



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 13 February 2020



Iveagh House Private Nursing Home

Type of Service: Nursing Home

Address: 62 Castlewellan Road, Banbridge, BT32 4JD

Tel No: 028 4062 8055

Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides nursing care for up to 33 residents.

3.0 Service details

Organisation/Registered Provider: Harold Mitchell (Belfast) Ltd Responsible Individual: Harold Leslie Mitchell	Registered Manager and date registered: Cheryl Palmer Registered 21 November 2019
Person in charge at the time of inspection: Cheryl Palmer	Number of registered places: 33
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: 32

4.0 Inspection summary

An unannounced inspection took place on 13 February 2020 from 09.45 hours to 15.00 hours.

This inspection was undertaken by the care inspector. The term 'patient' is used to describe those living in Iveagh House Private Nursing Home.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff attentiveness to patients and the delivery of care which took into account personal preferences/choices of patients. Staff demonstrated that they had a good understanding of the individual needs of the patients and worked well as a team to deliver care to patients in an individualised manner. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with other patients and with staff.

Comments received from patients, people who visit them and staff during and after the inspection are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Cheryl Palmer, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 12 November 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 12 November 2019. No actions were required to be taken following that recent inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspection, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. No surveys were returned to RQIA for inclusion in this report. A poster was provided for staff detailing how they could complete an electronic questionnaire with their views; no responses were received within the relevant timescales.

During the inspection a sample of records was examined which included:

- staff duty rotas from 10 to 23 February 2020
- staff training schedule and training records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- one staff recruitment and induction record
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident and incident records
- reports of visits by the registered provider/monthly quality monitoring reports for December 2019 and January 2020
- RQIA registration certificate

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 12 November 2019

There were no areas for improvements made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The manager confirmed that the planned staffing levels for the home were subject to weekly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. The inspector also sought staff opinion on staffing via the online survey; no responses were received.

Patients and their visitors spoken with during the inspection were satisfied with staffing levels in the home.

The inspector observed that staff were responsive to patients' needs, assistance was provided in a timely manner and call bells were answered promptly.

Discussions with the manager, staff and a sample of the home's duty rota information viewed indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. The manager indicated that they are in the process of recruiting staff, with one nurse and three care assistant posts advertised. The manager stated that agency staff were used for three night duty shifts per week to ensure the required staffing levels are maintained. Agency staff shifts are blocked booked and this ensures continuity of staff who are familiar with the patients' needs.

The home's staff recruitment process was discussed with the manager who was knowledgeable in relation to safe recruitment practices. The manager confirmed that a number of new staff have been appointed in the last year to fill vacant posts. A review of the recruitment records for one staff member confirmed all pre-employment information had been obtained and reviewed in keeping with regulations. Staff spoken with stated they had completed a period of induction and review of records confirmed this process.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff confirmed that they received the required mandatory training to ensure they knew how to provide the appropriate care. All staff stated that they felt their training provided them with the skills and knowledge to effectively care for patients within the home. The manager confirmed that staff compliance with mandatory training was monitored and that the staff were prompted when training was due.

The inspector reviewed records that confirmed all senior staff and nurses had completed training to level 3 on the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding code of practice. The training of all care staff to level 2 in this subject had also been completed by January 2020.

A review of the home's environment was undertaken which included bedrooms, bathrooms, lounges, the dining room and storage areas. These areas were found to be warm, comfortable, clean and tidy. Bedrooms were personalised to suit the tastes and preferences of individual patients. In addition, a number of the shared areas were noted to be well decorated, clean and uncluttered.

The inspector saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff were observed adhering to infection prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while staff attended to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector observed the daily routine and the care given to patients in the home and was satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients' care needs and any changes to these. Staff spoken with were knowledgeable about the patients' care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered, especially if patients' needs had changed.

Discussions with staff, patients and relatives, along with the inspector's observations demonstrated that staff had a good understanding of the individual assessed needs of patients. Staff could describe the importance of respecting patients' personal preferences and choices and in supporting them to make choices.

Review of three patients' care records evidenced that registered nurses assessed, planned, implemented and reviewed care in accordance with NMC guidelines. A range of risk assessments had been completed to inform care planning for the individual patients. There was evidence that the care planning process included input from the patient and their representative. There was evidence of regular communication with representatives within the care records.

There was evidence of referrals having been made to relevant health care professionals, such as the dietician or speech and language therapist (SALT), where necessary. Patients' care plans included recommendations from the dietician and SALT that were regularly reviewed and shared with catering staff.

Feedback from patients and a relative included the following comments:

- "I like it here; we couldn't get better care and attention."
- "I like to take my time and stay in my room. I like reading and don't watch TV. I have my own room with en-suite and living here suits me fine."
- "When my relative is happy then so am I."
- "I would like the call bell answered quicker."

The inspector noted that call bells were answered promptly during the inspection; however the feedback received on this subject was discussed with the manager for review.

Staff were observed engaging with patients and visitors in an open and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff comments included:

- “The care is good. We work well as a team. Our residents’ choices are respected. I enjoy working here.”
- “My induction was very good. I find the job rewarding.”
- “We get lots of training to be able to do our job and can ask for other subjects.”
- “It can be very busy sometimes, especially as we want to do our best for our residents. I enjoy having a good chat with them and love listening to their stories about their life before living here.”

The inspector observed the serving of lunch in the dining room. The patients’ menu was displayed and choices had been sought in advance and recorded by care staff. The cook described how the communication between patients, staff and the kitchen was effective, especially with regard to any patients who have particular food preferences, for example, some like cabbage, or egg with runny yolks, and these different meal requests are prepared for these patients.

Patients were offered clothing protectors and staff were wearing aprons. A nurse was overseeing the meal and the atmosphere was calm, unhurried and relaxed. Patients were offered a selection of drinks throughout the meal time. Staff demonstrated their knowledge of how to thicken fluids, if necessary, and which patients required a modified diet. The food smelled appetising and was well presented. It was obvious that staff were aware of individual patients’ likes and dislikes. One care assistant was heard asking “First cup out of the pot for you, how is that for you?” Staff assisted patients as required and independent eating was encouraged with lots of friendly conversations heard during the mealtime.

Patients spoken with expressed their satisfaction with the quality and variety of food provided in the home. One patient commented; “We get the best food every day, cooked just the way I like it.”

A record of patients’ food and fluid intake was maintained; records reviewed were up to date. The inspector noted that in mid-morning, patients were offered a range of hot and cold beverages and a selection of cakes and biscuits.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector spoke with six patients about their experience of living in Iveagh House Private Nursing Home.

Patients were complimentary about life in the home; they commented:

- “I am comfortable, it is nice and quiet. The carers are very good to me.”
- “It is brilliant here, couldn’t get any better.”
- “You couldn’t find any faults here, a great home. We are kept well, it is spotlessly clean and warm, sure what could be better?”
- “The staff are all very helpful and approachable, but sometimes they are short staffed.”

Observation of care delivery evidenced that staff treated patients with dignity and respect. The inspector observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy. Staff stated that “we get to know the patients very well.”

Patients spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home. Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home’s policy and procedure with regard to whistleblowing.

A number of compliments had been received by the home which included:

- “Thank you for all the care and attention you gave to mum. We greatly appreciate your help to dad during his daily visits. We also wish to acknowledge your thoughtfulness at the time of mum’s death.”
- “Sincere thanks. You all went over and above the call of duty. I will be recommending Iveagh House to others.”
- “Thank you for taking such good care of mum. You cared for her so diligently, with patience, compassion and empathy. We really appreciate everything you did for her.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care for which the home was registered.

Since the last inspection on 12 November 2019, Ms Cheryl Palmer has been confirmed as the registered manager. A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked were clearly recorded.

A review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home; this helped to ensure action was taken to address any deficits identified and to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, infection prevention and control, complaints, medication records and care plans.

Discussions with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that details of incidents are audited monthly as part of the quality monitoring process; this assists in highlighting trends and risks, and identifying areas for improvement.

The inspector reviewed the home's policies and procedures on adult safeguarding and restraint. These policies and procedures had been reviewed to incorporate the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding code of practice which came into effect in December 2019 in Northern Ireland.

A review of adult safeguarding information and discussions with the manager provided evidence that previous referrals made in relation to adult safeguarding had been managed in accordance with the home's policy and procedures. Adult safeguarding matters/referrals are reviewed as part of the monthly quality monitoring process. Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

There was also a system in place to ensure complaints were managed appropriately. The inspector reviewed records of complaints received since the last inspection and found they had been investigated and managed appropriately, with all now resolved.

Monthly quality monitoring reports were reviewed for December 2019 and January 2020. These reports had been completed by the responsible person and were appropriately detailed in line with legislation. It was identified that an action plan is generated to address any area for improvement. The records indicated engagement with staff, patients, and where appropriate, their representatives and other professionals. Reports were noted to include reviews of the previous action plan, staffing arrangements, accidents/incidents, adult safeguarding matters, dependency levels, care records, environmental matters and complaints.

The inspector discussed the need for this report template to be updated to include a section or prompt regarding Deprivation of Liberty Safeguarding decisions in place for patients to be monitored.

Discussions with staff evidenced that they felt there were good working relationships within the home and they felt supported in their role.

Comments included:

- “It’s good here; the training is good and the manager and sister are very approachable. I would have no problem with a relative of mine living here.”
- “The teamwork and support is very good. We can raise ideas or issues and these do get listened to by the manager. I would definitely report any concerns as many residents can’t speak for themselves.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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