The Regulation and Quality Improvement Authority

Inspection Report

17 May 2024

Iveagh House Private Nursing Home

Type of Service: Nursing Home
Address: 62 Castlewellan Road, Banbridge, BT32 4JD
Telephone number: 028 4062 8055

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Spa Nursing Homes Ltd **Responsible Individual:** Mr Christopher Philip Arnold	**Registered Manager:** Mrs Claire Frances Hughes – not registered
Person in charge at the time of inspection: Miss Louise Riley – Regional Support Manager	**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:** 28
Brief description of the accommodation/how the service operates: Iveagh House Private Nursing Home is a registered nursing home which provides nursing care for up to 33 patients. Patients' bedrooms are located over three floors and patients have access to communal dining and lounge areas.	

2.0 Inspection summary

An unannounced inspection took place on 17 May 2024 from 9.15am to 5.00pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and determined if the home was delivering safe, effective and compassionate care and if the service was well led. In addition, we reviewed the recommendations made from a Trust investigation and found that two of the recommendations had not been met in regards to staff training on first aid and dysphagia management.

Patients were well presented in their appearance and spoke positively when describing their experiences of living in the home. Comments received from patients and staff are included in the main body of this report.

We found that there was compassionate care delivered in the home and the home was well led by the manger/management team.

Areas for improvement were identified and details can be found in the Quality Improvement Plan (QIP) at the end of this report.

The findings of this report will provide the manager and 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.

Questionnaires 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 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 Regional Manager and the Regional Support Manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with patients and staff. Patients told us that they were happy living in the home and were offered choice in how they spent their day. They offered comments, such as, "I am very happy here", "Staff are all grand here", and, "Staff are good to me".

Staff told us that they enjoyed working in the home and engaging with patients. They confirmed that there were good working relationships between staff and the home's management team.

There were no questionnaire responses received from patients or relatives and we received no feedback from the online survey.

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 30th January 24		
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:** Second time	The registered person shall ensure that neurological observations are conducted and recorded in line with best practice guidance following any fall resulting in a head injury / potential head injury.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Regulation 14 (2) (a) and (c) **Stated:** Second time	The registered person shall ensure that radiators in the home are maintained at a low heat, otherwise, covered to minimise the risk of accidental burns.	**Not met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This will be discussed further in Section 5.2.3. This area for improvement has not been met and has been stated for the third and final time.	
Area for improvement 3 **Ref:** Regulation 12 (1) (a) and (b) **Stated:** First time	The registered person shall ensure that registered nurses maintain an oversight of supplementary care records to make sure that the appropriate care has been delivered. Any actions taken as a result of review should be clearly documented within the daily evaluation notes.	**Not met**

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This will be discussed further in Section 5.2.2. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 4 **Ref:** Regulation 15 (2) (a) and (b) **Stated:** First time	The registered person shall ensure that patients' risk assessments and care plans are consistently reviewed regularly to ensure that they remain current.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 4 Criteria (9) **Stated:** Second time	The registered person shall ensure that records of repositioning are recorded contemporaneously and include: • the position the patient was repositioned to • the frequency of repositioning • evidence of skin checks at time of repositioning • signatures of any staff involved in the repositioning.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 41 **Stated:** First time	The registered person shall review the staffing arrangements in the home, taking into consideration the deployment of staff and working practices, to ensure that patients' needs are met at all times.	**Partially Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This will be discussed further in Section 5.2.1.	

	This area for improvement has not been fully met and has been stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A comprehensive pre-determined list of pre-employment checks had been completed and verified prior to any new employee commencing work in the home. All staff completed an induction to become more familiar with the homes' policies and procedures. The time period for induction could be extended if required. A booklet was completed to record the topics of induction completed. A list of training was identified for completion as part of the induction process.

Staff had a suite of mandatory training topics to complete annually to maintain their knowledge and skills in order to provide safe and effective care. Training topics included patient moving and handling, adult safeguarding, deprivation of liberty safeguards (DoLS) and fire safety training. Recommendations from a recent Trust investigation directed management to ensure that all staff received first aid and dysphagia management training within an identified time period. A review of training records evidenced that they had not achieved this. This was discussed with the manager and identified as an area for improvement.

Staff confirmed that they received an annual appraisal to review their performance and, where appropriate, identify any training needs. Staff also confirmed that they received recorded supervisions on a range of topics.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Staff felt that they worked well together and that the teamwork was good. They shared comments, such as, "We all have a good relationship with one another". Patients complimented the care delivery from staff, although, two patients told us that they had to wait for long periods of time when they pressed their call bells. Staff identified a concern regarding the supervision of patients around breakfast time. This was discussed with the manager and an area for improvement regarding the review of staffing arrangements, to include the deployment of staff and working practices, was stated for the second time. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. Staff meetings were conducted regularly to aid in the sharing of information.

5.2.2 Care Delivery and Record Keeping

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 included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially.

All staff received a handover at the commencement of their shift. Handover sheets were shared with staff to aid in information sharing. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Supplementary care records were recorded to capture the care provided to patients. This included any assistance with personal care, continence care, food and fluid intake and any checks made on patients. Nursing staff completed daily progress notes to evaluate the daily care delivery. Although, the daily evaluation was not always in line with the recorded supplementary records. This was especially evident within two patients' food and fluid intake review. An area for improvement in this regard was stated for the second time.

All patients had a pressure management risk assessment completed monthly. Where a risk of skin breakdown was identified; a care plan was developed to guide staff in how to manage this risk. This included the frequency of repositioning, if required. However, gaps were identified in the recording of repositioning which was outside of the planned care. This was discussed with the manager and identified as an area for improvement.

Incident forms were completed by staff to record any accidents or incidents which occurred in the home. Falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented. Accident records evidenced that the appropriate actions had been taken following a fall in the home and the appropriate persons notified.

Eating and drinking care plans were in line with recommendations from the speech and language therapists (SALT) and dieticians. Each patient had a choking risk assessment completed and those deemed at risk had a care plan in place on how to manage the risk. Care plans were updated monthly to ensure that they were still relevant. Staff consulted were aware of the actions to take should a patient choke.

A safety pause was conducted prior to meal times to ensure that the patients were receiving the correct modification of food in accordance with SALT recommendations. Each meal was checked before being served to the patient.

Patients had a choice of meal at mealtimes. The menu offered a good selection and variation of food. Food served appeared appetising and nutritious. Patients could dine in the dining room or their own bedroom if they preferred. Food was transferred in a heated trolley to patients' bedrooms to ensure the temperature of the meal was maintained.

5.2.3 Management of the Environment and Infection Prevention and Control

During the inspection we reviewed the home's environment including a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. Patients' bedrooms were personalised with items important to them. The home was warm, clean and comfortable. There were no malodours detected in the home.

It was evident that fire safety was important in the home. Staff had received training in fire safety and the manager confirmed fire safety checks including fire door checks and fire alarm checks were conducted regularly. Corridors in the home were free from clutter and obstruction as were the fire exits should patients have to be evacuated. Fire extinguishers were easily accessible. The manager confirmed that the required actions from the most recent fire risk assessment had been completed.

Chemicals, which could be harmful to patients if ingested, were observed unattended and accessible to patients within three identified areas in the home. This was discussed with the manager and an area for improvement was made to ensure compliance with Control of Substances Hazardous to Health (COSHH) legislation.

Multiple radiators in the home were found to be hot to the touch which could cause an accidental burn should any patient fall against one. An area for improvement in this regard had been stated for the second time at the previous care inspection. Assurances were provided following the inspection from the Responsible Individual that covers for the radiators would be fitted in a timely manner to ensure safety. Given these assurances, the area for improvement has now been stated for the third and final time.

Infection prevention and control (IPC) audits and environmental audits were conducted monthly and contained action plans to address any deficits found. The action plans had not always been reviewed to ensure completion. This was discussed with the manager who agreed to address this issue. This will be reviewed at the next care inspection. Minor IPC issues were managed during the inspection. Records of equipment decontamination had been maintained.

5.2.4 Quality of Life for Patients

Patients appeared comfortable and settled in their environment. There was a pleasant atmosphere throughout the home. It was observed that staff provided care in a caring and compassionate manner. It was clear through patient and staff interactions that they knew one another well and were comfortable in each other's company.

A notice of planned activities was displayed at the reception area. Activities were conducted on a group basis or on a one to one basis where this was preferred and included exercises, movies, bingo, making bird feeders, singing and baking. Patients were taken outside for walks when the weather permitted. Six dates had been planned for external musical entertainers to visit the home. Regular weekly activities included church services and hairdressing. Pictures of patients enjoying activities was displayed at the reception area and there was a file at reception with multiple additional pictures within.

Patients spoken with told us they enjoyed living in the home and that staff were friendly. One patient told us, “This is a nice place; the staff are 10 out of 10. I go outside to sit on a good day.” Another patient told us, “The staff are excellent and the food is very good. The cook comes and chats with me to make sure everything is ok”.

Visiting had returned to pre-covid arrangements in line with Department of Health guidelines. Patients were free to leave the home with family members if they wished.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been a change to the management arrangements. Claire Frances Hughes has been managing the home since 10 March 2024. Discussion with the regional managers and staff confirmed that there were good working relationships between staff and the manager. Staff told us that they found the manager and management team to be ‘approachable’.

In the absence of the manager, the nurse in charge, nominated within the duty rota, would take charge of the home. Nurses first completed a competency and capability assessment on taking charge of the home prior to commencing this role. Staff confirmed that the management team were contactable at all times should they require assistance.

Staff told us that they would have no issue in raising any concerns regarding patients’ safety, care practices or the environment. Staff had a good understanding of the home’s organisational structure should they need to escalate their concern and were aware of the departmental authorities that they could contact should they need to escalate further.

The manager confirmed their own internal governance practices in order to monitor the quality of care and other services provided to patients. Audits were conducted on, for example, patients’ care records, restrictive practice, medicines management, staff training and the environment. Action plans were developed where deficits were found. We discussed the importance of reviewing the action plans to ensure that the actions had been completed. This will be reviewed further at the next inspection.

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 and completed reports were available for review by patients, their representatives, the Trust and RQIA. Where improvement actions were required, an action plan was included within the report. The action plan would be reviewed at the subsequent monthly monitoring visit to ensure completion.

A complaint’s book was maintained and records kept to include the nature of any complaint and any actions taken in response to the complaint. The number of complaints made to the home was low. A compliment’s log was also completed to record any cards of thanks or complimentary emails received. The manager confirmed that all compliments received would be shared with the staff.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	4*	2*

*The total number of areas for improvement includes two that have been stated for a second time and one which has been stated for the third time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Linda Graham, Regional Manager and Louise Riley, Regional Support 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	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) and (c) **Stated:** Third time **To be completed by:** 31 July 2024	The registered person shall ensure that radiators in the home are maintained at a low heat, otherwise, covered to minimise the risk of accidental burns. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: The radiator in the home have been covered to minimise risks.
Area for improvement 2 **Ref:** Regulation 12 (1) (a) and (b) **Stated:** Second time **To be completed by:** 30 June 2024	The registered person shall ensure that registered nurses maintain an oversight of supplementary care records to make sure that the appropriate care has been delivered. Any actions taken as a result of review should be clearly documented within the daily evaluation notes. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: The Registered Manager has addressed with nursing staff the oversight of supplementary care records so that appropriate care is delivered. The nursing staff have been instructed to ensure daily notes reflect their oversight of these records and the Manager continues to monitor this.

Area for improvement 3 **Ref:** Regulation 20 (1) (c) (i) **Stated:** First time **To be completed by:** 31 July 2024	The registered person shall ensure that all staff receive training on first aid and dysphagia management. Ref: 5.2.1
	Response by registered person detailing the actions taken: The Registered Manager has instructed all staff to complete dysphagia and first aid management training and will monitor completion.
Area for improvement 4 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** With immediate effect (17 May 2024)	The registered person shall ensure that unattended chemicals are not accessible to patients in keeping with COSHH legislation. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Registered Manager has addressed with all staff the importance of ensuring all stores that maintain chemicals are locked in keeping with COSHH Legislation.The Manager will continue to monitor this.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 41 **Stated:** Second time **To be completed by:** 31 July 2024	The registered person shall review the staffing arrangements in the home, taking into consideration the deployment of staff and working practices, to ensure that patients' needs are met at all times. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: The Registered Manager will keep under review staffing arrangements for the home to ensure patients needs are met.
Area for improvement 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 31 July 2024	The registered person shall ensure that records of repositioning are in line with the patient's plan of care. Any deviation from the plan of care should be reflected in the daily evaluation of care. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Registered Manager has addressed with all staff through supervision the recording of repositioning charts in line with their plan of care and will continue to monitor this area.

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