

# Inspection Report

6 December 2022



## Iveagh House Private Nursing Home

Type of service: Nursing  
Address: 62 Castlewellan Road, Banbridge, BT32 4JD  
Telephone number: 028 4062 8055

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Spa Nursing Homes Ltd  <b>Responsible Individual(s):</b> Mr Christopher Philip Arnold	<b>Registered Manager:</b> Miss Louise Riley – Not registered
<b>Person in charge at the time of inspection:</b> Miss Louise Riley	<b>Number of registered places:</b> 33
<b>Categories of care:</b> Nursing Home (NH) 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> 21
<b>Brief description of the accommodation/how the service operates:</b> 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 6 December 2022 between 11.00 am and 5.30 pm. This inspection was conducted by two care inspectors.

An inspection carried out on 29 September 2022 identified serious concerns with regard to fire safety, infection prevention and control (IPC), control of substances hazardous to health (COSHH), monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC), staff duty rota records, safe transporting of patients in wheelchairs, and the overall management arrangements. Following a meeting with the Responsible Individual (RI), on 10 October 2022, one Failure to Comply (FTC) notice was issued on 13 October 2022 regarding Regulation 10 (1) with the date of compliance to be achieved by 6 December 2022.

This inspection was planned to assess compliance with the actions detailed in the FTC notice. There was evidence to demonstrate compliance with the actions in the notice.

Four new areas for improvement were identified in relation to the monitoring of relevant staffs' NISCC registration, fire door maintenance records, wheelchair maintenance records and auditing records pertaining to staffs' compliance to hand hygiene and use of personal protective equipment (PPE). Five areas for improvement were carried forward for review at the next 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 we reviewed information held by RQIA about this home. This included the FTC notice, 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 and how staff went about their work was observed.

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

We spoke with nine patients, five relatives, and four staff during the inspection.

No questionnaire or survey responses were received within the allocated timeframe.

Patients told us that they were happy with the care and services provided in the home. Three patients and two out of five relatives expressed some concern about the staffing levels at night and that staff may be struggling to meet their loved ones needs in a timely manner. However patients said that their needs were being met, even if they sometimes had to wait longer than expected for staff to become available. It was noted that improvements had been made in relation to patients' experience, however with some mixed feedback in relation to staffing arrangements at night, this action requires further monitoring and will remain on the home's Quality Improvement Plan (QIP) for review at the next inspection.

Patients said that they felt safe living in Iveagh House Private Nursing Home, that they could avail of visits from family and friends when they wished, and that they knew how to raise concerns. Patients told us that they noticed an improvement in the cleanliness of the home and said that their bedrooms are cleaned and tidied daily.

Relatives said that they felt welcomed in the home and that there was a good atmosphere.

Relatives said that communication from the home was good and that they were aware of the new manager and how to raise queries or concerns. Relatives noted that the home was being cleaned on a regular basis.

Staff spoke positively about working in the home and attributed this primarily to better communication from management and provision of training, supervisions and appraisals, and the ongoing improvement measures being implemented by management.

Staff said that they were satisfied with the staffing levels and that there was a better sense of teamwork because of improved communication between management and staff and the overall team. Staff said that they felt supported to carry out their duties and demonstrated knowledge and understanding of their roles and responsibilities within the home.

## 5.0 The inspection

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

The last inspection to the nursing home was undertaken on 24 October by two care inspectors.

<b>Quality Improvement Plan</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (i)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (from date of inspection 29 September 2022)	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.  <b>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.</b>	<b>Carried forward to the next inspection</b>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance summary</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 40 <b>Stated:</b> Second time <b>To be completed by:</b> 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"> <li>• Staff supervision conducted no less than every six months</li> <li>• Annual appraisal</li> </ul>	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 41 <b>Stated:</b> Second time <b>To be completed by:</b> 31 August 2022	The registered person shall ensure that arrangements for night staff attendance at staff meetings are considered during meeting scheduling.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time <b>To be completed by:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

## 5.2 Inspection findings

FTC Ref: FTC000201

### Notice of failure to comply with regulation 10.-(1) of *The Nursing Homes Regulations (Northern Ireland) 2005*

#### **Registered person: general requirements**

**10.-(1)** *The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.*

#### **In relation to this notice the following 11 actions were required to comply with this regulation:**

The registered person must ensure that:

1. Systems are in place to ensure that the home is maintained clean and clutter free.
2. There are robust systems in place to ensure staffs' compliance with good practice in infection prevention and control.
3. Systems are in place to ensure that hazardous cleaning chemicals are stored in a secure manner and are not accessible to patients.
4. Staff have up to date training in control of substances hazardous to health (COSHH) regulations.
5. The operation of fire doors is monitored to ensure that they are not propped open.
6. There are robust systems in place to ensure that wheelchairs are used in a safe manner.
7. A robust system is implemented to ensure effective oversight of staffs' registration with their relevant professional body and action is taken to address any deficits.
8. A system is in place to ensure that the staff duty rota is current, accurately reflects the staff working on a daily basis and the capacity in which they worked.
9. The manager has sufficient hours in a management capacity to ensure effective quality monitoring and governance within the home.
10. Patients' needs are met in a timely manner and to the satisfaction of the patients.
11. The monthly monitoring reports undertaken in accordance with Regulation 29 are completed in a robust manner so as to identify patients' level of satisfaction with their care and any deficits in service provision and care delivery in order to drive the necessary improvements.

Evidence in relation to the 11 action points outlined in the Failure to Comply Notice was gathered to establish if Iveagh House Private Nursing Home had complied with the Regulation. The following was established in relation to each action:

1. The home was clean and clutter free. Communal toilets/shower rooms were clean and accessible. A recruitment drive was ongoing to fill vacant hours in the housekeeping department; in the meantime vacant shifts were being covered by staff picking up extra shifts. An external cleaning company was contracted to help deep clean all patient areas. Patients, relatives and staff commented positively about the cleanliness of the environment.
2. Staff were seen to carry out infection prevention and control (IPC) practices correctly. Review of records and discussion with staff evidenced compliance with IPC training. Staff demonstrated knowledge with regard to IPC practices, key moments for hand hygiene, and correct use of personal protective equipment (PPE).

The Southern Health and Social Care Trust (SHSCT) recently conducted face to face training for staff on IPC. The management team informed RQIA that further training sessions would be arranged to ensure all relevant staff could avail of this training. Governance records showed that auditing of IPC practices was being completed regularly. Records pertaining to staffs' compliance with hand hygiene and use of (PPE) did not consistently detail what actions were taken in the event of non-compliance. An area for improvement was identified in relation to IPC audit records and will be reviewed at the next care inspection.

3. Observation of the home's environment evidenced that chemicals hazardous to health were stored securely. Cleaning stores were locked when not in use. The topic of COSHH regulations was discussed with staff at a recent staff meeting and during subsequent supervisions. Staff demonstrated knowledge in relation to safe storage of chemicals.
4. Training records showed that all relevant staff were trained in COSHH regulations.
5. Observation of the home's environment evidenced that fire doors were not propped or wedged open. Notices were erected to inform staff of the correct use of fire doors. Staff demonstrated knowledge in relation to the purpose and correct use of fire doors. Records pertaining to a fire risk assessment conducted on 24 November 2021 showed that most recommendations had been actioned. One outstanding recommendation was scheduled to be addressed on 8 December 2022.

Fire safety records showed that maintenance checks on the fire alarm system were completed weekly. Records did not consistently evidence that the fire doors were checked during this time to evidence unobstructed closing of all relevant doors. Assurances were provided by the management team that these checks were being carried out but not always recorded. An area for improvement in relation to fire safety records was identified and will be reviewed at the next inspection.

6. Staff were seen to use wheelchairs correctly. Staff demonstrated knowledge about how to use and store wheelchairs correctly and knew how and when to report faults. Maintenance records showed that wheelchairs were checked at least monthly, however these records did not consistently detail what actions were taken when a fault was

found. The management team provided assurances that defective wheelchairs were removed from service until repaired or replaced. An area for improvement in relation to wheelchair maintenance records was identified and will be reviewed at the next inspection.

7. There was a system in place to monitor staffs' registration with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC) and this system was checked monthly. All relevant staff were appropriately registered. Staff demonstrated knowledge and understanding in relation to their own responsibilities with registration.

It was noted that the tracker used in the monitoring system did not include the names of three staff (one bank, one worked in Iveagh House as a second job, and one who recently returned to work in Iveagh House). Further discussion with the management team evidenced that while all three staff were either appropriately registered or were in the process of registering, this shortfall in the system meant that there was a potential for issues with staffs' registration to go undetected. An area for improvement was identified in relation to further tightening the system for the monitoring of staffs' registration with a professional body. This will be reviewed at the next inspection.

8. The staff duty rota was found to be accurate and to reflect the staff working in the home on a daily basis. Nursing staff demonstrated an understanding of their responsibilities with regards to updating the duty rota records in the absence of the manager and in a timely manner.
9. A new manager commenced on 8 November 2022 and was in the latter stages of completing their initial induction. This manager transferred from another care home within Spa Nursing Homes Ltd and was familiar with the organisational policies, protocols, and governance systems.

The manager confirmed that they were working in a managerial capacity on a full time basis and that they were supported by the senior management team. Governance records evidenced regular quality monitoring by the manager. Staff, patients and relatives were aware of the new management arrangements.

10. Staff were seen to attend to patients' needs in a timely and polite manner. Patients told us that they were happy with the provision of care. Three out of nine patients said that they felt there were not enough staff on at night and that they had to wait longer than expected for staff to assist. Patients spoke in positive terms about staff interactions. Two out of five relatives said that they felt there were not enough staff on at night time but that they were generally satisfied with the provision of care. Staff said that they were satisfied with the staffing arrangements and that all duties were completed in a timely manner.

Records showed that complaints were well managed and any learning was shared with staff. A record of compliments received about the home was kept and shared with staff. Records showed that the provider monthly monitoring visits captured the views of patients, relatives and staff.



It was noted that improvements had been made in relation to patients' experience, however with some mixed feedback in relation to staffing arrangements at night, this action requires further monitoring and will remain on the home's Quality Improvement Plan (QIP) for review at the next inspection.

11. Monthly monitoring reports evidenced discussions with patients and included satisfaction levels and detailed the actions taken where required. Reports were completed in a timely manner following each visit and shared with the manager for learning and ongoing improvement.

There was evidence to demonstrate compliance with the actions in the notice.

Four new areas for improvement were identified in relation to the monitoring of relevant staffs' NISCC registration, fire door maintenance records, wheelchair maintenance records and auditing records pertaining to staffs' compliance to hand hygiene and use of personal protective equipment (PPE). Five areas for improvement were carried forward for review at the next inspection.

## 6.0 Quality Improvement Plan/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 (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	7*

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

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (i)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (from date of inspection 29 September 2022)	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
	<b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (c) (ii)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered persons shall ensure that there is a robust system in place for monitoring staffs' registration with the Northern Ireland Social Care Council (NISCC) and that this system captures all relevant staff working in the home regardless of type of contact.  Ref: 5.2
	<b>Response by registered person detailing the actions taken:</b> The Appointee Manager has reviewed the matrix in place and cross reference this with the duty rota to ensure all staff working in the home have their registration status checked monthly..
<b>Action required to ensure compliance with Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 40  <b>Stated:</b> Second time  <b>To be completed by:</b> 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"> <li>• Staff supervision conducted no less than every six months</li> <li>• Annual appraisal</li> </ul> Ref: 5.1
	<b>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.</b>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 August 2022</p>	<p>The registered person shall ensure that arrangements for night staff attendance at staff meetings are considered during meeting scheduling.</p> <p>Ref: 5.1</p> <p><b>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.</b></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> 24 November 2022</p>	<p>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.</p> <p>Ref: 5.1</p> <p><b>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.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 October 2022</p>	<p>The registered person shall ensure that patients are offered the opportunity to choose which meal they prefer from the menu choices available.</p> <p>Ref: 5.1</p> <p><b>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.</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 46.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 December 2022</p>	<p>The registered person shall ensure that hand hygiene and PPE audits include any actions taken to address shortfalls in staffs' practice.</p> <p>Ref: 5.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Appointee Manager has reviewed hand hygiene and PPE audits and records on action plan any shortfall's in staff's practice and what action action has been taken.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 48.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 December 2022</p>	<p>The registered person shall ensure that fire safety records evidence checks on fire doors during the weekly fire alarm test, and detail any actions required.</p> <p>Ref: 5.2</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 45.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 December 2022</p>	<p><b>Response by registered person detailing the actions taken:</b> The Appointee Manager is checking weekly fire doors records to ensure checks on fire doors are detailed and addresses any deficits observed.</p> <p>The registered person shall ensure that records pertaining to regular wheelchair checks detail actions taken when a defect is identified.</p> <p>Ref: 5.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Appointee Manager is checking that records relating to wheelchair checks detail actions taken when a deficit is identified.</p>

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



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