

Inspection Report

16 June 2022



Iveagh House Private Nursing Home

Type of service: Nursing Home (NH)
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

Organisation/Registered Provider: Spa Nursing Homes Limited Responsible Individual: Mr Christopher Philip Arnold	Registered Manager: Ms Alison Dunlop – not registered
Person in charge at the time of inspection: Mr Cristian Zorila, Agency Nurse	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: 24
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 33 patients. Patients' bedrooms are located over three floors. Communal lounges and the dining room are located on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 16 June 2022 from 10.00 pm to 2 am by a care inspector.

RQIA received information from the Southern Health and Social Care Trust (SHSCT) about the provision of care and services provided in Iveagh House Private Nursing Home. The SHSCT confirmed that the Trust Adult Safeguarding team were conducting a number of investigations relating to incidents that had occurred at night. RQIA had also received notifications from the home manager to inform us of allegations of poor staff conduct at night. In response to this information RQIA decided to undertake an inspection which focused on the following areas:

- Staffing arrangements at night
- Patient experience at night
- Care delivery
- The home's environment.

Patients described mixed experiences about the care and services in the home. They told us that they get everything they need at night. Some patients mentioned the incidents which had resulted in the safeguarding investigations and described poor conduct and/or attitude by identified staff. These were the same incidents that RQIA were already aware of. These patients commented that while they had experienced these isolated incidents, they were happy

that the identified staff members were not currently working in the home and that all other experiences with staff were positive.

Staff were seen to be busy but also to provide prompt response to patients' needs. Staff were aware of their responsibilities in relation to reporting concerns and were aware of the ongoing safeguarding investigations. Staff spoke about the importance of patient safety and wellbeing and said that they strive to provide good care. Staff described feeling disconnected from the wider team and management while working on night duty. This is discussed further in section 5.2.1.

Areas for improvement were identified in relation to fire safety, the duty rota, supervision and appraisal for staff who work nights, and communication arrangements for staff who work nights.

Following the inspection feedback was provided to the management team by telephone.

The findings of this report will provide the management team 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.

'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the 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 Alison Dunlop, manager, following the inspection.

4.0 What people told us about the service

During the inspection we spoke with six patients and three staff.

Patients described mixed experiences in relation to interactions with staff. Some patients referred to specific incidents which were under investigation by the SHSCT safeguarding team. These patients said that they experienced isolated incidents with identified staff and were happy that those staff were not currently working in the home. The patients involved in the safeguarding investigations said that all other experiences with staff were positive, describing staff as “good”, and said that they were otherwise comfortable at night and get what they need.

Patients described staff as “friendly” and said that staff were available to them when they needed. Patients told us that they used the nurse call system and that staff responded in reasonable time. Patients said that they had choices at night. For example, what time they went to bed, the temperature and lighting in the bedroom, or if they wished to watch television. Patients said that the home accommodated their preferences.

One patient who was unable to express their opinions verbally, indicated through body language, hand gestures, and facial expressions that they were not always satisfied with staff interactions. This patient indicated that they were comfortable, happy with their bedroom, and enjoyed watching television at night. This patient was unable to provide further detail and declined alternative ways to communicate such as writing. This was discussed with the manager who gave assurances that this patient’s satisfaction levels would be assessed further and they would liaise with the patient’s Trust key worker if necessary.

Care staff said that patient safety and welfare was their main priority in work and that they understood their roles and responsibilities in relation to reporting concerns. Staff described sometimes feeling under pressure when staffing arrangements were effected by either staff absences or regular reliance on agency use. Staff said that there had been a number of occasions in recent weeks whereby they worked with less than expected staffing levels. Staff said that this caused increase work pressures and that they worried about this before coming into work.

Staff described feeling disconnected from the wider team and management while working on nights and said that they often missed out on opportunities such as attendance at staff meetings because these were usually a set time during the day. This is discussed further in section 5.2.1.

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 17 January 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41.1 Stated: First time	The registered person shall ensure that a review of the frequency and duration of call bells is undertaken to determine if any trends or patterns are identified regarding patients having an extended wait for assistance at any particular time of the day. The outcome of the review should be taken into account when planning assessed staffing levels in the home.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Although response times to nurse call bells were monitored during this inspection, RQIA did not have access to records pertaining to reviews conducted by the manager due to the out of hours nature of the inspection. Therefore this area for improvement could not be fully assessed and has been carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 44 Stated: First time	The registered person shall ensure that bathrooms and storage areas are kept tidy and uncluttered.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 3 Ref: Standard 46 Stated: First time	The registered person shall ensure that items which require laundering are placed into laundry skips and not left in inappropriate areas of the home.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements at night

Patients talked about having some mixed experiences with staff which is discussed further in section 5.2.2. Overall patients said that their needs were met at night; they said that they can go to bed at a time that suits them, and this was seen with a few patients choosing to sit up late to watch television. Patients had drinks available in their bedrooms and the nurse call system buzzers were positioned within reach.

Staff were seen to be busy but to provide a prompt response to patients' needs. Interactions between staff and patients were seen to be warm, and staff were observed to be reassuring, supporting and encouraging towards patients. Staff told us that the patients' needs and wishes were very important to them, and were aware of individual patient preferences at night, such as preferred bedtime, whether or not they liked a light on or their door left open or closed. Staff demonstrated an understanding of their roles and responsibilities in reporting concerns about patient care, staff practice, or the environment.

Staff told us that they understood their own role in the home and what their role entailed. Agency staff told us that they received a good induction to the home prior to the commencement of their first shift, and that they were block booked and had become very familiar with the patients, staff, and the home's policies and procedures.

The agency staff nurse on duty told us that they had received a good induction at the start of their initial shift and that they have received a thorough handover of information about patients' needs at the beginning of each shift. The nurse said that adequate time is allocated to handover meetings and they felt that this was good in comparison to their experience in other services. The nurse said that they observed good care delivery when working in Iveagh House Private Nursing Home.

Staff told us that there had been several occasions in recent weeks when they worked with lower staffing levels than planned. Staff acknowledged that this was usually due to last minute staff sickness and believed that attempts were made to get cover but that this was usually unsuccessful at short notice. Staff said that on these occasions they felt under pressure with the workload and that duties often had to be amended on these occasions. Staff said that patients' needs were always met but that working short staffed caused some delays. Staff said they were unaware of any other measures being taken to address this issue.

The duty rotas showed regular use of agency staff. Previous discussions with the manager established that the home was experiencing some issues with staffing and that a recruitment drive was ongoing. The home's contingency plan included agency bookings to cover any vacant hours and the manager gave assurances that where possible agency staff would be block booked in advance to ensure continuity of care.

The duty rota did not accurately reflect the staff working in the home. Staff informed us that some recent shifts were worked with lower staffing levels than planned due to last minute staff sickness. The duty rota had not been amended to reflect this and it appeared that shifts went ahead with a full complement of staff. In addition, full names of staff were not consistently recorded on the duty rota, with some staff being included with their initials only. This was discussed with the nurse in charge and later with the manager, and it was established that a second diary was sometimes used to track staffing. However; the importance of a full and accurate staff duty rota was reiterated and an area for improvement was identified.

Staff said that they had good teamwork at night but described feeling disconnected from the wider team including, day staff, administration, housekeeping, kitchen, maintenance, and management. For instance, staff spoken with said that they did not attend staff meetings because meeting times were always set at 2pm, and that these were difficult to attend if working night duty. An area for improvement was identified.

Staff said that training was provided primarily via an eLearning system and that this covered essential courses to help them keep up to date with best practice. Staff were unaware of supervision sessions and said that they did not receive annual performance appraisals. Supervision and appraisals are important to support staff in identifying learning needs, ensuring best practice, promoting staff development, and improving service delivery. Discussion with the management team following the inspection confirmed that supervision and appraisals were not up to date. An area for improvement was identified.

5.2.2 Patient experience at night

From the beginning of the inspection patients were observed to be in various stages of their night time routines, with some patients in bed asleep and some patients sitting up watching television or having a drink before bed.

Six patients were spoken with individually.

Patients described mixed experiences in relation to staff and provision of care. Some patients talked about specific incidents involving poor staff conduct or attitude. These descriptions were directly linked to incidents which were appropriately reported to next of kin, Southern Health and Social Care Trust, RQIA, and where required the Police Service of Northern Ireland (PSNI). These incidents were under investigation by the Trust adult safeguarding team and appropriate protection measures had been implemented, such as some staff suspension and referrals to the relevant professional regulatory bodies.

Patients who had experienced a negative incident told us that they were isolated incidents and that they were satisfied that the identified staff involved were not currently working in the home, and that all other interactions with staff were positive in nature.

Patients told us that they exercised their right to choice and that staff accommodated this. For example they could sit up late to watch television or have access to drinks or snacks during the night. Patients said that their preferred night time routines and comforts were catered for, such as preferred lighting, room temperature, and bedding. Patients said that staff were available to them when needed and that they could use the nurse call bell system if required, and that staff “call round regularly” during the night.

5.2.3 Care delivery

Patients looked well cared for in that attention had been paid by staff to patients’ personal care needs. Patients who were unable to mobilise independently were positioned comfortably by staff. Patients had drinks within reach and any other personal items they wished, such as reading materials or television remote controls.

Staffs’ response times to patients using the nurse call bell system were monitored and observed to be answered in a timely manner. Staff were seen to be polite and respectful towards patients. For example, knocking on bedroom or bathroom doors before entering, and discussing personal care needs in a discreet manner.

Staff demonstrated an awareness of patients’ individual needs and preferences. Staff said that they were kept up to date with any changes in patients’ needs during the handover meetings at the beginning of each shift. Staff said that they also used a handover sheet which provided a snapshot reminder of key needs for patients, such as speech and language therapy (SALT) recommendations and moving and handling needs.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients’ needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients’ relatives, if this was appropriate. Patients’ preferences for night time care were detailed in their individual care plans, and included preferred waking and sleeping times.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

Care records showed that some relatives or friends were participating in the Department of Health (DoH) care partner initiative. One patient told us that this was working well for them.

5.2.4 The home’s environment

Review of the home’s internal environment included a selection of patients’ bedrooms, corridors, and communal lounges. The atmosphere in the home was welcoming and calm.

Patients’ bedrooms were clean and well personalised with items of interest and importance to each patient.

Communal lounges were well furnished and had homely touches such as cushions, pictures and ornaments.

The home was found to be clean and staff were seen to commence nightly cleaning duties once the majority of patients' were in bed and settled. Staff confirmed that their regular night cleaning duties included regular touch points such as hand rails and door handles, and communal lounge seating.

Corridors were clean and maintained free from clutter. Fire exits were clear of obstruction. One fire door was seen to be propped open using a brick. The nurse in charge was informed that this practice must cease immediately; the brick was removed and the door closed. An area for improvement was identified.

Staff were seen to practice hand hygiene at key moments and to use Personal Protective Equipment (PPE) appropriately.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Staff informed us that there had been issues relating to the heating of water in the early morning and that this sometimes caused delay in providing personal care to patients. This was discussed with the management team following the inspection and they confirmed that they were aware of this problem and that a part for the heating system was ordered. This interruption to the heating system had not been reported to RQIA and an area for improvement was identified. The manager agreed to submit a notification to RQIA in retrospect, for review by RQIA estates inspector.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	6*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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	
Area for improvement 1 Ref: Regulation 27 (d) (i) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the practice of propping or wedging open fire doors ceases. Ref: 5.2.4
	Response by registered person detailing the actions taken: The Appointed Manager has addressed with staff the practice of wedging open fire doors. The Appointed Manager will continue to monitor this on her daily walkarounds.
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that any events that occur in the home with potential to have an adverse effect on patient welfare are reported to RQIA without delay. Ref: 5.2.4
	Response by registered person detailing the actions taken: The Appointed Manager has completed one retrospective notification and will ensure any event that has a potential to have an adverse effect on any resident's welfare is reported in a timely manner.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 41.1 Stated: First time To be completed by: 28 February 2022	The registered person shall ensure that a review of the frequency and duration of call bells is undertaken to determine if any trends or patterns are identified regarding patients having an extended wait for assistance at any particular time of the day. The outcome of the review should be taken into account when planning assessed staffing levels in the home. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that bathrooms and storage areas are kept tidy and uncluttered.</p> <p>Ref: 5.1</p> <p>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.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that items which require laundering are placed into laundry skips and not left in inappropriate areas of the home.</p> <p>Ref: 5.1</p> <p>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.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 41.5</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the duty rota accurately reflects that staff working in the home over the 24 hour period. Any changes to staffing arrangements should be updated on the duty rota in a timely manner.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Appointed Manager will ensure that the duty rota accurately reflects staff working in the home over the 24 hour period. Changes to staffing rota will be updated as soon as they occur.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2022</p>	<p>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:</p> <ul style="list-style-type: none"> • Staff supervision conducted no less than every six months • Annual appraisal <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Appointed Manager will ensure all staff are supported in their roles to enhance performance and promote quality of care delivery. This will be evidenced through supervision records and annual appraisals.</p>

Area for improvement 6 Ref: Standard 41 Stated: First time	The registered person shall ensure that arrangements for night staff attendance at staff meetings are considered during meeting scheduling. Ref: 5.2.1
To be completed by: 31 August 2022	Response by registered person detailing the actions taken: The Appointed Manager has spoken with staff regarding attendance at staff meetings to consider what times are appropriate for meeting scheduled. The next meeting is an evening meeting to help assist night staff attendance.

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



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