



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 24 January 2020



Seaview House

Type of Service: Nursing Home

Address: 276 Seacliff Road, Ballyholme, Bangor, BT20 5HS

Tel No: 028 9146 0833

Inspector: Joanne Faulkner

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 22 patients.

3.0 Service details

Organisation/Registered Provider: Kingsfield Enterprises Limited Responsible Individual: Valerie Elizabeth Atcheson	Registered Manager and date registered: Ruth Magowan 25 October 2018
Person in charge at the time of inspection: Ruth Magowan	Number of registered places: 22
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 17

4.0 Inspection summary

An unannounced inspection took place on 24 January 2020 from 10.00 hours to 16.00 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Seaview House which provides nursing care.

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.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- adult safeguarding
- complaints
- accident/incidents
- governance arrangements.

Evidence of good practice was found in relation to the delivery of care to patients which took into account personal preferences of patients. Staff demonstrated that they had a good understanding of the individual needs of the patients and worked well as a team to deliver the care patients' required. The delivery of care was noted to take account of the needs, personal choice and level of dependence of the individual patients.

Two areas requiring improvement were identified during this inspection in relation to infection prevention and control (IPC) and the quality monitoring audit reports.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them, a professional and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	1

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ruth Magowan, Registered Manager and the registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 5 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 5 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are retained

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. No patient/relative's questionnaires were returned to RQIA prior to the issuing of this report. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the relevant timescales.

The following records were reviewed during the inspection:

- duty rota information for all staff from 13 January to 26 January 2020
- incident and accident records
- two patient care records
- a sample of governance audits/records
- complaints records
- compliments received
- adult safeguarding records
- the monthly monitoring reports for October and November and December 2019
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 17 Stated: First time	The registered person shall ensure an annual quality report is compiled in order to review the quality of nursing and other services provided.	Not met
	Action taken as confirmed during the inspection: The annual quality report was not available for inspection. This area for improvement was assessed as not met and will be stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that the identified sluice room is effectively cleaned in order to maintain a hygienic environment and prevent a malodour and that any equipment required to be kept in the sluice is appropriately stored.	Met
	Action taken as confirmed during the inspection: Inspection of the identified sluice room evidenced that it was clean and fresh; equipment was clean and appropriately stored.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that wound care plans are developed for all patients who have a wound.	Met
	Action taken as confirmed during the inspection: From records viewed it was identified that wound care plans had been developed for those patients who have a wound. In addition it was noted that a wound care audit is completed monthly.	

Area for improvement 3 Ref: Standard 23 Stated: First time	The registered person shall ensure that the system in place to monitor the settings on pressure relieving mattresses is effective and that mattresses are maintained at the correct setting for each individual patient's weight.	Met
	Action taken as confirmed during the inspection: Records viewed relating to the checks completed for pressure relieving mattresses was effective and indicated that the mattresses were maintained at the correct setting in relation to individual patient's weight.	
Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that up to date records of repositioning are maintained and that repositioning reflects the care directed in individual patients care plans.	Met
	Action taken as confirmed during the inspection: Documentation viewed indicated that a record of individual patient's repositioning is maintained and that repositioning times reflect the information recorded in the care plans.	
Area for improvement 5 Ref: Standard 22 Stated: First time	The registered person shall ensure that, on a monthly basis, falls are reviewed and analysed to identify any patterns or trends and an action plan developed if necessary.	Met
	Action taken as confirmed during the inspection: Records viewed indicated that a daily and monthly audit is maintained for all accidents including falls. There was evidence that appropriate action had taken place following the identification of a trend.	

6.2 Inspection findings

6.2.1 Staffing

We reviewed staffing arrangements; the home manager was registered in October 2018. Discussions with the manager indicated that they were knowledgeable in relation to their responsibilities with regard to the Regulations. There was evidence of a clear organisational structure within the home. The manager is supported by a deputy manager and a small team of registered nurses and healthcare assistants. In addition, there is a team of support staff which includes housekeeping, laundry, maintenance and kitchen staff.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager, staff and a sample of the home's rota information viewed indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients.

Discussions with a number of relatives during the inspection identified that they had no concerns with regards to their relative receiving the appropriate care and support to meet their needs. One relative stated that they felt that at times the staff were very busy and could benefit from additional staff. This was discussed with the manager who stated that they regularly monitor patient dependency levels to ensure that there is at all times the appropriate number of staff are on duty to meet the needs of the patients.

The manager stated that staffing levels were subject to regular review to ensure the assessed needs of the patients were appropriately met. The duty rota information viewed, reflected the staffing levels as discussed with the manager during inspection. Observation of the delivery of care provided evidence that patients' needs were met by the levels and skill mix of staff on duty. Patients consulted confirmed that they were satisfied with the care provided to them.

Staff rota information viewed indicated that the care is provided by a core staff team; it was felt that this supports the home in ensuring continuity of care to patients. Staff stated that they felt that continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect.

Staff who spoke with the inspector had a clear understanding of their roles and responsibilities. Discussions with patients and relatives evidenced that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Relatives indicated that the manager and staff are approachable and always willing to take time to speak with them.

Discussions with staff, patients and relatives, and observations made demonstrated that staff had a good understanding of the individual assessed needs of patients. Staff could describe the importance of respecting patients' personal preferences and choices and in supporting them to make choices.

Throughout the inspection patients' needs and requests for assistance were observed to have been met in a timely, respectful, calm and caring manner. Interactions between staff and patients were observed to be compassionate and appropriate. Observations of patient and staff interactions evidenced that patients were offered choice, staff were observed taking time to chat to patients and provided care in a manner that promoted privacy, dignity and respect.

A number of the patients and relatives consulted with spoke positively in relation to the care provided. Patients who could not verbalise their feelings in respect of their care they received were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

6.2.2 Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The manager and staff described how they are continually striving to ensure that the home is safe and pleasant for the patients and their visitors. The registered person stated that they are in the process of redecorating areas within the home such as bathrooms and lounges. Fire exits and corridors were observed to be clear of clutter and obstruction.

The entrance area to the home was welcoming; there was information available relating to planned activities within the home, infection control and making a complaint. In addition, a number of the shared areas were noted to be well decorated, clean and uncluttered. We noted that there were no malodours detected in the home.

The majority of patients' bedrooms viewed were clean, warm and welcoming and had been personalised to the individual interests, preferences and wishes of patients. We observed that paint was chipped on a number of walls in the corridors, doors and bedrooms; the manager discussed the ongoing programme to repaint a number of areas within the home and to update the decor. It was identified that a few chairs in the lounge were covered in cloth material; we discussed with the manager the need to ensure that chairs are able to be cleaned in accordance with IPC good practice. The manager stated that these chairs are for the use of identified patients. We noted that in one of the patient's bedrooms that the wallpaper below a plug was torn and that the wall was damaged this was discussed with the manager and an area for improvement identified.

Bathroom/toilets were noted to be in need of an update and the manager stated that there are plans to refurbish the bathrooms. However, they were observed to be clean and fresh and free from clutter. We noted rust on a commode chair in the room of one patient; this was discussed with the manager and assurance provided that it would be removed immediately.

A supply of gloves and aprons were readily available to staff throughout the home; it was noted that staff used them appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised. Information with regard to IPC issues such as hand hygiene was available for staff, patients and their visitors. It was identified that hand gel was provided in a pump style.

The sluice room was noted to be clean and free from odours; cleaning chemicals were stored safely.

6.2.3 Care records

The review of care records for two patients identified that they were individualised to the needs of the person; they included details of patient's assessed needs, risks and likes/dislikes. The records viewed included referral information received from a range of Health and Social Care Trust (HSCT) representatives and in addition included risk assessments and care plans.

Care plans viewed provided details of the care required by individual patients; they included details of any practice deemed to be restrictive. Staff record daily the care provided to patients and care plans are reviewed monthly. We discussed with the manager the need to remind staff to sign their full signature on the care records.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. Care plans were noted to have been updated following recommendations from professionals such as Speech and Language Therapists (SALT's) and Tissue Viability Nurses (TVN's).

Discussions with patients, relatives and staff, and observations made provided assurances that care is provided in an individualised manner. Staff described how they support patients to be involved in all aspects of their care and to promote their independence.

There was evidence that patients weight had been monitored monthly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. There is evidence of SALT, TVN and dietetic input into the assessment and care planning of patients if required.

6.2.4 Dining experience

We noted that mid-morning and mid-afternoon patients were offered a range of hot and cold beverages and a selection of home baked scones, cake and shortbread. We observed the serving of the mid-day meal; the atmosphere in the dining room was calm and relaxed. Food served was noted to be appetising, warm and well presented. Food was covered when being transferred from the dining room to patients who had chosen to eat in the bedrooms. A number of patients spoken with during the serving of the meal indicated that the food was very good.

The dining room was observed to be clean and table settings were noted to be of a very good standard. The table was well presented with clean fresh linen tablecloths and napkins, fresh flowers and condiments were in place and beverages were served in fine china. Music was playing in the dining room and the atmosphere was calm and welcoming. Details of the menu were displayed at the entrance to the dining room.

It was noted that staff were supporting patients to eat their meal as appropriate; staff were observed taking time to chat to the patients and in ensuring they were satisfied with their choice. We observed staff offering and providing assistance in a discreet and sensitive manner when necessary. Staff were observed to be wearing appropriate protective clothing with regards to food hygiene good practice.

Patients and relatives stated that food was of a good standard and that they received a variety and choice of food. One staff member commented: "We will get them (patients) whatever they want."

It was observed that drinks and snacks were available to patients in the lounge area and in their individual bedrooms.

6.2.5 Activities

The home has employed an activity therapist; details of planned activities were displayed on a notice board located at the entrance to the home. There was evidence that a varied programme of activities is available to patients in the home; which includes craft and music activities and in addition one to one activities.

A satisfaction survey in relation to the activities provided had recently been completed and a positive response had been received. Some comments included: "I haven't seen mum laugh as much; the activity programme is fantastic."; "We as a family appreciate all the effort and hard work that is put into the activities for the residents."; "When I come in everybody is happy."

6.2.6 Complaints/ Compliments

Discussions with the manager and the review of records indicated that no complaints had been received by the home since the previous inspection. Discussions with the manager and staff indicated that they were knowledgeable in relation to managing complaints received. Complaints are audited monthly as part of the quality monitoring audit. Relatives indicated that they could raise concerns with the manager at any time.

The home has received a number of compliments from patients and relatives; they include: "Where do I start, thank you for the love and care you gave to our precious mum during her time in Seaview."

6.2.7 Adult safeguarding

A review of adult safeguarding information and discussions with the manager indicated that no referrals had been made in relation to adult safeguarding since the last inspection. Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting concerns. Patients and relatives who spoke to the inspector could describe the process for reporting concerns they had in relation to care provided; they indicated that the manager and staff were approachable.

Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home's policy and procedure with regard to whistleblowing.

6.2.8 Incidents

A review of a sample of the accidents and incidents which had occurred within the home identified that they had been managed appropriately. It was identified that one incident required to be reported to RQIA had not been forwarded; we requested that this information be submitted retrospectively. There was evidence that incidents/accidents are audited monthly; the manager and registered person stated that this assists them in highlighting trends and risks, and identifying areas for improvement.

6.2.9 Consultation

During the inspection we spoke with small groups of patients in the dining room or lounge areas; a number of patients in their bedrooms, two relatives and four staff members and a HSCT professional. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Patients' comments

- “No problems, I am okay.”
- “Good staff, nothing is wrong.”
- “I am very happy, the staff are great.”
- “We have no complaints.”
- “***** the chef is great, the food is great.”
- “Very happy this is a lovely place and I have no complaints.”
- “I am happy; staff are good.”
- “The table is fancy like this every day, the best china.”
- “I have had a lovely lunch.”

HSCT professional's comments

- “I have no concerns, the staff are great. “
- “Great wee place.”

Staff comments

- “This is my first care job, I am here two years and I love it.”
- “I am training to be a senior and being supported to do my QCF level3.”
- “I have no problems.”
- “Yes we have enough staff; always three care assistants until 6pm and then two until 8pm and the nurse and sometimes the manager.”
- “The residents are safe, they are well cared for.”
- “The residents have choice, they get what they want.”
- “I have no problems, I love this work.”
- “I feel supported, we have lovely staff; it is a nice place.”
- “The patients are well cared for; we will get them whatever they want.”
- “I have no problems; I left for a while and then came back.”
- “We have time to spend with the patients.”

Relatives' comments

- “Happy with here, the décor is a bit dated but the care is good.”
- “The girls are great.”
- “The girls are always busy but very helpful.”
- “The food is good.”
- “My mother is well cared for; staff are great.”
- “The manager and the nurses are very approachable; if I had any issues I would speak to the manager.”
- “Just think they could do with a cleaner more often to do bathrooms; the floors are always clean.”
- “Food is good; they (staff) are helpful because mum is finding it hard to chew now.”

Relatives stated that staff were friendly and approachable; they stated that they had no concerns in relation to the care provided to their relative.

We observed a number of staff supporting patients in the dining room and lounge areas; observation of staff interactions with patients indicated that they were respectful of them by asking them their choices in relation to a range of matters such as food and participation in activities. There was a calm, relaxed and welcoming atmosphere in all areas within the home. Call bells were noted to be answered promptly. We observed that patients were appropriately dressed for the time of year and that their clothing was clean.

Discussion with the manager, patients, relatives and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Ten questionnaires were provided for distribution to the patients and/or their representatives; no responses were received prior to the issuing of this report.

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

6.2.10 Governance Arrangements

There was evidence that systems were in place to monitor and report on the quality of care provided; they included monthly audits completed by the manager and staff in areas such as wound care, falls and nutrition. It was identified that the registered person completes a monthly quality monitoring audit in accordance with Regulation 29.

We reviewed a sample of the completed reports developed following the audits; they indicated engagement with staff, patients, and where appropriate their representatives.

Reports viewed were noted to include details of the review of accidents/incidents, complaints and admissions. However it was identified that the reports were brief and contained limited information; the reports are required to be enhanced to include details of the review of staffing arrangements including registration of staff with their regulatory body, the review of safeguarding matters, of the RQIA quality improvement plan, environmental issues, care records. It was noted that the reports did not include an action plan of areas of improvement that had been identified during the audit. This information was discussed with the registered person and an area for improvement has been identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints, provision of person centred compassionate care and effective engagement with patients and relatives.

Areas for improvement

The following areas were identified for improvement in relation to the maintenance of the premises and the reports relating to the monthly quality monitoring audits.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the Valerie Acheson, Registered Person and Ruth Magowan, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 17 Stated: Second time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure an annual quality report is compiled in order to review the quality of nursing and other services provided. Ref: 6.1 Response by registered person detailing the actions taken: The annual quality report has been completed.
Area for improvement 2 Ref: Regulation 29. (3)(c) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure monthly monitoring reports are further developed to include details of the review of staffing arrangements including registration of staff with their regulatory body, the review of safeguarding matters, of the RQIA quality improvement plan, environmental issues, care records. In addition the report should include an action plan of areas of improvement identified during the monitoring visit. Ref: 6.2.10 Response by registered person detailing the actions taken: We have reverted to our previous Reg 29 format as requested by the inspector.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 44 Stated: First time To be completed by: Immediate and ongoing from the date of inspection.	The registered person shall ensure that the premises are safe, well maintained and remain suitable for their stated purpose. This relates specifically to the damaged wall in the bedroom of one of the patients. Ref: 6.2.2 Response by registered person detailing the actions taken: The bedroom in question was being re-decorated at the time of the inspection. The room has been completed and the damage has been repaired.

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



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