



The **Regulation** and
Quality Improvement
Authority

Inspector: Karen Scarlett
Inspection ID: 022719

Iveagh House
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**Unannounced Care Inspection
of
Iveagh House**

11 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 11 November 2015 from 10.00 to 14.30 hours.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. Some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Iveagh House which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 28 May 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Patricia Purvis and the responsible person, Harold Leslie Mitchell, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Harold Mitchell Ltd Responsible person – Mr Harold Leslie Mitchell	Registered Manager: Patricia Purvis
Person in Charge of the Home at the Time of Inspection: Patricia Purvis	Date Manager Registered: 23 March 2015
Categories of Care: RC-I; NH-1	Number of Registered Places: 33
Number of Patients Accommodated on Day of Inspection: 33	Weekly Tariff at Time of Inspection: £491 - £628

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with the responsible person
- discussion with staff
- discussion with patients
- observations during a tour of the premises
- evaluation and feedback.

The inspector met with seven patients individually and with the majority of others in groups, two registered nurses, two care staff and one ancillary staff member.

Prior to inspection the following records were analysed:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- three patient care records and a selection of daily charts
- staff training records
- staff duty rotas from 2 November to 15 November 2015
- competency and capability assessments for registered nurses
- complaints records
- incident and accident records
- monthly quality monitoring reports.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the Iveagh House was an unannounced care inspection on 28 May 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p>	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff. This is particularly in relation to:</p> <ul style="list-style-type: none"> • the absence of flooring around a toilet previously removed in the cleaner's store which cannot be effectively cleaned. <p>Action taken as confirmed during the inspection: The flooring in the cleaner's store had been replaced and could now be effectively cleaned.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that toileting slings are appropriately decontaminated between use or provide toileting slings for individual patient use in accordance with best practice in infection prevention and control.</p> <p>Action taken as confirmed during the inspection: A number of toileting slings were found hanging individually on doors in patients' bedrooms. However, a number of toileting slings were hanging together on the bathroom doors.</p>	Partially Met

	<p>This would not be in accordance with best practice in infection prevention and control.</p> <p>The manager stated, and care staff confirmed, that they were using a decontamination spray between uses. A decontamination schedule was in place in the bathrooms but this was only updated once daily and did not reflect that the slings were decontaminated between each use.</p> <p>This was discussed with the registered manager and the responsible person and it was agreed to further review the management of toileting slings in the home to reflect current best practice.</p> <p>This requirement has been partially met and has been stated for the second time.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p>	<p>A competency and capability assessment must be carried out with any nurse who is given the responsibility of being in charge of the home in the absence of the manager.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of the off duty rota identified two agency nurses who had been in charge of the home in the absence of the manager on night duty. An induction had been completed for these two nurses but there was no completed competency and capability assessments in place as required.</p> <p>This was discussed with the registered manager and the responsible person. The registered manager stated that recruitment is ongoing for a night duty staff nurse which should eliminate the need for further agency use. Following the inspection an updated, draft copy of a competency and capability assessment for agency nurses was submitted to RQIA on 12 November 2015 and some further advice was offered by RQIA.</p> <p>This requirement had not been met and has been stated for the second time.</p>	<p>Not Met</p>

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 28.4 Stated: Third time	It is recommended that: <ul style="list-style-type: none"> The registered manager provides confirmation to RQIA when returning the quality improvement plan in relation to the progression of on-going training in relation to Safeguarding Vulnerable Adults 	Met
	Action taken as confirmed during the inspection: An update on the progress of safeguarding of vulnerable adults training was provided with the return of the previous quality improvement plan. A review of the training records confirmed that all staff had received this training.	
Recommendation 2 Ref: Standard 23 Stated: First time	Repositioning charts should be completed to reflect the following: <ul style="list-style-type: none"> Frequency of repositioning Outcome of skin inspections The actual position of the patient 	Not Met
	Action taken as confirmed during the inspection: A review of a number of repositioning charts evidenced that staff were recording the actual position of the patient on the charts. However, there was no timescales for the frequency of repositioning on the chart. The format of the repositioning charts had been updated to include a comments section for staff to complete. However, this section was not being used to record the condition of patients' skin. In addition, a validated grading tool was not being used to document skin condition. A number of other issues were identified in relation to pressure ulcer prevention and management. Please refer to section 5.3.2 for further information. This recommendation has not been met and has been stated for a second time.	

Recommendation 3 Ref: Standard 47.1	Storage provision should be reviewed to ensure the safe storage of all equipment.	Met
Stated: First time	Action taken as confirmed during the inspection: The majority of bathrooms and communal areas were inspected and no equipment was found to be stored inappropriately.	

5.3 Additional Areas Examined

5.3.1. Comments of patients, patients' representatives and staff

As part of the inspection process patients, their representatives and staff were consulted and the comments received are detailed below.

Patients

Patients spoken with were very positive about their care, the kindness of the staff and the quality of the food provided. Patients were very well presented. Comments included:

"The staff are very good."

"They (the staff) tell me to use the buzzer and they come quickly."

"I couldn't say a bad word about them (the staff). They are like my own children."

Patients representatives

No patients' representatives spoke with the inspector.

Staff

Staff were observed to be responding promptly to the needs of patients and the relationships between staff and patients were friendly and relaxed. Staff commented positively about working in the home and raised no concerns. Care staff spoken with did comment that it was difficult to record repositioning contemporaneously due to the location of the charts at the nurses' station. Please refer to section 5.3.2 for further information. The home was clean and well maintained. It was noted that the visitor's toilet facilities on both floors had been refurbished.

5.3.2. Pressure area care and management

The care records examined were mainly well completed and well organised. Care plans were being maintained to a good standard and reflected a person centred approach to the care of patients. These were also regularly reviewed by the nursing staff. However, as previously stated, specific concerns were identified with the prevention and management of pressure ulceration. A recommendation in relation to repositioning charts, made at the previous inspection, had not been met. Please refer to section 5.2 for further information. In order to

validate progress with this recommendation, a number of repositioning charts and three patient records were reviewed.

The repositioning charts were kept in files at the ground floor nurses' station along with other daily charts. Repositioning charts were in place for a number of patients and the actual position of the patient was recorded at each position change. However, long gaps of nine to ten hours were noted between repositioning entries. There was evidence in the chart that recording of repositioning was not contemporaneous and care staff confirmed that entries were not made at the time at which care was actually delivered. A recommendation has been made that these entries are made contemporaneously. In discussion with the registered manager, it was agreed that consideration would be given to re-locating the charts for ease of access by staff.

In discussion care staff identified two patients who had existing pressure ulceration. These patients did not have a repositioning chart in place.

A subsequent review of three care records of patients with pressure ulceration identified further concerns. In two records reviewed, Braden risk assessments, used to identify patients' risk of pressure damage, had not been done in a timely way. In one case this was only completed once pressure damage had occurred. When the risk assessment was completed both patients were found to be at high risk of pressure ulceration. Registered nurses were not grading pressure ulcers using a validated grading tool.

Care plans to prevent and manage pressure ulceration were in place. These included the use of pressure relieving mattresses and cushions but the need for repositioning charts and the frequency of repositioning were not included. In the third record reviewed the patient's pressure ulcer was being appropriately managed and the Braden risk assessment had been updated. A requirement has been made that the treatment provided to patients in relation to pressure ulcer prevention and management meets the needs of patients, reflects current best practice and that appropriate equipment is provided where necessary.

A review of the training records of registered nurses found that the majority of registered nurses had undertaken training in pressure ulcer prevention and management in the last year. A recommendation has been made that the effect of this training on practice is evaluated by the registered manager as part of quality improvement.

5.3.3. Pain assessment and management

In one care record reviewed, a patient's pain assessment had been reviewed and their pain level was found to have increased. In the care record it stated that the current analgesia was effective. There was no evidence that any further action had been taken to ensure that the patient's pain was being effectively managed. This was discussed with the registered manager who agreed to follow this up urgently.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Patricia Purvis, and the responsible person, Harold Leslie Mitchell, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be Completed by: 30 December 2015</p>	<p>The registered persons must ensure that toileting slings are appropriately decontaminated between use or provide toileting slings for individual patient use in accordance with best practice in infection prevention and control.</p> <p>Ref: Section 5.2</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: We will provide individual toileting slings to facilitate the needs of our residents, these can be stored in suitable bags and kept with the residents. Staff will continue to decontaminate and launder as per best practice guidelines. Following a staff meeting all staff have been reminded to follow most recent guidelines.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: Second time</p> <p>To be Completed by: 30 December 2015</p>	<p>A competency and capability assessment must be carried out with any nurse who is given the responsibility of being in charge of the home in the absence of the manager.</p> <p>Ref: Section 5.2</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: On the day of the inspection evidence was given to the inspector that our stance is only to use agency as a last resort in order to promote continuity of care for our residents, and in the event of using agency we always ask for staff who have been with us before. We have placed reliance on the integrity on the agency (which is registered with the RQIA) However to ensure full compliance we have reviewed and updated our competency assessment and this will be completed for ALL agency nurses BEFORE taking charge of the home.</p>
<p>Requirement 3</p> <p>Ref: Regulation 12 (1) (a) (b) & (c)</p> <p>Stated: First time</p> <p>To be Completed by: 30 December 2015</p>	<p>The registered persons shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –</p> <ul style="list-style-type: none"> (a) meets his individual needs; (b) reflects current best practice; and (c) are (where necessary) provided by means of appropriate aids or equipment <p>This is particularly in relation to pressure ulcer prevention and management.</p> <p>Ref: Sections 5.2 and 5.3.2</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p>

	<p>In order to improve management of pressure ulcer prevention we had a revision session with nursing staff to remind them about using proper terminology for grading pressure wounds. We have developed a resource file and this includes best practice guidelines. I have sourced more training on skin care and pressure prevention for all nursing and care staff. As part of quality improvements to measure effects of training on pressure management i will evaluate monthly audits. In order to assist complete documentation contemporaneously personal folders will be provided for all residents in their bedrooms.</p>
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Recommendations			
Recommendation 1 Ref: Standard 23 Stated: Second time To be Completed by: 30 December 2015	Repositioning charts should be completed to reflect the following: <ul style="list-style-type: none"> • Frequency of repositioning • Outcome of skin inspections • The actual position of the patient 		
	Ref: Section 5.2 Response by Registered Person(s) Detailing the Actions Taken: Repositioning charts have been further amended to help staff record as much information as possible about frequency of repositioning, the condition of skin and the actual position of a resident. A staff meeting and revision session has been held following the inspection and i reminded staff about the importance of record keeping to show evidence of the care that they give, the roles and responsibilities they have as per Iveagh House handbook, NMC and NISCC registration. Training will now be available on pressure care and skin care for all staff.		
Recommendation 2 Ref: Standard 4, criterion 9 Stated: First time To be Completed by: 30 December 2015	Contemporaneous records should be kept of all nursing interventions, activities and procedures carried out in relation to each resident. This is particularly in relation to the documentation of repositioning.		
	Ref: Section 5.3.2 Response by Registered Person(s) Detailing the Actions Taken: In order to help staff complete the documentation in a contemporaneous manner personal folders will be supplied for all residents in their bedrooms. Staff have been reminded about their roles and responsibilities, especially in relation to repositioning of residents.		
Recommendation 3 Ref: Standard 39, criterion 7 Stated: First time To be Completed by: 30 December 2015	The effect of pressure ulcer and management training on the practice of registered nurses should be evaluated by the registered manager as part of ongoing quality improvement.		
	Ref: section 5.3.2 Response by Registered Person(s) Detailing the Actions Taken: Whilst most staff have had training on prevention of pressure damage i sourced additional training for all staff on skin care and prevention of pressure damage. In order to evaluate training i will complete audits and monitor same.		
Registered Manager Completing QIP	Patricia Purvis	Date Completed	16/12/15
Registered Person Approving QIP	Leslie Mitchell	Date Approved	16/12/15
RQIA Inspector Assessing Response	Karen Scarlett	Date Approved	11/01/16

****Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address****

Please provide any additional comments or observations you may wish to make below: