurses were not adhering to clinical guidance about wound management. The review of fluid intake management did not identify a clear rationale as to why fluid intake management was required or the steps to take if the daily fluid intake was over or under the desired daily target for a consecutive number of days. These have been identified as areas for improvement.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. However, the advice of the Tissue Viability Nurse was not clearly evident within a patient's wound care management plan, as previously discussed. Risk assessments including the management of falls were also present.

The review of the supplementary care records, for example repositioning records, personal care records, nutritional intake records and weight management records, maintained by care staff, did not evidence a clear and consistent approach to recording. Shortfalls were noted in the repositioning records for one patient and the template used for recording the nutritional and fluid intake of patients did not provide an accurate reflection of any individuals' intake. These records should also be reviewed and monitored daily by the registered nurse responsible for the delivery of care in the home or specific floor of the home to ensure the appropriate and timely intervention is given. This has been identified as an area for improvement.

#### 6.2.5 Governance and management arrangements

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retains oversight of the home. The senior management structure of the home had changed from the beginning of March as the home was under new ownership. Linda Graham the regional manager was present throughout the inspection.

There were numerous 'thank you' cards received and comments included:

- "The home is clean and welcoming and staff have done a great job during Covid, they've kept everyone safe and we appreciate the sacrifice they have made, words just aren't enough".

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A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion. We observed the use of third party bedrails on a number of patients' beds. This was discussed with the manager who stated bedrails are checked on a regular basis by the maintenance personnel. We discussed the specific guidance regarding third party bedrails issued by the Department of Health. The manager was aware of and uses the guidance.

We reviewed the reports of accidents and incidents. We noted where an unwitnessed fall had occurred medical attention was sought. We discussed the management of unwitnessed falls and the manager clearly defined staffs response in relation to any fall which may happen.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the home's own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately and that complainants were satisfied with the outcome of the action taken to address the issues raised. The complaints records and all quality audits were reviewed at the time of the monthly quality monitoring visit.

A designated visit by the responsible person was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of the visits for December 2020 and January and February 2021 were reviewed. An action plan within these reports had been developed, where necessary, to address any issues identified which included timescales and the person responsible for completing the action.

### Areas of good practice

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

### Areas for improvement

Area for improvement were identified regarding wound care management by the registered nurses, communication systems in the home, the organisation of the day and the assigning of staffs' duties and the consistent maintenance of patient supplementary care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

## 6.3 Conclusion

Feedback was given to the manager and regional manager at the conclusion of the inspection. Findings of the inspection and of the concerns brought to the attention of RQIA were discussed with the manager. Areas of good practice were identified and the areas for improvement were discussed and agreed. Issues of concern that had been indicated within the returned staff questionnaires. RQIA informed the responsible individual, Mr Christopher Arnold, of the concerns and requested a response and action plan as to how these concerns would be investigated and/or actioned.

Mr Arnold submitted a response to RQIA on 27 April 2021 which included an action plan which indicated that work had commenced, following the inspection of 30 March 2021, to stabilise the staffing arrangements, promote teambuilding and the accessibility of the manager. RQIA were satisfied with the action taken to date and proposed for the future.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Cheryl Palmer, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<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 12 (1) (a) and (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 April 2021</p>	<p>The registered person shall ensure that the treatment and other services provided, including wound care management, is undertaken by the registered nurses in accordance with best practice guidance. This includes:</p> <ul style="list-style-type: none"> <li>• Wound care management</li> <li>• The fluid intake of patients, where need is assessed.</li> </ul> <p>Ref: 6.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager has reviewed wound care documentation and the fluid intake records of Residents where need is assessed. The Registered Manager has addressed with staff the recording of records and is carrying out supervision with staff on these areas. The Registered Manager will be carrying out spot checks of all documentation to ensure they are in accordance with best practice guidance.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 April 2021</p>	<p>The registered person shall ensure that the staffing arrangements are reviewed and considered regarding the planning and organisation of the day and the roles and responsibilities of staff.</p> <p>Ref: 6.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager reviews staffing requirements in line with dependencies and this is kept under continual review in keeping with fluctuations in occupancy. Roles and responsibilities of all staff has been discussed and will be monitored. Allocation sheets have been introduced to assist with the day to day organisation of the home.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 40</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2021</p>	<p>The registered person shall ensure that the communication systems in the home are enhanced so as to provide clarity of roles and expectations and promote teambuilding.</p> <p>Ref: 6.2.1</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 April 2021</p>	<p><b>Response by registered person detailing the actions taken:</b> Staff meetings are conducted quarterly. These will now be conducted monthly for the next six months. There is a communication folder in place. The manager is conducting a daily walkaround and is recording all interactions with staff. The manager has an open door policy and this will continue. The Regional Support Manager and Regional Manager are also visiting the home and providing an opportunity to communicate with staff and residents..</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has undertaken supervision with staff on recording of supplementary records. The Nursing Staff are responsible for overseeing this care on a daily basis. These supplementary records are being audited by the Registered Manager and Deputy Manager.</p>

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



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