

# Inspection Report

7 November 2023



## Iveagh House Private Nursing Home

**Type of service: Nursing Home**

**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>Registered Manager:</b> Miss Louise Riley
<b>Responsible Individual:</b> Mr Christopher Philip Arnold	<b>Date registered:</b> 26 April 2023
<b>Person in charge at the time of inspection:</b> Ms Chloe Burton – Nurse in charge	<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> 24
<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 and patients have access to communal dining and lounge areas.	

## 2.0 Inspection summary

An unannounced care inspection took place on 7 November 2023 from 9.35am to 4.35pm by two inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection. Areas for improvement identified at the last medicines management inspection on 18 July 2023 were not reviewed as part of this inspection and have been carried forward for review to the next inspection.

Patients were well presented in their appearance and spoke positively when describing their experiences of living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Staff promoted the dignity and well-being of patients and were knowledgeable and well trained to deliver safe and effective care.

Areas for improvement were identified in relation to record keeping and with staffing arrangements. Areas for improvement in relation to falls management, recording of repositioning and maintaining temperatures of radiators were stated for a second time. Addressing the areas for improvement will further enhance the quality of care and services in Iveagh House Private Nursing Home.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the regional manager and the nurse in charge at the conclusion of the inspection.

### **4.0 What people told us about the service**

During the inspection we consulted with patients and staff. Patients spoke positively on the care that they received and on their interactions with staff. Staff were confident that they worked well together and enjoyed interacting with the patients, however, they also raised concerns in relation to the staffing arrangements and the workload. This is discussed in section 5.2.1.

There were no questionnaire responses received from residents or relatives, and we received no feedback from the staff online survey.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 18 July 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) and (b)  <b>Stated:</b> First 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.	Partially met
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement has not been fully met and this will be discussed further in Section 5.2.2.  This area for improvement has not been fully met and has been stated for a second time.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12 (1) (a) and (b)  <b>Stated:</b> 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.  Any actions taken as a result of review should be clearly documented within the daily evaluation notes.	Carried forward to the next inspection
	<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 3</b>  <b>Ref:</b> Regulation 14 (2) (a) and (c)  <b>Stated:</b> First 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.	Not met
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement has not been met and this will be discussed further in Section 5.2.3. This area for improvement has not been met and has been stated for a second time.	

<b>Area for improvement 4</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure patients have a continuous supply of their prescribed medicines.	<b>Carried forward to the next inspection</b>
	<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 5</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that the controlled drug record book is fully and accurately maintained.	<b>Carried forward to the next inspection</b>
	<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>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 Criteria (9) <b>Stated:</b> First time	The registered person shall ensure that records of repositioning are recorded contemporaneously and include: <ul style="list-style-type: none"> <li>the position the patient was repositioned to</li> <li>the frequency of repositioning</li> <li>evidence of skin checks at time of repositioning</li> <li>signatures of any staff involved in the repositioning.</li> </ul>	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement has not been fully met and this will be discussed further in Section 5.2.2.  This area for improvement has not been fully met and has been stated for a second time.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The registered person shall ensure that all freestanding wardrobes in the home are securely fastened to the wall for safety.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All wardrobes observed on the day of inspection had been securely fastened to the wall.	

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> 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.	<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

### 5.2.1 Staffing Arrangements

All staff were provided with a comprehensive induction programme to prepare them for working with the patients. An induction booklet was completed to capture the topics covered during the induction.

There were systems in place to ensure staff were trained and supported to do their job. A system was in place to ensure staff completed their training. Training was completed online and face to face, however, some staff raised a concern about the effectiveness on the amount of training delivered on a staff training day. Staff concerns were shared with the manager for their review and action as appropriate. Staff were trained on a range of topics including infection prevention and control (IPC), first aid, deprivation of liberty and adult safeguarding.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. However, staff raised concerns regarding the staffing levels and described the workload as 'stressful' and 'overwhelming'. Staffs' concerns were shared with the manager and an area for improvement was made to review the staffing arrangements in the home taking into consideration the deployment of staff and working practices.

Staff were observed to work well and communicate well with one another during the inspection. While the majority of staff felt that the teamwork in the home was good, some staff identified factors which could inhibit effective teamwork. These were shared with the manager for their review and action as appropriate.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The rota identified the nurse in charge of the home in the absence of the manager. The nurse in charge completed a competency and capability assessment on taking charge of the home prior to commencing in the role.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well and were comfortable in each other's company.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Handover sheets were shared with staff including pertinent patient information. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs. Although, significant gaps between the review of some assessments and care plans were identified during the inspection. This was discussed with the manager and identified as an area for improvement. Patients care records were held confidentially.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Where patients required assistance with moving and handling, a moving and handling risk assessment was completed and informed a moving and handling care plan. These care plans were in sufficient detail to promote the safe handling of the patient.

Records of repositioning were maintained when patients required pressure relief as part of their care plan. However, these records did not always record the position the patient was repositioned to or include the signatures of both staff who completed the repositioning. Entries made were not time specific. This was discussed with the manager and an area for improvement in this regard was stated for the second time.

A review of accident records following two separate falls in the home confirmed that the correct actions were taken following the first fall, although, gaps were identified in the management of the second fall. This was discussed with the manager and an area for improvement in this regard was stated for the second time.

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. The home was warm, clean and comfortable.

Fire safety measures were in place to ensure the safety of patients, visitors and staff. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Several uncovered radiators in the home were hot to touch which in turn could give the potential of an accidental burns risk should a patient fall against one. This was discussed with the manager and an area for improvement in this regard was stated for the second time.

Training on IPC measures and the use of personal protective equipment (PPE) had been provided. There were good stocks and supplies of PPE and hand hygiene products. Infection control audits had been conducted monthly. Hand hygiene practices were reviewed as part of this audit.

#### **5.2.4 Quality of Life for Patients**

Patients confirmed that they were offered choice and assistance on how they spent their day. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested. Staff provided care in a dignified manner. Personal care was delivered discreetly behind closed doors.

Records of activity provision were maintained. Pictures of patients engaging in activities were displayed at the reception area. Patients had enjoyed a Halloween party and external entertainment. A monthly newsletter was published.

Visiting had returned to pre-covid arrangements. Visits could take place in the patients' preferred visiting areas including their bedrooms. Patients were free to leave the home with relatives if they wished.

#### **5.2.5 Management and Governance Arrangements**

Since the last inspection there had been no change in the management arrangements. Miss Louise Riley has been the Registered Manager of the home since 26 April 2023. Discussion with staff confirmed that there were good working relationships between staff and the manager. Staff confirmed that they found the manager to be 'approachable' and 'would listen to any concerns'.

Staff told us that they were aware of their own roles in the home and how to raise any concerns or worries about patients' safety, care practices or the environment. Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required. Staff demonstrated good knowledge of the organisational structure in the home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager utilised a monthly audit planner. Areas audited included accidents, bedrails, complaints, dining, IPC, patients' weights, medicines management, patient dependencies, restrictive practice and staff training.

A complaint's book was maintained and records included the nature of the complaint and any actions taken in response to the complaint. Cards and letters of compliments were maintained on file and shared with staff.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	6*	3*

\*The total number of areas for improvement includes three that have been stated for a second time and four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Chloe Burton, Nurse in Charge and Dorothy Stafford, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) and (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>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.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered person has spoken to all nursing staff regarding recording of neurological observations post fall for any potential or head injury. The registered person will continue to monitor the recording of neurological observation post falls.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12 (1) (a) and (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 21 May 2023	<p>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.</p> <p>Any actions taken as a result of review should be clearly documented within the daily evaluation notes.</p> <p>Ref: 5.1</p>
	<p><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></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) and (c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 December 2023</p>	<p>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.</p> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered person has had all radiators that are deemed a risk and are not already covered measured for covers and this information has been passed to the Estates Team. A new boiler has been fitted to help regulate the heating and maintain a low heat to reduce risks.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection (18 July 2023)</p>	<p>The registered person shall ensure patients have a continuous supply of their prescribed medicines.</p> <p>Ref: 5.1</p> <p><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></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection (18 July 2023)</p>	<p>The registered person shall ensure that the controlled drug record book is fully and accurately maintained.</p> <p>Ref: 5.1</p> <p><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></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) and (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 December 2023</p>	<p>The registered person shall ensure that patients' risk assessments and care plans are consistently reviewed regularly to ensure that they remain current.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person has changed the process of care plan and risk assessment review so that each resident has a named nurse who is responsible for reviewing their care plans and risk assessments The registered person will continue to monitor nursing documentation so that they remain current..</p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4 Criteria (9)  <b>Stated:</b> Second time  <b>To be completed by:</b> 7 December 2023	<p>The registered person shall ensure that records of repositioning are recorded contemporaneously and include:</p> <ul style="list-style-type: none"> <li>• the position the patient was repositioned to</li> <li>• the frequency of repositioning</li> <li>• evidence of skin checks at time of repositioning</li> <li>• signatures of any staff involved in the repositioning.</li> </ul> <p>Ref: 5.1 and 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered person has conducted supervision with care staff regarding the importance of completing repositioning records. The registered person is reviewing charts on a daily basis to maintain compliance.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of inspection (18 July 2023)	<p>The responsible person shall ensure that personal medication records are fully and accurately completed and are reflective of the patient's currently prescribed medicines.</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>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> 15 December 2023	<p>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.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered person reviews resident dependencies monthly or if resident numbers change and manages staffing arrangements accordingly to ensure that resident's needs are met in a timely manner.</p>

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



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