Inspection Report

21 April 2023

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:** Miss Louise Riley **Date registered:** 26 April 2023
Person in charge at the time of inspection: Miss Louise Riley	**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:** 29
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 and patients have access to communal dining and lounge areas.	

2.0 Inspection summary

An unannounced inspection took place on 21 April 2023 from 9.30am to 5.15pm by a care inspector.

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

Staff provided care in a compassionate manner and were well trained to provide safe and effective care. Patients spoke positively on the care that they received and on their interactions with the staff. Comments received from patients and staff members are included in the main body of this report.

Areas for improvement were identified in relation to record keeping, the environment and with monitoring patients following a fall.

RQIA were assured that the delivery of care and service provided in Iveagh House was safe, effective and compassionate and that the home was well led.

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 manager and regional manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with 10 patients, six staff and three relatives. Patients were well presented in their appearance and appeared relaxed and comfortable in their surroundings. Patients told us that they were happy living in the home and complimented the staff and the care provision. The relatives consulted were very positive in relation to the care provided to their loved ones. Staff members were confident that they worked well together and enjoyed working in the home and interacting with the patients.

There were no questionnaire responses received and we received no feedback from the staff 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 6 December 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 20 (i) **Stated:** First time	The registered persons must ensure that the provision of staffing is kept under review to ensure that patients' needs are met in a timely manner and to the satisfaction of the patients.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref**: Regulation 20 (c) (ii) **Stated:** First time	The registered persons shall ensure that there is a robust system in place for monitoring staffs' registration with the Northern Ireland Social Care Council (NISCC) and that this system captures all relevant staff working in the home regardless of type of contact.	**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 (April 2015)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 40 **Stated:** Second time	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: • Staff supervision conducted no less than every six months • Annual appraisal.	**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:** Second time	The registered person shall ensure that arrangements for night staff attendance at staff meetings are considered during meeting scheduling.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure a review of care records is undertaken and all care plans are brought up to date to accurately reflect the patients' needs and detail the measures required to address those needs.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure that patients are offered the opportunity to choose which meal they prefer from the menu choices available.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 **Ref:** Standard 46. 3 **Stated:** First time	The registered person shall ensure that hand hygiene and PPE audits include any actions taken to address shortfalls in staffs' practice.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 6 **Ref:** Standard 48.9 **Stated:** First time	The registered person shall ensure that fire safety records evidence checks on fire doors during the weekly fire alarm test, and detail any actions required.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 7 **Ref:** Standard 45.7 **Stated:** First time	The registered person shall ensure that records pertaining to regular wheelchair checks detail actions taken when a defect is identified.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff members were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. Newly employed staff had protected time in which to complete an induction where they would work alongside a more senior member of staff to become more familiar with the home's policies and procedures. 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). These checks were made for full-time, part-time and bank staff.

A system was in place to monitor staffs' compliance with mandatory training. The provider's Human Resource (HR) team would monitor compliance weekly and contact staff if their training was about to lapse. A training matrix was maintained to evidence the dates that staff attended training. Staff confirmed that training was provided face to face and electronically. Staff also confirmed that they could request additional training relevant to their role. Two staff had recently attended additional training on pressure area care.

Staff confirmed that they were further supported through staff supervisions and appraisals. Records of completed staff supervisions and appraisals had been maintained to ensure that staff received two recorded supervisions and an appraisal on an annual basis. A 2023 planner was in use to schedule the annual appraisals.

Staff confirmed that staff meetings were hosted regularly. Meetings were held at a time which supported night duty staff attendance in addition to day staff. Minutes of these meetings were available for review.
Staff unable to attend the meeting were requested to read the minutes and sign and date when read. In addition to staff meetings, daily flash meetings were held to quickly identify and manage any areas of concern which may arise.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Staff consulted confirmed they were satisfied that patients' needs could be met with the staffing levels and skill mix on duty, though, also identified factors which could inhibit effective teamwork. The staffs' concerns were shared with the management team for their review and actions as appropriate. Observation of staffs' practices and discussions with patients raised no concerns in relation to the staffing arrangements in the home.

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. The duty rota identified the nurse in charge of the home when the manager was not on duty. A separate rota was maintained for staff who were given the responsibility of providing one to one care for patients. There were no current staffing vacancies in the home.

Patients consulted spoke highly on the care that they received and confirmed that staff attended to them when they needed them and that they would have no issues on raising any concerns that they may have to staff.

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 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. When a patient required to be repositioned to maintain their skin integrity, records of the repositioning had been recorded. However, there were significant gaps identified within the recording of repositioning. This was discussed with the manager and identified as an area for improvement.

Where a patient had a wound, an initial wound assessment had been completed and a care plan was in place to guide staff on how to manage the wound. Evaluation records monitored the progress of the care delivery. Body maps and wound photographs were in place to allow for a visual reference to the wound management.

An accident/incident form was completed by staff to record any accidents or incidents which occurred in the home. A review of two patients' accident records, following a fall in the home, evidenced that the patients had not been monitored in accordance with best practice guidance. This was discussed with the manager and identified as an area for improvement. Falls were reviewed monthly for patterns and trends to identify if any further falls could be

prevented. Audit records included an analysis of findings and evidenced management oversight.

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; this could include simple encouragement through to full assistance from staff. Staff assisted patients throughout the day with food and fluids in an unhurried manner. Nutritional risk assessments were carried out regularly to monitor for weight loss and weight gain using the Malnutrition Universal Screening Tool (MUST).

Patients dined in their preferred dining area; the dining room, lounge or their own bedrooms. Food was prepared and plated in the home's kitchen then transferred in a heated trolley to the dining area. Food served appeared appetising and nutritious. The menu offered patients a choice of meals. There was a good range of foods on the menu. The chef confirmed that a new menu was in the process of development taking patients' likes and dislikes into consideration.

The mealtime was well supervised. Staff wore personal protective equipment (PPE) and patients, who required, wore clothing protectors to maintain their dignity. Staff sat alongside patients when providing assistance with their meals. A range of drinks were served with the meals. There was a calm atmosphere at mealtime.

Records of food and fluid intakes were recorded where this was required. A review of some of these records evidenced gaps in the recording. Given these findings and the area for improvement in relation to repositioning records, an area for improvement was made to ensure registered nurses oversight of supplementary care records to make sure that the appropriate care has been delivered.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. All staff received a handover sheet containing pertinent details of the patients in their care. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff provided care in a caring and compassionate manner. Patients were well presented in their appearance and told us that they were happy living in the home. It was clear through patient and staff interactions that they knew one another well and were comfortable in each other's company. The relatives consulted described the care in the home as, 'Brilliant' and 'Incredible' and stated that, "Nothing is too much trouble for the staff when we ask for anything".

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. Appropriate doors leading to rooms which contained hazards to patients had been locked. The home was warm, clean and comfortable. There were no malodours detected in the home.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. The manager confirmed that all actions from the most recent fire risk assessment had been completed.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Although, there were several free standing wardrobes identified in bedrooms. An area for improvement was made to ensure that these wardrobes were fastened to the wall for safety. An additional area for improvement was made to ensure that all uncovered radiators were maintained at a low heat to prevent accidental burns should a patient fall against one.

Environmental infection prevention and control audits had been conducted monthly. Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. Audit records evidenced the actions taken, such as, when a staff member was identified wearing jewellery.

5.2.4 Quality of Life for Patients

An activity therapist had been recently recruited to oversee the activity provision in the home. A monthly programme of activities was in the process of development. Activities were conducted on a group and on a one to one basis and included chatting, massage, arts and crafts, outings, music, bingo, games, baking, gardening, aerobics and walks. Church services were shown on Sundays and there were plans in place to celebrate the King's Coronation. Photographs of patients enjoying activities were taken and displayed on a picture board at reception with the consent of the patients.

Individual records of activity involvement were maintained in the home and included patients' 'my life stories' to give staff a better knowledge of their past and present life, hobbies and interests.

Patient and relative meetings had taken place to ascertain their views on the service provision in the home to include activities, food provision, the environment and with planned improvements. In addition, a monthly newsletter was published for patients and relatives. Some were emailed to relatives and copies were made available for patients and relatives that did not have an email address.

Visiting had returned to pre-covid arrangements in line with Department of Health guidelines. Visiting was open and visits could take place in patients' bedrooms or their preferred visiting area.

5.2.5 Management and Governance Arrangements

The manager of the home, Louise Riley, registered with RQIA as manager on 26 April 2023. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management team. Staff told us that they found the manager and the management team to be 'approachable' and 'would listen to any concerns'.

Staff were aware of who the person in charge of the home was in the manager's absence. Staff told us that they were aware of their own role in the home and how to raise any concerns or worries about patients' safety, care practices or the environment.
Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required. Staff demonstrated good knowledge of the organisational structure in the home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Areas audited included patients' care records, wound care, medicines management, patients' weights, restrictive practice, complaints, staff training, the dining experience and the environment. Care record audits included an action plan which was dated and signed when actions had been completed. Audits evidenced oversight from regional management.

The manager had 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.

A complaint's file was maintained to detail the nature of any complaints and the corresponding actions made in response to any complaints including any correspondence to or from the complainant. The manager confirmed that any learning from complaints was discussed with staff on duty and raised during staff meetings. Complaints were audited on a monthly basis. Cards and letters of compliments were maintained in a compliments file. A compliments log was completed and included verbal compliments, thank you cards and any gifts received. The manager confirmed that all compliments received would be shared with the staff.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Completed reports were 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 were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Louise Riley, Registered 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

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 12 (1) (a) and (b) **Stated:** First time **To be completed by:** With immediate effect	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. Ref: 5.2.2 **Response by registered person detailing the actions taken:** The Registered Person is carrying out post falls analysis to ensure neurological observations are recorded in line with best practice guidance following any fall resulting in a head injury or potential head injury. The Registered Person has addressed the importance of post falls observations with the nursing team.
Area for improvement 2 **Ref:** Regulation 12 (1) (a) and (b) **Stated:** First time **To be completed by:** 21 May 2023	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: 5.2.2 **Response by registered person detailing the actions taken**: The Registered Person has addressed with the nursing team their responsibility to maintain oversight of supplementary records to make sure approriate care has been delivered. The manager is reviewing progress notes to ensure nursing staff are documenting in these records to indicate they have oversight of all records.
Area for improvement 3 **Ref:** Regulation 14 (2) (a) and (c) **Stated:** First 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. Ref: 5.2.3

To be completed by: Immediate action required	**Response by registered person detailing the actions taken**: The Registered Manager has completed a risk assessment on all radiators and heating has been reduced. Any risks will be further discussed with the estates team and if required covered to minimise the risk of accidental burns.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 4 Criteria (9) **Stated:** First time **To be completed by:** Immediate action required	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Registered Person has addressed with all staff the recording of repositioning charts and is auditing these to ensure they are being contemporaneously recorded. Supervision has been carried out with staff regarding recording of repositioning charts.
Area for improvement 2 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 21 May 2023	The registered person shall ensure that all freestanding wardrobes in the home are securely fastened to the wall for safety. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Registered Manager has addressed all freestanding wardrobes have been securely fastened to the wall for safety.

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

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