

Inspection Report

12 August 2021



Iveagh House Private Nursing Home

Type of service: Nursing Home
Address: 62 Castlewellan Road, Banbridge, BT32 4JD
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Spa Private Nursing Homes Ltd Responsible Individual: Mr Christopher Philip Arnold	Registered Manager: Mrs Cheryl Palmer Date registered: 21 November 2019
Person in charge at the time of inspection: Mr Bernard McGrail, staff nurse until 8am then Mrs Janice Nichol, staff nurse to 9am and manager from 9am.	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: 27
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.	

2.0 Inspection summary

An unannounced inspection was conducted on 12 August 2021, from 6.40am to 2.30pm by a care inspector.

RQIA received information/intelligence on 26 July 2021 and 5 August 2021 which raised concerns in relation to staffing levels and care practices. In response to this information RQIA decided to undertake an inspection which focused on the concerns raised. The inspection also assessed progress with the areas of improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The four areas of improvement identified at the last inspection were reviewed and met.

The home was clean, tidy, well ventilated and free from malodour.

Difficulties in obtaining optimum staffing levels were identified and it was evident that the home was managing this effectively, with putting a hold on any admissions to the home, until satisfactory staffing could be recruited and put in place.

Staff were seen to be polite and friendly as they conducted their duties.

Patients were seen to be well cared for. There was clear evidence of attention to personal care and dressing, and those patients who required assistance with mobility and assistance with meals and fluids were seen to be attended to by staff in a prompt and compassionate manner.

Feedback from patients indicated that they were satisfied with the care and service provided in Iveagh House.

Areas of improvement were identified in relation to staff recruitment, domestic staffing hours, Infection Prevention and Control (IPC), a fire safety door and a personnel management issue.

RQIA were satisfied that the delivery of care provided for in Iveagh House was safe, effective, compassionate and well-led but areas of improvement were identified within the domains of safe and well-led.

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.

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 manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients told us that they felt safe and that they were satisfied with the care delivery in the home. They described staff as "very good and attentive" and "all very kind". Two patients commented that they felt staff were terribly busy and more staff were needed. Observation during the inspection indicated that patients' needs were met.

Staff spoke positively about the provision of care in the home and advised there was good team work within the home. Staff made comments that they felt under pressure at times, due to the current deficits in staffing. Staff said they recognised that these difficulties with recruitment were a wider issue and that management were addressing such. Staff further advised that they feel supported by the manager.

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 30 March 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 12 (1) (a) and (b) Stated: First time	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: <ul style="list-style-type: none"> • Wound care management • The fluid intake of patients, where need is assessed. 	Met
	Action taken as confirmed during the inspection: These records were found to be maintained appropriately and the manager audits these records on a regular and up-to-date basis.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 41 Stated: First time	The registered person shall ensure that the staffing levels are reviewed and considered regarding the planning and organisation of the day and the roles and responsibilities of staff.	Partially Met
	Action taken as confirmed during the inspection: See 5.2.1 of this report.	

Area for Improvement 2 Ref: Standard 40 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussions with the manager and staff confirmed that systems of communication have improved with daily visible contact with staff members and regular staff meetings.	
Area for Improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that staff consistently and accurately maintain patient supplementary care records.	Met
	Action taken as confirmed during the inspection: These records were found to be maintained appropriately.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of one staff member's recruitment records found there were deficits in that there was no exploration of reasons for leaving previous employments and there was no previous or most recent employer reference. An area of improvement has been identified in this regard.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the manager was not on duty. A competency and capability assessment was in place for any nurse with the responsibilities of being in charge of the home in the absence of the manager.

There were systems in place to ensure staff were trained and supported to do their job.

The management team informed us that there were currently difficulties in obtaining optimum staffing levels despite all measures taken to seek staff cover. As a result the management team have ceased admissions to the home until they were able to recruit and put in place satisfactory staff cover. At the time of this inspection there was a deficit of one care assistant on the morning shift. The manager confirmed that all other measures to cover this deficit had been exhausted. Examination of the duty rotas found that this was an infrequent occurrence but had the potential to exacerbate difficulties when cover was needed with unexpected staff absences. Discussions with staff throughout this inspection confirmed that there were concerns with the current difficulties with recruiting staff. Staff also said there was good team work and that they felt supported in their role and they were satisfied with the level of communication between staff and management.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said; "I am very happy here. The staff are very good. It's just they are rushed off their feet." and "They (staff) are all very attentive and caring to me. I am very happy here and would have no complaints."

Two visiting relatives said that they felt the care was good and that staff were kind and attentive. One relative commented that there seemed to be staff shortages at times and staff were very busy.

Review of records provided assurances that all relevant staff were registered with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

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. Staff were knowledgeable of patients' needs, their daily routines, and their likes and dislikes.

Staff were observed to be prompt in recognising patients' needs and any early signs of request for assistance. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. Staff interactions with patients were observed to be polite, friendly, warm and supportive. Staff were seen to seek patients' consent when delivering personal care with statements such as: "Would you like to..." or "Can I help you with..." and knocking of bedroom doors to seek permission of entry.

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. These include any advice or directions by other healthcare professionals. Patients' care records were held confidentially.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, measures such as alarm mats were in used, where deemed necessary. Patient areas were free from clutter, and staff were seen to support or supervise patients with limited mobility. Those patients who were at risk from falls had care plans in place.

Records confirmed that in the event of a patient falling, post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate onward referral, where required, such as Occupational Therapy or the HSC Trust's falls prevention team. Following a fall, relevant persons such as the patient's next of kin, their aligned named worker and where appropriate RQIA, were informed. A monthly falls analysis is carried out to establish if there are any patterns or trends and to determine if there are other measures that can be put in place to reduce the risk of falls.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

There was a choice of meals offered; the food was attractively presented and smelled appetising, and portions were generous. There was also a variety of drinks available. This resulted in the lunchtime meal being a pleasant and unhurried experience for the patients. One patient made the following comment; "That dinner was just lovely."

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were also kept of what patients had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that it was well maintained. Patients' bedrooms were personalised with items important to the patients. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy and comfortable.

Corridors were observed to be clear of clutter and obstruction. At the onset of this inspection the fire safety door to the kitchen was wedged open. This was rectified shortly later. An area of improvement was made in this regard.

The home's most recent fire safety risk assessment was completed on 10 June 2021. Corresponding evidence was recorded to confirm that any recommendations from this assessment had been attended to.

Fire safety training and fire safety drills were maintained on a regular and up-to-date basis, as were the routine fire safety checks in the environment.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance. However on arrival to the home the nurse in charge did not seek to obtain or record a temperature and health assessment for the inspector and later a visiting service person. This was identified as an area of improvement. A temperature check and health assessment was completed by the day nurse on duty for the inspector.

Domestic staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by patients or staff were cleaned daily, but this was considered excessive in terms of the size and layout of the home, given there was one domestic staff member on duty each day. An area of improvement was identified for this staffing provision to be reviewed.

5.2.4 Quality of Life for Patients

Patients said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges. Patients were observed to be comfortable and at ease in their environment and in interactions with staff. Activities were facilitated mostly on a one to one basis or in small groups. Patients commented positively on the activity provision in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

The genre of music played in the home was appropriate to patients' preferences and this helped create the nice atmosphere in the home.

Patients said the range of available activities within the home kept them occupied during the day. Two patients made the following comments; "Everything is okay. I have no worries." and "I love it here. I am cared for very well."

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection; Mrs. Cheryl Palmer has been the manager since 21 November 2019. The regional manager, Mrs. Linda Graham made a visit to the home at the time of this inspection, to assist the manager and meet the inspector.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern to the manager.

An issue of performance management of a staff member was identified during this inspection. The management team confirmed that they had addressed some of the issues identified but would act urgently on these further issues. An area of improvement was made in this regard.

A system of quality assurance audits was in place in the home to help the manger monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, action plans were in place with associated timeframes for completion.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were robustly managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

Monthly visits on the Responsible Individual's behalf are conducted and result in a monthly report which focuses on the quality of services and care provided within the home. Any concerns or corrective actions were noted within the reports. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance.

There were systems to monitor all aspects of the running of the home. There was a clear organisational structure and staff were aware of their roles within the structure.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team. Five areas for improvement were identified in respect of staff recruitment, domestic staffing hours, IPC, a fire safety door and a personnel management issue. Details can be found in the Quality Improvement Plan included.

Patients were seen to be well cared for and staff were attentive to their needs in a kind, caring manner. The environment was comfortable and well maintained.

Good assurances were received from the management team at the time of this inspection to confirm that they were pro-actively addressing deficits in staff cover and vacancies and that they would address all areas identified in the quality improvement plan without delay.

7.0 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	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Cheryl Palmer, Registered 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 21(1)(b) Schedule 2 (3) and (4)</p> <p>Stated: First time</p> <p>To be completed by: 12 August 2021</p>	<p>The registered person must ensure that there is an exploration of reasons for leaving previous employments and a reference is obtained from the applicant's present or most recent employer.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that all reasons for leaving previous employment are explored and that a reference is obtained from the applicants present or most recent employer. This has been communicated through to the Hr Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27(4)(d)(i)</p> <p>Stated: First time</p> <p>To be completed by: 12 August 2021</p>	<p>The registered person must ensure that the practice of wedging open a fire safety door is ceased.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Registered person will monitor this daily on her walkabouts and all staff have been informed that the door to the kitchen is not to be wedged open at any time.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14(2)(c)</p> <p>Stated: First time</p> <p>To be completed by: 12 August 2021</p>	<p>The registered person must ensure that all visiting arrangements to the home, including visiting professionals and service personnel, are in accordance with Department of Health guidance.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Registered person has spoken to all staff and has reinforced the importance of adherence to the Department of Health Guidelines for visiting professionals and service personnel. A supervision session has been completed on the staff member who had failed to implement the guidelines.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 41(10)</p> <p>Stated: First time</p> <p>To be completed by: 19 August 2021</p>	<p>The registered person shall undertake a review of domestic staff cover. This review needs to ensure there are adequate numbers of domestic staff on duty on a daily basis to fulfil the requirements of the whole home.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Registered Person has reviewed domestic staff cover and one staff member has increased hours to ensure there is adequate cover on a daily basis. There is ongoing recruitment in this area.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35(6)</p> <p>Stated: First time</p> <p>To be completed by: 13 August 2021</p>	<p>The registered person shall address the performance management issues of a staff member that were identified during this inspection.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Registered person has addressed with the identified staff member issues with their performance as identified during the inspection.</p>

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