Iveagh House
RQIA ID: 1487
62 Castlewellan Road
Banbridge
BT32 4JD

Inspector: Karen Scarlett
Inspection ID: IN022149

Tel: 028 40628055
Email: patricia@haroldmitchellgroup.com

Unannounced Care Inspection
of
Iveagh House

28 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 28 May 2015 from 10.00 to 16.00 hours.

This inspection was underpinned by one standard and one theme from the DHSSPSNI Care Standards for Nursing Homes (2015). **Standard 19 - Communicating Effectively; Theme 'End of Life Care' incorporating criteria from Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, 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 described 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 25 November 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 deputy manager, Louise Knox, 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 (Belfast) Ltd/Harold Leslie Mitchell	**Registered Manager:** Mrs Patricia Purvis
Person in Charge of the Home at the Time of Inspection: Ms Louise Knox (deputy manager)	**Date Manager Registered:** January 2015
Categories of Care:	**Number of Registered Places:**

RC-I, NH-I	33
Number of Patients Accommodated on Day of Inspection: 31	**Weekly Tariff at Time of Inspection:** £470 (residential) £593 (nursing) £35 top up

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively
Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

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

- discussion with the deputy manager
- discussion with patients
- discussion with staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback.

The inspector met with five patients individually and the majority of others in groups, two registered nurses, four care staff, three ancillary staff and two patients' visitors /representatives.

Prior to inspection the following records were analysed:

- notifiable events submitted 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 plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report.

The following records were examined during the inspection:

- staff duty rotas
- staff training records
- staff competency and capability records
- staff induction records
- staff meeting records
- three care records and a number of daily charts
- a selection of policies and procedures

- incident and accident records
- care record audits
- guidance for staff in relation to palliative and end of life care
- complaints and compliments records
- guidance for staff in relation to continence.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection on 25 November 2014. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last care inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref**: Regulation 14 (4) **Stated:** Second time	The registered person must make arrangements by training staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse by ensuring that: • all nursing staff are competent in reporting suspected, alleged or actual incidents of abuse to the relevant persons and agencies in accordance with procedures and in a timely way.	**Partially Met**
	Action taken as confirmed during the inspection: A review of training records confirmed that 66% of staff had completed their safeguarding training. Further training is arranged for December 2015. The staff spoken with correctly confirmed the actions to be taken in the event of witnessing abuse of a vulnerable adult. RQIA are satisfied that this requirement has been partially met and therefore it will not be stated again. A previous recommendation that the provider keeps RQIA informed of the progress regarding completion of training has been stated for a third time.	

Requirement 2 **Ref**: Regulation 15 (2) (a) & (b) **Stated:** Second time	The registered person must ensure that the assessment of the patient's needs is; kept under review; and revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually, and by ensuring: • daily repositioning and skin inspection charts should be completed consistently throughout the 24 hour period • wound assessment charts should be fully completed and supported with regular photography of wounds.	**Met**
	Action taken as confirmed during the inspection: An examination of a number of repositioning charts evidenced that these were being consistently completed. There was no frequency of repositioning recorded on the charts and no skin checks were being documented. It was not possible to tell the actual position of the patient from the entries made on the charts. Wound assessment charts were fully completed and supported with photographs of wounds. This requirement has been met. However, a recommendation has been made that records reflect the frequency of repositioning expected, the condition of the skin and the actual position of the patient, for example, left, right, back or chair.	
Requirement 3 **Ref**: Regulation 13 (1) (b) **Stated:** Second time	The registered person must ensure that the nursing home is conducted so as to make proper provision for the nursing and where appropriate, treatment and supervision of patients by ensuring: • all registered nurses undertake wound care training and the classification of pressure ulcers using the European Pressure Ulcer Advisory Panel Classification System • all staff complete training in relation to pressure area care and the prevention of pressure ulcers.	**Partially Met**
	Action taken as confirmed during the inspection: The majority of registered nurses had undertaken training in wound care and pressure ulcer	

	management. There was evidence that "in-house" sessions, facilitated by the previous manager, had been undertaken with care staff. Staff spoken with were knowledgeable about pressure area care and prevention. The deputy manager stated that there was one patient with a grade two pressure sore at present. This had been quickly identified by care staff and the appropriate actions taken. Records in relation to wounds demonstrated that these were effectively managed and wounds were being healed successfully. RQIA are satisfied that the requirement has been partially met and therefore it will not be restated.	
Requirement 4 **Ref**: Regulation 27 (4) (d) (1) **Stated:** Second time	The registered person must make adequate arrangements for detecting, containing and extinguishing fires : • it is required that the management of the identified fire door is reviewed urgently. If patients request that their bedroom door is kept open, the door must be held open by a mechanism which is linked to the fire alarm system.	**Met**
	Action taken as confirmed during the inspection: A new fire alarm system has been installed in the home. On the day of inspection this was being tested and the maintenance worker confirmed that all the doors in the home had closed in response to the alarm. This requirement has been met.	
Requirement 5 **Ref**: Regulation 13 (7) **Stated:** First time	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: • the absence of drip trays below the bed pan racks in the two sluice rooms • the absence of flooring around a toilet previously removed in the cleaner's store which cannot be effectively cleaned.	**Partially Met**

	Action taken as confirmed during the inspection: An inspection of the premises confirmed that drip trays had been fitted in the sluice rooms. The floor had not yet been repaired in the identified store. This element of the requirement has been stated for a second time.	
Last Care Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 28.4 **Stated:** Second time	It is recommended that: • 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	**Partially Met**
	Action taken as confirmed during the inspection: The registered person returned this information with the last QIP. As stated under requirement one, this recommendation has been stated for a third time and the provider must confirm that the remaining staff will receive safeguarding training with the return of this QIP.	
Recommendation 2 **Ref**: Standard 35.1 **Stated:** First time	It is recommended that continence pads are stored in a manner which maintains this equipment safely, in accordance with manufacturers' instructions and to ensure effective infection prevention and control.	**Met**
	Action taken as confirmed during the inspection: An inspection of the home confirmed that continence pads were now being stored safely and in accordance with best practice in infection prevention and control. This recommendation has been met.	

Recommendation 3 **Ref**: Standard 19.2 **Stated:** First time	The registered person should ensure that the following best practice guidelines are readily available to staff and used on a daily basis: • British Geriatrics Society Continence Care in Residential and Nursing Homes • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence in women • NICE guidelines on the management of faecal incontinence.	**Met**
	Action taken as confirmed during the inspection: A review of the continence resource folder evidenced that comprehensive and current best practice guidelines were now available for staff to consult. This recommendation has been met.	
Recommendation 4 **Ref**: Standard 26.6 **Stated:** First time	The following policy must be reviewed and updated as required and ratified by the responsible person: • Continence Care	**Met**
	Action taken as confirmed during the inspection: A review of the policy folder evidenced that this policy had been developed. This recommendation has been met.	
Recommendation 5 **Ref**: Standard 19.4 **Stated:** First time	The registered manager should ensure that sufficient registered nurses have up to date knowledge and expertise in catheterisation, including male catheterisation.	**Partially Met**
	Action taken as confirmed during the inspection: The manager identified a number of registered nurses who had had this training previously. However, there were now no patients requiring this intervention. The deputy manager confirmed that should future patients require this intervention that existing nursing staff would update their competencies with the support of the community nursing team and GP. This recommendation will not be stated again.	

Recommendation 6 **Ref**: Standard 10.2 **Stated:** First time	When a patient's behaviour is uncharacteristic and causes concern, a documented plan of care that meets the individual's assessed needs and comfort is drawn up and agreed with patients, their representatives and relevant professionals, as required. The outcome of discussions with patients and their representatives regarding the use of devices including, but not limited to, bed rails, alarm mats and tab alarms must be recorded.	**Met**
	Action taken as confirmed during the inspection: In the care records reviewed there was evidence of discussion with patients and their representatives regarding use of bed rails and alarm mats. Assessments had been carried out and care plans implemented, both of which were regularly reviewed. This recommendation has been met.	
Recommendation 7 **Ref**: Standard 12.5 **Stated:** First time	It is recommended that fresh drinking water and juice are made available at all times and placed in a visible and accessible location to encourage fluid intake.	**Met**
	Action taken as confirmed during the inspection: Observation of the lunch time meal confirmed that jugs of juice and water were placed on each table for patients. This recommendation has been met.	
Recommendation 8 **Ref**: Standard 1.1 **Stated:** First time	The registered manager should review any practice which has the potential to demean patients / residents: • staff should not refer to clothing protectors as "bibs" • Baby wipes should be replaced with generic hand wipes	**Met**
	Action taken as confirmed during the inspection: Observation of the lunch time meal confirmed that	

	the clothing protectors were no longer referred to as "bibs". Observation and discussion with the deputy manager confirmed that baby wipes were no longer placed on the table and the registered manager is sourcing alternatives. This recommendation had been met.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on Breaking Bad News. Discussion with staff confirmed that they were knowledgeable regarding this policy and procedure.

A sample of training records evidenced that staff had not completed training in relation to communicating effectively with patients and their families/representatives. However, staff consulted were knowledgeable, experienced and confident in communicating with patients and their representatives.

Is Care Effective? (Quality of Management)

Three care records reflected patients' individual needs and wishes regarding the end of life care. Recording within records made reference to the patients' specific communication needs including sensory and cognitive impairment. A review of the care records evidenced detailed accounts of the breaking of bad news discussed with patients and/or their representatives, and options and treatment plans discussed as appropriate.

There was evidence within the care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Nursing staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news. They emphasised the importance of building caring relationships with patients and their representatives and the importance of regular, ongoing communication regarding the patient's condition.

Is Care Compassionate? (Quality of Care)

Staff gave examples of how they communicated sensitively with patients and their representatives by providing a private venue, taking sufficient time for questions and offering ongoing support. A review of the care records evidenced the details of such discussions had been effectively recorded. The compliment record also contained examples of relatives' commending staff on how they had kept them informed and explained information in a timely and understandable way.

Patients and their representatives consulted were highly complimentary of staff and the care provided. Good relationships were very evident between staff and the patients and visitors. Staff were noted to be friendly and polite and responding to patients' needs promptly.

Areas for Improvement

No requirements or recommendations have been made in relation to this standard.

Number of Requirements:	**0**	**Number of Recommendations:**	**0**

5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents reflected best practice guidance such as the Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes (2013). These included guidance on the management of the deceased person's belongings and personal effects.

Training records could not evidence that staff had received training in the management of palliative care, death, dying and bereavement. However, this had been discussed at staff meetings and a resource folder was available for staff. All staff were to sign that they were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines (2013) and this was ongoing. Information on death and dying was also included in the staff induction programme and the competency and capability assessments for the nurse in charge. Staff spoken with were knowledgeable about the important aspects of care when a patient was nearing the end of life.

Discussion with staff and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. The nursing staff confirmed that the support of the specialist palliative care nurse was invaluable.

Discussion with the staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken. The GP had carried out advanced care planning with patients in the home and the outcomes of these had been recorded in care plans including the preferred place of care/ death.

A protocol for timely access to any specialist equipment or medications was in place and discussion with nursing staff confirmed their knowledge of the protocol. However, nursing staff emphasised the importance of forward planning by consulting in advance with the GP and palliative nurse specialist and ensuring that any medications which would potentially be needed were in stock.

A palliative care link nurse has been identified for the home and there was a schedule of the planned sessions available on the staff notice board.

Is Care Effective? (Quality of Management)

A review of care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A key worker/named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Discussion with the staff and a review of care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying.

A review of notifications of death to RQIA during the previous inspection year evidenced that these were managed appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. This information was documented in detail in the care plans which were found to be intensely personalised for each patient. Staff consulted demonstrated an awareness of patients' expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. All staff confirmed that relatives were made welcome. They were enabled to stay overnight in the quiet room or in a comfortable chair in the patient's room and provided with blankets, pillows and regular drinks and snacks.

From discussion with the staff, relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments records that relatives had commended the staff for their care at end of life which they described as "dignified", "excellent" and "fantastic".

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. They all confirmed that when a deceased patient was being taken from the home they gathered at the front door to pay their respects and support one another. They were also given the opportunity to attend memorial services if they wished.

From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included the support of their team and the manager.

Information regarding support services was available and accessible for staff, patients and their relatives. This information included leaflets of bereavement, care of the dying, Marie Curie and Macmillan services.

Areas for Improvement

No requirements or recommendations have been made in relation to this theme.

Number of Requirements:	**0**	**Number of Recommendations:**	**0**

5.5 Additional Areas Examined

5.5.1. Comments of patients, patient representatives and staff

As part of the inspection process patients, their representatives and staff were consulted and questionnaires issued. All comments were generally positive. Some comments received are detailed below.

Patients

Patients were unable to complete the questionnaires but comments made in discussion included:

“I am spoilt and the food is very good.”
“Staff are good to me.”
The staff are very good. They could come a little quicker at times but they try their best.”

The comment of one patient regarding response times was fed back to the deputy manager. She confirmed that extra care staff had been put on duty in the evenings to address concerns raised in the past. A review of the duty rota and discussion with staff evidenced that staffing was appropriate to meet the needs of patients at this time. There was some limited use of agency nursing staff but the same staff tended to be booked on a regular basis. The deputy manager stated that recruitment for new registered nurses is ongoing.

Patients’ representatives

“I cannot speak highly enough of the care and nursing my loved one is experiencing here at Iveagh House.”
“Very relaxed atmosphere, very homely and well run.”

Two relatives consulted spoke highly of the staff and the care provided and raised no complaints or concerns.

Staff

“We have a very kind and caring team here in Iveagh.”

"Many relatives who have experienced the death of a loved one in Iveagh have always commented on the care and attention both they and their loved one received."
"I love working here."

5.5.2. Environment

An inspection of the premises found these to be presented to a high standard of décor. The premises were mainly found to be clean and hygienic. However, one upstairs bathroom was found to contain a number of items of equipment including mattresses, slings, commode seats, catheter stands and an inflatable seat containing dirty water. This was highlighted to the deputy manager who immediately arranged for the room to be cleared and cleaned.

In discussion with the deputy manager it was confirmed that there were difficulties in sourcing areas for storage. A recommendation has been made in this regard.

It was also evident that toileting slings were being used communally and stored over hoists in the bathroom. This is not in accordance with best practice in infection prevention and control. A requirement has been made that this practice is reviewed to ensure that toileting slings are issued on a named patient basis or decontaminated after each use.

5.5.3. Competency and Capability assessments

A review of the competency and capability assessments for the nurse in charge of the home in the absence of the manager were found to be completed for permanent nursing staff. However, a review of the records of two agency nurses left in charge of the home at night could not evidence that these been completed. A requirement has been made that competency and capability assessments are completed for all nurses left in charge of the home in the absence of the manager.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Louise Knox, deputy manager, 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 further 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	
Requirement 1 **Ref**: Regulation 13 (7) **Stated:** Second time **To be Completed by:** **28 September 2015**	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: • the absence of flooring around a toilet previously removed in the cleaner's store which cannot be effectively cleaned. **Response by Registered Person(s) Detailing the Actions Taken:** We are presently refurbishing two toilets and as part of the contract the new flooring surfaces will be installed in the cleaners store.
Requirement 2 **Ref:** Regulation 13 (7) **Stated:** First time **To be Completed by:** **28 September 2015**	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. **Response by Registered Person(s) Detailing the Actions Taken:** We will introduce a decontamination programme to prevent contamination of slings,keeping in line with infection control guidelines.
Requirement 3 **Ref:** Regulation 20 (3) **Stated:** First time **To be Completed by:** **28 July 2015**	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. **Response by Registered Person(s) Detailing the Actions Taken:** I have reviewed this process and all C & C assessments have been completed with the exception of one agency nurse - this will be completed before she next takes charge.
Recommendations	
Recommendation 1 **Ref**: Standard 28.4 **Stated:** Third time **To be Completed by:** **With the return of the QIP**	It is recommended that: • 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 **Response by Registered Person(s) Detailing the Actions Taken:** On-line training on safeguarding has begun. All but 6 care staff have completed their training. The final 6 care staff will have completed training by 8th of July 2015.
Recommendation 2 **Ref**: Standard 23	Repositioning charts should be completed to reflect the following: • Frequency of repositioning • Outcome of skin inspections

Stated: First time **To be Completed by:** **28 September 2015**	• The actual position of the patient
	Response by Registered Person(s) Detailing the Actions Taken: Position charts have been reviewed and updated. New charts now show date,extact time,extact position of residents,and comments on condition of skin,all staff will be up-dated on same.
Recommendation 3 **Ref**: Standard 47.1 **Stated:** First time **To be Completed by:** **28 September 2015**	Storage provision should be reviewed to ensure the safe storage of all equipment.
	Response by Registered Person(s) Detailing the Actions Taken: We are continually disposing of surplus items to free up storage, good housekeeping is always high on our agenda and we will continue to monitor this.

Registered Manager Completing QIP	Patricia Purvis	**Date Completed**	03/07/15
Registered Person Approving QIP	Leslie Mitchell	**Date Approved**	03/07/15
RQIA Inspector Assessing Response	Karen Scarlett	**Date Approved**	6/7/15

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:

I am very pleased with your findings in Iveagh House and hope to maintain a very high standard of safe, effective care for all our residents. I noted one typographical error in page 1 para 1:1 where the date of the last inspection should have been printed as 25th November 2014 (not 2015) . Thank you all your guidance.