The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Iveagh House Private Nursing Home

Provider: Spa Nursing Homes Ltd

Date of Inspection: 25 August 2026

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 Chloe Burns- Not registered
Service Profile – 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 25 August 2026 from 9.35am to 4:30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care. Patients said that living in the home was a good experience.

As a result of this inspection, areas for improvement were identified. Full details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 told us that they were happy living in the home and that they were treated well by staff who were caring and supportive. Patients' comments included, "I have no complaints, staff treat me well and I enjoy the food". Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together.

Questionnaires returned from relatives indicated that they were very happy with the care, the comments included "the staff at Iveagh perform an exemplary job and do it with obvious compassion, commitment and professionalism". One respondent raised a concern in relation to staff. This was shared with the management team for their review and action as appropriate.

Following the inspection, no staff questionnaires were received within the timescale specified

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. Review of one employee's recruitment records evidenced that whilst relevant pre-employment information was available within the home, a record of induction and orientation was not available. In another employee's records, it was unclear where the reference had been obtained from. An area for improvement was identified.

Staff told us that, while patients' basic needs were met, they would like more time to spend with the patients. A number of staff raised concerns about the current staffing levels during the morning shift. Nursing staff confirmed that they sometimes assisted patients with their breakfast whilst also carrying out the morning medication round. An area for improvement was identified. Staff also reported that a morning tea round was not routinely offered as they would not have time to provide one. An area for improvement was identified.

Patients raised no concerns in relation to the staffing arrangements in the home.

Observation of the delivery of care during the day evidenced that that staff responded to requests for assistance in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that 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 patient choice in how and where they spent their day or how they wanted to engage socially with others.

Patients who were less able to mobilise require special attention to their skin care. Review of patient care records relating to pressure area care evidenced that the recommended frequency of repositioning was not consistently recorded on the charts or in the care plans. An area for improvement was identified.

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 may include simple encouragement through to full assistance from staff and their diet modified.

The serving of the lunchtime meal was observed. Staff ensured that patients were comfortable throughout their meal. An effective system was in place to identify which meal was for each individual patient, to ensure patients were served the right consistency of food and their preferred menu choice. The daily menu was displayed showing patients what was available at each mealtime. A choice of meal was offered and the food was attractively presented and smelled appetising. Discussion with patients and staff confirmed that alternative meals could be provided if a patient did not like the menu options.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games. Patients and relatives confirmed that activities took place in the home. A programme for activities was displayed in each of the units. Activities included bingo, armchair exercises, arts and crafts and externals singers.

Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

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 patients' needs and included any advice or recommendations made by other healthcare professionals.

However, a review of a number of care records evidenced names and pronouns that were not relevant to the named patient. Additionally, a number of alterations had been made that were not in line with best practice guidance. An area for improvement was identified.

Review of the care records for an identified patient who presented with distressed reactions provided evidence that care plans were in plans, however, these care plans lacked specific details of the care and support required. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Domestic staff told us that they found it difficult to complete all their cleaning duties in the allocated time. Comments were shared with the management team for their review and action if required.

In a number of bedrooms, it was identified that prescribed topical creams were not stored securely. An area for improvement was identified.

The home's most recent fire safety risk assessment was dated 3 February 2026. The required action had not been addressed in a timely manner to ensure that the home was fully compliant with fire safety. Confirmation of the action taken was confirmed by the regional manager after the inspection. This was discussed with the RQIA estates inspector and an area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times, however some staff were observed to be wearing gel nails. An area for improvement was identified.

3.3.5 Quality of Management Systems

Miss Chloe Burns has been managing the home since 9 September 2024. Staff commented positively about the manager and described them as supportive, approachable and available to provide guidance. Discussion with the regional manager confirmed that an application to register with RQIA as manager will be progressed.

Relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

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. There was evidence that the manager

responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Compliments received about the home were kept and shared with the staff team

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	7

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 20 (1) (a) **Stated:** First time **To be completed by:** 25 August 2026	The registered person shall review the staffing levels to take account of patients' dependencies and the size and layout of the home. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Acting Manager has spoken with staff and reviewed the morning routine with her staff taking into account the size and layout of the home. Dependencies have also been reviewed and the manager will also take this into account when completing pre-admission assessments of resident's needs to ensure satffing levels are approriate to cater for the needs of all the residents.
Area for improvement 2 **Ref:** Regulation 27 (4) (a) **Stated:** First time **To be completed by:** 25 August 2026	The registered person shall ensure that the current fire risk assessment in place within the home is actioned as necessary in a timely manner to ensure that the home is fully compliant with fire safety. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Acting Manager can confirm that this has now been fully addressed ensuring the home is fully complantt with fire safety. Going forward the Acting Manager will ensure all timeframes on any further fire risk assessements are addressed.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 38 **Stated:** First time **To be completed by:** 25 August 2026	The registered person shall review the effectiveness of the home's staff recruitment and selection processes to ensure that all persons are recruited in accordance with best practice and legislation. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Acting Manager will continue to work closely with the HR team to cross check staff files and ensure all required references

	meet recruitment standards and are appropriately completed and signed off prior to commencement of employment.
Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 31 August 2026	The registered person shall review the morning routine to ensure that patients are given the opportunity to avail of hot and cold drinks and snacks between meal times. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Acting Manager can confirm that she has reviewed the morning routine to ensure that all residents are given the opportunity to avail of hot and cold drinks and snacks at 11am. The Acting Manager has discussed with her team of staff the importance of ensuring nutritional guidelines are followed and will continue to lead and guide her team of staff on prioritising resident needs to include nutritional support.
Area for improvement 3 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 31 August 2026	The registered person shall ensure that where a patient has been assessed as requiring repositioning, care plans and repositioning charts are consistent in relation to the recommended frequency of repositioning. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Acting Manager can confirm that her auditing system will check that repositioning charts accurately reflect the frequency and requirements outlined in each resident's care plan. Record-keeping training that has been arranged in the home will reinforce the importance of timely, accurate and consistent documentation of repositioning care. Ongoing audits will provide assurance that the required standards are being followed and any identified gaps are addressed promptly.
Area for improvement 4 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 31 August 2026	The registered person shall ensure that care records are accurate and maintained in line with best practice guidance. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Acting Manager can confirm she has addressed this with her nursing team and will continue to monitor this through her care plan audits to ensure care records are accurate, up to date and aligned with practice standards.Record-keeping training session has been organised with trust staff to assist nursing home staff to

	develop their skills on this area and support accurate, consistent and effective documentation.
Area for improvement 5 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 25 August 2026	The registered person shall ensure detailed and patient centred care plans are in place for those patients who present with distressed reactions. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Acting Manager will continue to ensure care plans are detailed and person centred and reflect each resident's individual needs, preferences, wishes and choices, including any known triggers and appropriate responses to distressed reactions. The Acting Manager will continue to assess the resident's behaviour and management by staff.
Area for improvement 6 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 25 August 2026	The registered person shall ensure that prescribed topical creams are stored safely and securely. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Acting Manager has addressed this with her nursing team and will check this daily on her walkarounds. Nurses have been informed to check this daily on their shifts to ensure no topical creams are left sitting out and are returned to storage.
Area for improvement 7 **Ref:** Standard 46.11 **Stated:** First time **To be completed by:** 25 August 2026	The registered person shall ensure that staff are aware of their responsibilities regarding maintaining effective IPC measures. This is in relation to gel nails and its impact on effective hand hygiene. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Acting Manager can confirm she is carrying out daily checks of staff nails at the start of each shift to ensure compliance with this. This check has been added to the daily allocation sheet to ensure checks and compliance. Any non-compliance will be addressed promptly. Hand hygiene audits will continue regularly to monitor compliance and maintain effective infection prevention and control practices within the home.

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

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