



Unannounced Care Inspection Report 5 February 2019



Seaview House

Type of Service: Nursing Home (NH)
Address: 276 Seacliff Road, Ballyholme, Bangor BT20 5HS
Tel No: 028 91460 833
Inspector: Sharon McKnight

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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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 22 persons and residential care for one named patient.

3.0 Service details

Organisation/Registered Provider: Kingsfield Enterprises Limited Responsible Individual: Valerie Elizabeth Atcheson	Registered Manager: Ruth Magowan
Person in charge at the time of inspection: Ruth Magowan	Date manager registered: 25 October 2018
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 registered places: 22

4.0 Inspection summary

An unannounced inspection took place on 5 February 2019 from 09:50 to 14:00 hours.

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.

The term 'patient' is used to describe those living in Seaview House which provides nursing and also residential care to one named patient.

The inspection assessed progress with any areas for improvement identified during and 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.

There were examples of good practice found throughout the inspection in relation to staff, management, the review work regarding activities and the environment. No areas for improvement were identified during the inspection.

Patients said they were happy living in the home. Comments received are included in Section 6.3.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ruth Magowan, registered manager, and Valerie Atcheson, responsible person, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated

The most recent inspection of the home was an unannounced enforcement compliance care inspection undertaken on 25 July 2019. This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 25 April 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with four patients individually and three staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 28 January – 10 February 2019
- incident and accident records
- three staff recruitment and induction files
- four patient care records
- care record audits
- complaints record
- compliments received.

Areas for improvement identified at the care inspection completed on 18 April 2018 were reviewed and assessment of compliance recorded as met, partially 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 the most recent inspection dated 25 July 2018.

This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 25 April 2018. Evidence was available to validate full compliance with the Failure to Comply Notice.

The areas for improvement from the last care inspection on 18 April 2018 were not reviewed as part of the inspection and were carried forward to the next care inspection. The QIP in Section 6.2 reflects the carried forward areas for improvement.

6.2 Review of areas for improvement from the last care inspection dated 25 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 21(1)(b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that before making an offer of employment the following information is obtained and reviewed:</p> <ul style="list-style-type: none"> • An enhanced criminal record check • Two references including one from the candidate’s present or most recent employer (if any) • A full employment history together with a satisfactory explanation of any gaps in employment. Reasons for leaving previous employment with children or vulnerable adults should be recorded in the application form. 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: We reviewed three staff recruitment files and discussed the recruitment process with the registered manager and responsible person. We observed in one file a gap in employment. The registered persons explained that employment history would be discussed at interview. Prior to the conclusion of the inspection the record of interview had been updated to include a section to record discussions regarding employment history and any gaps. RQIA was satisfied that the necessary improvements had been made to ensure that a reason for any gap in employment would be explored. The other information required had all been obtained. This area for improvement has been met.</p>	
<p>Area for improvement 2 Ref: Regulation 15(2)(b) Stated: First time 16 May 2018</p>	<p>The registered persons shall ensure that the assessment of patient need is reviewed as required and no less than annually.</p> <p>Action taken as confirmed during the inspection: A review of two patients care records evidenced that this area for improvement has been met.</p>	Met
<p>Area for improvement 3 Ref: Regulation 27(4)(c) Stated: First time</p>	<p>The registered person shall ensure that flammable items are not stored at any time adjacent to escape route staircases.</p> <p>Action taken as confirmed during the inspection: No issues were observed with the storage of flammable items adjacent to escape routes. This area for improvement has been met.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 44 Stated: First time</p>	<p>The registered person shall ensure that the arrangements to replace the hall and stairs carpet are progressed within a meaningful timeframe.</p>	Met

	<p>Action taken as confirmed during the inspection: We observed that appropriate repairs had been made to the hall and stairs carpet to improved its condition and appearance. We therefore concluded that, as improvements have been made, it no longer required to be replaced. This area for improvement has been met.</p>	
<p>Area for improvement 2 Ref: Standard 35 Stated: First time</p>	<p>The registered person shall ensure that areas for improvement identified through the auditing processes are re-audited to check for compliance.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of audit records evidenced that this area for improvement has been met.</p>	

6.3 Inspection findings

Staffing

The registered manager confirmed the planned daily staffing levels for the home and explained that staffing levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the period 28 January – 10 February 2019 evidenced that the planned staffing levels were adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff advised that there were sufficient staff to meet the needs of the patients.

We spoke with four patients individually who all commented positively on the care they received and the caring attitude of staff. The following comments were received:

- “Fabulous, I’ve settled in so well.”
- “You couldn’t get a nicer place.”
- “For my age it suits me down to the ground.”

Questionnaires were provided for relatives, patients and staff; none were received within the timescale for inclusion in this report. Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action, if required.

Management

We discussed the management arrangements in the home with the registered persons.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. The registered manager was satisfied that her current working arrangements provided her with sufficient time to undertake the required management duties. Discussion with staff and patients evidenced that the manager's working patterns enabled them to have contact with her as required.

Since the previous inspection there has been a change in both the registered manager and responsible person for the home. It was obvious from discussions with the new management team, and from observations, that there was a shared vision for the home and a commitment to improving the services delivered. Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or issues raised.

Accidents and incidents

We reviewed accidents/incidents records completed in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Care records

A review of two care records evidenced that a comprehensive, holistic assessment of patients' nursing needs and a range of risk assessments were commenced at the time of admission to the home. Initial plans of care were generated within 24 hours of admission.

We reviewed a total of four care records and observed that care plans were in place to direct the care required and reflected the assessed needs of the patient. Care records contained details of the specific care requirements and a daily record was maintained to evidence the delivery of care. Interventions prescribed were individualised and care records were reviewed regularly.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians.

The registered persons explained that a process had commenced the meet to with patients and/or their families to review the care plans and gain their opinion on the appropriateness of them for their loved ones. This involvement in the planning of care was commended by the inspector.

Serving of lunch

We observed the serving of lunch which was served in the dining room or brought to patients in their bedrooms according to personal preference. The dining room table was nicely set with a range of cutlery, condiments and a choice of drinks. Four patients had their lunch in the dining room; the atmosphere was relaxed and patients were obviously enjoying each other's company during lunch. Those patients who chose to have their lunch away from the dining room had their meals covered and brought to them on trays. The serving of lunch was well organised and those patient spoken with all enjoyed their meal.

Complaints and compliments

Review of the home’s complaints and compliments records evidenced that systems were in place to ensure that complaints were managed appropriately. The registered persons explained that any expression of dissatisfaction was included in the complaints record; this is good practice.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- “Thanks for all the care you gave ... right up until she went to sleep.” (relative)
- “Thank you for being so kind to my ... in the final months of her life.” (relative)
- “Thanks for always welcoming and engaging with me in your home.” (visiting health professional)

Activities

We discussed the provision of the activities with the registered persons who explained that they were currently reviewing what and how activities were delivered in the home. They have recently commissioned a life coach who is working with the patients and staff to identify useful and meaningful activities, not just in the home but also considering what the local community has to offer. A survey has recently been completed with patients to identify how they would like to spend their day and how activities would fit in with their wishes.

Environment

A review of the home’s environment was undertaken and included a number of bedrooms, bathrooms, lounges and the dining room. A number of bedrooms had recently been refurbished with further improvement work planned. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff and management, the review work regarding activities and the environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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