

Inspection Report

17 January 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

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| 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: Ms. Alison Dunlop | 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 17 January 2022 from 9.30 am to 4.50 pm. The inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients commented positively about the care they received 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.

The atmosphere in the home was friendly and welcoming. Staff were seen to treat patients with respect and kindness.

Areas requiring improvement were identified regarding planning assessed staffing levels, storage and laundry arrangements.

RQIA were assured that the delivery of care and service provided in Iveagh House was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

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 information held by RQIA about this home was reviewed. 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 and '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. 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

Patients said that they felt well looked after by the staff, the home was kept clean and tidy and the food was good. Patients said that staffing levels varied and one patient said that the "staff always seem to be very busy" with the result that on occasions there could be a delay in staff providing requested assistance. One patient said that while "staff are helpful and friendly, some are more attentive than others". Another patient said that "taking everything into consideration I think it is a fine home".

Staff said that teamwork was good and that they enjoyed working in the home. Staff also said that staffing levels varied. A staff member said that at times they "feel under pressure but try to get on with it".

Four relatives spoken with during the inspection commented very positively about the care provided, communication and the staff. One relative said they had recently raised a concern with the manager and they were waiting on a response; they were otherwise satisfied with the care provided.

Comments made by patients, staff and relatives were brought to the attention of the manager for information and action if required. The manager confirmed that action was in progress to address the concern discussed by the relative who would be informed of the outcome to determine if they were satisfied.

No completed questionnaires or responses to the on-line staff survey were received following the inspection.

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 12 August 2021 | | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 21(1)(b) Schedule 2 (3) and (4) Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: Review of recruitment records confirmed that the required information had been obtained. | |
| Area for improvement 2 Ref: Regulation 27(4)(d)(i) Stated: First time | The registered person must ensure that the practice of wedging open a fire safety door is ceased. | Met |
| | Action taken as confirmed during the inspection: Review of the environment confirmed that no fire safety doors were wedged open. | |

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| Area for improvement 3 Ref: Regulation 14(2)(c) Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: Discussion with the manager and review of the visiting arrangements in place confirmed that these were managed in accordance with the current Department of Health guidance. | |
| Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 41(10) Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: Discussion with the manager and review of staff duty rotas confirmed that domestic staff cover had been reviewed to ensure that the domestic requirements of the home could be fulfilled. | |
| Area for improvement 2 Ref: Standard 35(6) Stated: First time | The registered person shall address the performance management issues of a staff member that were identified during this inspection. | Met |
| | Action taken as confirmed during the inspection: The manager confirmed that appropriate action had been taken to address the identified performance management issues at the time. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients and that the required information was included in recruitment records.

There were systems in place to ensure staff were trained and supported to do their job. Staff received mandatory training in a range of topics relevant to their role including moving and handling, adult safeguarding, infection prevention and control (IPC) and fire awareness.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager said that bank or agency staff were employed as necessary and that recruitment efforts remained ongoing despite the challenges of the current Covid-19 pandemic.

Staff told us that staffing levels varied but confirmed that efforts were made to ensure that shifts were covered as required. One member of staff said that, on occasions, they felt more staff were required in order to ensure that patients' needs could be met in a timely enough manner.

Patients said that they felt well looked after. Two patients said there was sometimes a wait for assistance, especially in the mornings, they commented that "staff always seem very busy" and "I sometimes have quite a long wait for the toilet, 15 minutes or so". It was observed that patients had call bells within reach and were happy to use these when they required the attention of staff.

Staff were seen to be busy, particularly prior to lunch time when they were assisting patients to the bathroom and into the dining room. Hairdressers were also in the home for much of the day and staff were helpfully assisting patients to and from the hairdressing room in addition to their other duties. Patients' needs were being met in a professional manner. It was observed on occasions that patients did have to wait for assistance but staff were seen to respond to call bells to let patients know they were aware they needed help and would be back to assist them as soon as possible. It was positive to note that laundry and domestic staff also took time to let patients know if care staff were held up elsewhere and reassured them that staff would be along as soon as possible.

Staff said that teamwork was good within their own area but could be better between care and nursing staff on occasions. Staff said that the manager was very approachable and had listened to their concerns regarding staffing and the fact they felt under pressure at times.

Comments made by staff and patients regarding staffing levels were discussed with the management team. The management team told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. The management team confirmed that factors such as the home's size, layout and occupancy were taken into account when planning assessed staffing levels and delegation of staff. In response to the comments made by staff and patients a review should be conducted of the frequency and duration of call bells 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 this review should be taken into account when planning assessed staffing levels. An area for improvement was identified.

The management team said that staff concerns about staffing levels had been taken seriously. Staff had been kept informed as to how staffing levels were determined and reassured that as occupancy increased staffing levels would also increase. The management team said they were working with nurses in the home to promote leadership skills and with all staff to encourage a collaborative teamwork approach to ensure that the daily routine was well managed for the patients.

Patients' relatives said they were satisfied with the care provided by staff.

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. Patient care records were maintained which reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly. Staff were seen to speak to patients in a caring and professional manner.

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 and these included any advice or recommendations made by other healthcare professionals such as the Speech and Language Therapist (SALT) or the Occupational Therapist (OT).

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Informative and meaningful daily records were kept of how each patient spent their day and the care and support provided by staff.

Supplemental records were maintained regarding, for example, the frequency of repositioning, food and fluid intake and personal care provided.

Review of care records confirmed that in the event of a fall the home's post falls protocol was followed and there was evidence that staff appropriately completed neurological observations and reviewed the relevant risk assessments and care plans.

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 from simple encouragement through to full assistance. Staff were seen to assist patients appropriately throughout the meal time. Staff told us how they were made aware of patients' nutritional needs to ensure they received the correct consistency of diet.

Patients said that they were offered choices at mealtimes and the majority of patients said that they enjoyed the food provided. One patient said they preferred very plain food while another said they had a poor appetite; both patients said their preferences were taken into account when meals were served. The food on offer looked and smelled appetising and portion sizes were tailored to patient's individual preferences.

It was observed that patients were enjoying their meal and their dining experience which was relaxed and unhurried. Staff had made an effort to ensure patients were comfortable and had a meal that they enjoyed. A menu was not on display at lunchtime but staff explained that this had been an oversight and it was noted that the menu was on display for the evening meal.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain and that appropriate action was taken regarding this if required.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was warm, clean and tidy. Patients' bedrooms were personalised with items important to them such as family photos and ornaments. The communal lounges and the dining room were attractively decorated and welcoming spaces for patients to use and enjoy as they wished.

Corridors and fire exits were observed to be clear of clutter and obstruction. However, an identified bathroom and a wheelchair storage area were seen to be cluttered and some items were inappropriately stored in these areas. An area for improvement was identified.

It was observed that, on two occasions, items which required laundering were left in an inappropriate area and not placed directly into a laundry skip. An area for improvement was identified.

Discussion with the management team and review of the duty rota confirmed that domestic arrangements had been reviewed. The management team said that domestic arrangements were kept under regular review and that a contingency plan was in place in the event of actions, for example, a deep clean of the home being required. Domestic staff said that covering short notice sick leave within the housekeeping and laundry departments could be an issue on occasions but teamwork was very good and that essential tasks would be prioritised if staffing levels were not as planned.

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).

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 (PPE) 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.

Patients said that the home was kept clean and tidy; they did not raise any concerns about the environment.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Staff were observed to offer patients choices throughout the day regarding, for example, where they would like to spend their time, if they wanted a drink, if they wanted the TV or radio on and where they would like to eat their meals. The atmosphere throughout the home was welcoming and friendly.

The management team said that the activity co-ordinator post had recently become vacant and they were actively recruiting for a suitable candidate. In the interim care staff were assisting patients with activities.

Patients said there was enough to do and that they were offered the option of joining in with planned activities or not. Some patients said they just preferred to stay in their own room; they liked to read their newspaper or magazines and didn't wish to spend time in the communal areas. Patients said that they felt staff listened to them and were respectful of their opinions and wishes.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and Care Partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Relatives said that communication was good and that they were kept well informed about visiting arrangements. A relative said that "staff are excellent, they go over and above".

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Ms Alison Dunlop has been the acting manager in this home since 15 November 2021. Staff commented positively about the manager and described her as approachable. Staff demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about patient care or staffs' practices.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

It was established that there was a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Regional Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients and relatives said that they knew how to report any concerns and said they were confident that the manager would help them to resolve these.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail and included action plans for improvement. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 0 | 3 |

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

| Quality Improvement Plan | |
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| 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: 5.2.1 |
| | Response by registered person detailing the actions taken: |
| Area for improvement 2 Ref: Standard 44 Stated: First time To be completed by: With immediate effect | The registered person shall ensure that bathrooms and storage areas are kept tidy and uncluttered. Ref: 5.2.3 |
| | Response by registered person detailing the actions taken: |

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| Area for improvement 3 Ref: Standard 46 Stated: First time To be completed by: With immediate effect | The registered person shall ensure that items which require laundering are placed into laundry skips and not left in inappropriate areas of the home. Ref: 5.2.3 |
| | Response by registered person detailing the actions taken: |

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