The Regulation and Quality Improvement Authority

# Inspection Report

## 4 May 2023

# Seaview House

Type of service: Nursing Home
Address: 276 Seacliff Road,
Ballyholme, Bangor,
BT20 5HS
Telephone number: 028 9146 0833

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

## 1.0 Service information

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| **Organisation/Registered Provider:**<br>Kingsfield Enterprises Limited<br><br>**Responsible Individual:**<br>Mrs Valerie Elizabeth Atcheson | **Registered Manager:**<br>Mrs Ruth Magowan<br><br>**Date registered:**<br>25 October 2018 |
| **Person in charge at the time of inspection:**<br>Mrs Ruth Magowan, Manager | **Number of registered places:**<br>22 |
| **Categories of care:**<br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>PH – Physical disability other than sensory impairment.<br>PH(E) - Physical disability other than sensory impairment – over 65 years.<br>TI – Terminally ill. | **Number of patients accommodated in the nursing home on the day of this inspection:**<br>21 |
| **Brief description of the accommodation/how the service operates:**<br>This home is a registered nursing home with sea views which provides nursing care for up to 22 patients. Patients' bedrooms are located over three floors. Patients have access to communal lounges, the dining room and a garden. | |

## 2.0 Inspection summary

An unannounced inspection took place on 4 May 2023 from 09.40 am to 5.40 pm by a care inspector.

The inspection assessed progress since the last inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the dining experience and maintaining good working relationships. There were examples of good practice in relation to the culture and the ethos of the home in maintaining the privacy and dignity of patients and valuing patients and their representatives.

Two areas for improvement have been identified in relation to care records and the secure storage of patient records.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the patients. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and were seen to be content and settled in the home. Staff treated patients with respect and kindness. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, patients' representatives and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Ruth Magowan, Manager and Ms Carly Atcheson, General Manager at the conclusion of the inspection.

## 4.0 What people told us about the service

Patients, staff and visitors provided positive feedback about Seaview House. Patients told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt supported in their role.

Visitors told us they were very satisfied with the care provided by staff and management. They confirmed that they could discuss concerns with the staff or the manager and were confident any issues raised would be addressed.

A questionnaire was received providing positive feedback on the service and management team. The patients' relative indicated they were "very satisfied" that the care provided was safe, compassionate, effective and well led.

The following comment was recorded: "I am very grateful to Seaview House for the manner in which they care for my Mother. Very caring and compassionate.''

No patient or staff questionnaires were received within the timescale specified.

A patient spoken with commented: "I'm spoiled here. The staff are good and so is the food. I've no issues at all.''

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"Thank you all so much for looking after … It is a comfort to know he is very well cared for.''

## 5.0 The inspection

## 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| **Areas for improvement from the last inspection on 14 April 2022** | | |
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| **Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref:** Standard 4.9<br><br>**Stated:** First time | The registered person shall ensure that repositioning records are completed in full and include required information such as the patient's Braden score, type and setting of mattress and frequency of repositioning and skin checks.<br><br>Ref: 5.2.2 | **Met** |

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| | **Action taken as confirmed during the inspection**:<br><br>There was evidence that this area for improvement was met.<br><br>Refer to section 5.2.2 for details | |
| **Area for improvement 2**<br><br>**Ref:** Standard 12<br><br>**Stated:** First time | The registered person shall ensure that the system in place to monitor patients' weights is robust. A suitable system should be in use and consistently completed in order to effectively monitor weight loss or gain.<br><br>Ref: 5.2.2 | **Met** |
| | **Action taken as confirmed during the inspection**:<br><br>There was evidence that this area for improvement was met.<br><br>Refer to section 5.2.2 for details | |

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member starting work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

The provision of mandatory training was discussed with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2023 evidenced that staff had attended training regarding moving and handling, adult safeguarding and fire safety.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training. The manager confirmed that staff have completed DoLS level 2 training. A selection of records reviewed evidenced that staff with overseeing responsibility have completed DoLS level 3 training.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Ms Carly Atcheson, General Manager was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Staff were observed to be prompt in recognising patients' needs, including those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

### 5.2.2 Care Delivery and Record Keeping

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Care records regarding pressure relief and weight were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Review of records for the use of pressure relieving mattresses evidenced that mattresses were set in accordance of the patient's weight and settings were checked twice daily by staff. The Braden score, type and setting of mattress was recorded.

Repositioning records evidenced the assessed frequency of repositioning was adhered to and regular skin checks had been completed.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor patients' weight loss and weight gain. Records confirmed that dieticians from the local Trust completed a two monthly, virtual ward round in order to review and monitor the weight of all patients in the home.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of alarm mats.

Personal care records regarding the provision of showers/baths evidenced contemporaneous records were not always in place. This was discussed with the manager as some daily records did not reflect if patients had been offered a shower/bath or if they had declined care. An area for improvement was identified.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in

accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patients' needs including, for example, their daily routine preferences. Staff respected patients' privacy and spoke to them with respect. It was also observed that staff discussed patients' care in a confidential manner and offered personal care to patients discreetly.

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.

We observed the serving of the lunchtime meal in the dining room. Staff had made an effort to ensure patients were comfortable throughout their meal. The daily menu was displayed showing patients what is available at each mealtime. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime.

The cook confirmed that the food served is home cooked using fresh produce and advised the menu is currently under review for summer. Tray bakes, scones and pancakes are freshly made.

Patients able to communicate indicated that they enjoyed their meal.

### 5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout.

It was noted that some areas of the home required to be refurbished. This was discussed with the manager who advised a plan was in place and that work had commenced. A copy of the action plan was provided to RQIA. This will be reviewed at the next inspection.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place. Equipment used by patients such as the stair lift and walking aids were seen to be clean and well maintained.

The sluice room and cleaning store were observed to be appropriately locked.

However, on inspection of the top floor it was observed that a store room containing patient records and information was unlocked and easily accessible. The management of records in accordance with legislative requirements and best practice guidance was discussed with the

manager who ensured the door was locked immediately. An area for improvement under standards was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of Personal Protective Equipment (PPE).

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with DOH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

### 5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for food and drink options. Patients told us that they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of their time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the notice board advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as bingo, sing-a-longs, the film club, reminiscence sessions, arts and crafts. Patients told us that they were aware of the activities provided in the home and that they were offered the choice of whether to join in or not.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

### 5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Mrs Ruth Magowan has been the manager of the home since 25 October 2018.

Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff and observations confirmed that the home was operating within the categories of care registered.

A review of records and discussion with the manager confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Staff supervision had commenced and the manager confirmed that arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

Review of competency and capability assessments evidenced they were completed for trained staff left in charge of the home when the manager was not on duty.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding staff supervision/appraisal, staff training and the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. These reports are made available for review by patients, their representatives, the Trust and RQIA. The reports of these visits showed that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

The manager confirmed that systems were in place to ensure that complaints were managed appropriately. Patients and their relatives said that they knew who to approach if they had a complaint.

Staff were aware of their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

Review of records evidenced that patient and staff meetings were held on a regular basis. Minutes of these meetings were available. The manager confirmed that a patient meeting has been planned for the near future.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive and approachable.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Care Standards for Nursing Homes (April 2015)

| | Regulations | Standards |
|---|---|---|
| **Total number of Areas for Improvement** | 0 | 2 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Ruth Magowan, Registered Manager and Ms Carly Atcheson, General Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

| Quality Improvement Plan | |
|---|---|
| **Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 4.9<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | The registered person shall ensure that in accordance with NMC guidelines, contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient. This relates specifically to the recording of shower/bath records.<br><br>Ref: 5.2.2 |
| | **Response by registered person detailing the actions taken:** |
| **Area for improvement 2**<br><br>**Ref**: Standard 37<br><br>**Stated:** First time<br><br>**To be completed:**<br>Immediate action required | The registered person shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSP policy, procedures and guidance and best practice standards.<br><br>Ref: 5.2.3 |
| | **Response by registered person detailing the actions taken:** |

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

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