

# Inspection Report

**Name of Service: Iveagh House Private Nursing Home**

**Provider: Spa Nursing Homes Ltd**

**Date of Inspection: 15 May 2025**

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Spa Nursing Homes Ltd
<b>Responsible Individual:</b>	Mr Christopher Philip Arnold
<b>Registered Manager:</b>	Miss Chloe Burns – Not registered
<b>Service Profile –</b> Iveagh House Private Nursing Home is a registered nursing home which provides general 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 15 May 2025 from 9.05am to 5.00pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 22 October 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and the service was well led. However, improvements were required in relation to nutritional assessments and pressure management.

As a result of this inspection, all areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Full details, including the new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Patients said that living in the home was a good experience and relatives were complimentary of the care delivered in the home. Refer to Section 3.2 for more details.

## 3.0 The inspection

### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### 3.2 What people told us about the service

Patients spoke positively about the care that they received and of the staff who provided care for them. They told us that they were happy living in the home. Patients' comments included, "The staff are great"; "I am happy here," and, "I love it here". One patient said, "This home is superb and I am not just saying that". Some patients did identify that staff were less visible in the afternoon/evenings and some had to wait longer for attention during this time period. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Relatives consulted during the inspection were complimentary in regards to the care their loved ones were receiving. One told us, "The care has always been excellent," but then did raise a concern regarding access to staff in the evenings. We received no questionnaire responses from patients or visitors.

Staff told us that they were happy working in the home and that they felt that they worked well together. Staff felt well trained to perform their roles in the home, though, some felt that they couldn't give the care they needed to in the evenings due to the staffing levels and workload. There were no responses from the staff online survey.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was clear evidence of actions taken by the manager to review the staffing arrangements and actions taken included moving the nursing station to a more prominent area of the home to make staff more accessible to patients. However, concerns raised by patients, visitors and staff during the inspection were shared with the management team for their review and actions as appropriate. Following the inspection, the regional manager confirmed that, following review, an additional staff member had been rostered to work during the evening shift.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Staff said there was good teamwork and that they felt well supported in their role. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Patients spoke positively about the care they received from staff.

Staff meetings were conducted regularly for information sharing. Minutes of the meetings were available for staff, especially those unable to attend the meeting, to refer to as a record of discussions had and/or decisions made.

#### 3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. 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.

Continence assessments were completed on admission and continence care plans developed to ensure identified needs were met and with the correct aids/products. Bowel management had been monitored well and actions taken where required.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. However, some of these had been incorrectly scored. This was discussed with the regional support managers (RSMs) and identified as an area for improvement.

Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. Care plans were updated and information shared well when changes to nutritional requirements were made. Patients were safely positioned for their meals and the mealtimes were well supervised. Food served appeared appetising and nutritious. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs. Food and fluid intakes were recorded well to identify daily intakes and included any supplements taken along with food.

Moving and handling risk assessments were completed and mobility care plans identified the correct aids patients required, if any, and the correct number of staff to assist them with their mobility. Pressure management risk assessments identified those patients at risk of skin breakdown. Although, where a patient required a pressure relieving mattress as part of their care, we observed that several of these mattresses settings were not set in accordance with the patients' weights. This was discussed with the RSMs and identified as an area for improvement.

At times some patients may require the use of equipment that could be considered restrictive. It was established that safe systems were in place to safeguard patients and to manage this aspect of care. The use of restrictive practice was monitored monthly in the home.

Patients confirmed that activities took place in the home. There were pictures at reception of patients engaging in activities. The RSM described an intergenerational programme between patients in the home and children from a local nursery. A patient spoke of how they enjoyed planting seeds and listening to the music.

Patients complimented the care and the food provision. One patient told us, "I have just finished a lovely breakfast. I am very thankful to the people here for what they do". Another commented, "The staff are very good and the food is good. We are well taken care off here".

Relatives told us that staff communicated well with them and were positive in describing their loved one's care.

### 3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. Risk assessments and care plans were reviewed regularly to ensure that they remained up to date. Care records were stored securely.

Supplementary care records were maintained to evidence, for example, personal care delivery, food/fluid intake, continence management and records were kept of any checks staff made on patients.

Nurses completed daily progress notes to monitor and evaluate the care delivered to the patients in their care. The majority of evaluations were meaningful and reflected the information on the supplementary care records.

### 3.3.4 Quality and Management of Patients' Environment

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Fire safety measures were in place to protect patients, visitors and staff in the home. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted.

Monthly infection control audits were completed to monitor the environment and staffs' practices. Audits contained action plans which evidenced review to ensure that the identified actions had been completed. Personal protective equipment was readily available throughout the home.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Chloe Burns has been managing the home in an acting capacity since 9 September 2024. Staff commented positively about the manager and described her as supportive, approachable and always available to provide guidance.

In the absence of the manager there was a nominated nurse-in-charge (NIC) to provide guidance and leadership. The NIC was clearly identified on the duty rota.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place.

The number of complaints to the home was low. There was a robust system in place to manage any complaints received. A compliments log was maintained to capture compliments received and these were shared with staff.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Louise Riley, Regional Support Manager and Dorothy Stafford, Regional Support Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (15 May 2025)</p>	<p>The registered person shall ensure that MUST scores are accurately calculated and the necessary actions are taken as a result of the assessment.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered person will ensure all residents have an up-to-date and accurately calculated MUST scores. The Learning and Development Nurse has attended the home and carried out an extensive audit of all must scores plus training with nursing staff on how to calculate Must Scores. Key details including weight, BMI, and recent weight loss will be double-checked to ensure correctness. MUST audit will be carried out and appropriate actions, such as dietary referrals or monitoring, will be taken based on the score. The Registered Person will continue with monthly weight audits and also spot checks for new admissions to monitor compliance. The Registered Person will ensure that any new nursing staff will be trained on how to correctly record the Must Score.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (15 May 2025)</p>	<p>The registered person shall ensure that mattress settings are monitored and set in accordance with the patient's weight.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person will ensure all mattress settings are correctly set in line with each resident's current weight. Each resident's name and weight will be clearly displayed on the mattress pump to guide staff. Any changes in weights will be updated in accordance with the mattress settings required. Regular checks will be carried on the Managers Daily walkaround out to ensure continued compliance.</p>

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



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