



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 5 September 2019



Seaview House

Type of Service: Nursing Home

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

Tel No: 028 9146 0833

Inspector: Julie Palmer

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: 20

4.0 Inspection summary

An unannounced inspection took place on 5 September 2019 from 09.10 hours to 17.30 hours. This inspection was undertaken by the care inspector.

The inspection 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 staffing, supervision and appraisal, adult safeguarding, risk management, the home's environment, training, the meal time experience, communication, the culture and ethos of the home, treating patients with compassion, listening to and valuing patients and their representatives, governance arrangements and management of complaints and incidents.

Areas requiring improvement were identified in relation to effective cleaning of an identified sluice room, developing wound care plans, effective monitoring of pressure relieving mattress settings, repositioning record keeping, analysis of falls occurring and completion of an annual quality report.

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 staff.

Comments received from patients, people who visit them 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	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Ruth Magowan, registered manager, 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 6 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 6 February 2019. No further actions were required to be taken following 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 care inspection findings, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare 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 kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

The following records were examined during the inspection:

- duty rota for all staff from 2 to 15 September 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records including food and fluid intake charts and reposition charts
- registered nurse competency and capability assessments
- staff supervision and appraisal schedule
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports from February 2019
- RQIA registration certificate

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 inspections

There were no areas for improvement identified as a result of the last care inspection undertaken on 6 February 2019.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these were subject to monthly review to ensure the assessed needs of the patients were met. A review of the staffing rota from 2 to 15 September 2019 evidenced that the planned daily 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. Staff attended to patients' needs in a timely and caring manner; call bells were answered promptly and patients who were in their rooms were observed to have call bells within reach.

Staff spoken with informed us that staffing levels were affected by short notice leave at times but they were generally satisfied that shifts were 'covered'. Staff commented positively about working in the home, they told us:

- "I like it here."
- "Teamwork is really good"
- "We work well together."
- "It feels a bit rushed at times but we know the manager is trying to get more staff."

We also sought staff opinion on staffing via the online survey; no responses were received.

Patients told us they were satisfied with staffing levels in the home, comments included:

- "There's somebody to help you every day."
- "The staff are always in and out of my room."

Patients' relatives expressed differing views on staffing levels; the majority were satisfied but others felt that there were not enough staff on occasions. One relative commented that "the staff are all lovely but there's not enough of them". However, all relatives spoken with indicated that they were very satisfied with the care provided in the home.

We discussed the views expressed on staffing with the registered manager who informed us there had been some staff turnover of late but they were actively recruiting for a laundry assistant and care assistants. In the interim period agency care assistants were used to cover shifts, if necessary, in order to ensure patients' assessed needs were met.

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires. Seven responses were received with all respondents indicating that they were satisfied/very satisfied with staffing levels. Comments included:

- "Staff are second to none."
- "If you need anything at all, staff are there."

Review of two staff recruitment and induction files evidenced that appropriate pre-employment checks had been completed to ensure staff were suitable to work with patients in the home. Discussion with staff and review of records confirmed they had completed a period of induction when they commenced employment in the home.

There was an effective system in place to monitor the ongoing registration status of nursing staff with the NMC and care staff with NISCC.

Staff spoken with confirmed that they received regular supervision and a yearly appraisal; supervision and appraisal schedules were in place. Registered nurses who took charge in the home had completed competency and capability assessments.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding, their duty to report concerns and the home's whistleblowing policy.

Personal protective equipment (PPE) such as gloves and aprons were readily available and stations were well stocked. Staff were observed to use PPE appropriately and to carry out hand hygiene as necessary. We noted that hand hygiene information was not displayed at all handwashing facilities in the home, however, the registered manager informed us that new signage had been ordered and this would be appropriately placed throughout the home as soon as it was available.

The use of potentially restrictive practices, such as bedrails, was reviewed. Validated risk assessments and care plans were completed prior to use. There was evidence of consultation with the patient and/or their representative and consent was obtained where appropriate.

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, the dining room, laundry, sluices and storage areas. The home was found to be warm, clean and well decorated throughout. Patients' bedrooms were tastefully decorated and had been personalised with items such as pictures and ornaments that were meaningful to them.

Identified shower chairs showed signs of rust, however, the registered manager assured us that a rolling replacement of equipment was in operation and those items identified would be prioritised for disposal and replacement.

We noted a malodour in a sluice room on the first floor of the home; there were also items inappropriately stored on the floor of the room and both the sink and a bedpan required more effective cleaning. Infection prevention and control (IPC) measures in place should be effective and should minimise the risk of infection and malodour; an area for improvement was made.

The registered manager informed us that a refurbishment plan had been developed; selected bedrooms, bathrooms and ensembles will be updated along with other improvements. We were provided with a copy of the refurbishment plan following the inspection.

Fire exits and corridors were observed to be clear of clutter and obstruction.

The registered manager confirmed that staff were provided with mandatory training to ensure they were competent to carry out their roles. Review of training records confirmed that staff were provided with, for example, two sessions of fire safety training per year. Staff were also sent a reminder if they fell behind in their mandatory training requirements.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, supervision and appraisal, adult safeguarding, risk management, the home's environment, training and the development of a refurbishment plan.

Areas for improvement

Areas for improvement were identified in relation to effective cleaning of an identified sluice room.

	Regulations	Standards
Total numb of areas for improvement	0	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We observed the daily routine in the home and it was obvious that staff knew the patients well and treated them with dignity and respect. Patients received the right care at the right time and staff had a good understanding of their care needs. Staff were observed to effectively communicate with patients, relatives and each other throughout the day. Patients spoken with during the inspection were satisfied that their care needs were met.

Staff told us that they received a handover prior to commencing their shift and this enabled effective communication about the patients and any changes that had occurred.

We reviewed three patients' care records and these evidenced that individualised care plans were in place to direct the care required and reflected the assessed needs of the patients. Care records reviewed contained details of patients' assessed care needs and a daily record was maintained to evidence the care which was being provided.

In the care records reviewed for patients who had a wound, there was evidence of referral to and recommendations from other healthcare professionals, such as the tissue viability nurse (TVN), where necessary. Recording on wound charts was up to date and confirmed that identified patients' wounds were being dressed as needed. However, a wound care plan had not been developed for one patient who had a wound; an area for improvement was made.

Validated risk assessments and care plans were in place to direct care for the prevention of pressure ulceration. However, we observed that not all pressure relieving mattresses were maintained at the correct setting for the individual patient's weight. This was brought to the attention of staff and we were reassured that none of the patients had any pressure damage. The registered manager assured us that the settings on all pressure relieving mattresses in use would be reviewed and adjusted immediately. There was a system in place to check that pressure relieving mattress were in working order but to be effective the setting of the mattress should also be monitored; an area for improvement was made.

Review of repositioning records evidenced 'gaps' in recording, although, as previously mentioned we were reassured that none of the patients had any pressure damage. Recording of repositioning should be kept up to date and should reflect the care directed in individual patient's care plans; an area for improvement was made.

Patients' weights were monitored on at least a monthly basis. There was evidence of referral to other healthcare professionals, such as the dietician or speech and language therapist (SALT), if required. Patients' nutritional needs were identified and validated risk assessments were in place to direct care planning and delivery. Review of patients' supplementary care charts evidenced that food and fluid intake was recorded and these records were up to date.

We observed the serving of lunch in the dining room. The dining room was pleasantly decorated and the menu was clearly displayed. Patients were offered napkins and clothing protectors. An assortment of condiments and drinks was available. Staff demonstrated their knowledge of patient likes and dislikes, how to thicken fluids and which patients required a modified diet. The food smelled appetising and was well presented. Covered trays were taken to those patients who preferred to eat in their bedrooms or the lounges and staff offered assistance as necessary. Staff

told us that if patients changed their mind they were offered an alternative choice for the meal. The dining experience was calm, relaxed and unhurried. Patients spoken with after lunch told us that they enjoyed their meal, one patient said “the food and everything else is very good”.

We reviewed the management of falls in the home. The care records reviewed evidenced that appropriate risk assessments were in place and these were used to help inform care which was person centred. Staff spoken with demonstrated their knowledge of measures to prevent falls and how to provide care for a patient who had a fall. However, a monthly analysis of falls occurring in the home was not formally undertaken. Falls occurring should be analysed to identify if any patterns or trends were emerging and an action plan devised if necessary; an area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the daily routine, risk assessment, the meal time experience and communication between patients, staff and other key stakeholders.

Areas for improvement

Areas for improvement were identified in relation to developing wound care plans, effective monitoring of pressure relieving mattress settings, repositioning record keeping and analysis of falls occurring.

	Regulations	Standards
Total number of areas for improvement	0	4

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

As previously mentioned a lay assessor accompanied us on the inspection. During the inspection we spoke with 17 patients and five patients’ visitors. Patients who were unable to communicate their opinions appeared to be content and settled in their surroundings. Patients who were able to communicate spoke positively about living in Seaview House, comments included:

- “I like it here.”
- “There’s plenty going on.”
- “I’m content enough.”
- “The place couldn’t be better.”
- “The care is excellent.”
- “Great place to live and very friendly.”
- “It’s like a home, not clinical.”
- “It’s a home from home.”
- “Plenty to keep me going and activities, I’ll never be lonely here.”

The lay assessor observed that staff were very attentive to patients and treated them with respect and compassion. A member of staff was seen to helpfully assist a patient to make telephone calls to family members and others were observed to engage in pleasant conversations with patients. The lay assessor enjoyed talking to the patients; they discussed their many and varied interests including art, classical music and politics.

Patients' visitors spoken with also told us that patients were treated with compassion, comments included:

- "I have no complaints at all, it's all great."
- "It's grand."
- "There's a less clinical effect, patients are treated like a family group."

Patients and visitors told us they felt listened to and we observed that they were on friendly, first name terms with the staff. They spoke positively about the manager, comments included:

- "Ruth listens to us."
- "The manager is wonderful."
- "Ruth is the one who listens to me."

Patients' spiritual needs were taken into account, religious services were held in the home on special occasions. Ministers and visitors from local churches also called regularly with patients.

The registered manager told us that the provision of activities had been reviewed following consultation with patients who had indicated that they preferred not to take part in group activities. As a result, a health and wellbeing coach had been recruited in order to provide patients with a more individualised plan for activities that met their specific needs and interests. For example, one patient was assisted to source books that were of particular interest to him from the local library. The health and wellbeing coach plans to build up a community network of useful contacts and information to ensure individual patients needs and interests can be provided for.

Observation of care delivery evidenced that staff treated patients with dignity and respect. Patients were offered choice and the daily routine appeared to be flexible according to patients' needs and wants. We observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients' privacy.

The responsible individual informed us that the necessary information had been obtained in order to review the quality of nursing and other services provided in the home but an annual quality report was not yet available to view; an area for improvement was made.

There culture and ethos in the home was positive. The care provided was not just task orientated; it took all the patient's needs into account. Staff demonstrated their knowledge of when to provide comfort to patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, treating patients with compassion, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

An area for improvement was identified in relation to completion of an annual quality report.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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

There has been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the registered manager's hours and the capacity in which these were worked were clearly recorded.

Discussion with staff, patients and visitors confirmed that the registered manager's working patterns allowed for plenty of opportunities to meet with her if necessary and that she was accessible and approachable.

Discussion with the registered manager and review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, IPC measures, complaints, care plans and wounds.

Review of the complaints record evidenced that systems were in place to ensure complaints were appropriately managed. The complaints procedure was displayed in the home and patients and patients' visitors spoken with were aware of the process.

Systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

We reviewed a selection of monthly monitoring reports completed since February 2019 and observed that the reports did not include an action plan. We discussed this with the responsible individual as, although the report included information on the premises, governance systems and the views of patients, relatives and staff, it did not identify how actions required would be addressed, by whom or by what date. The responsible individual assured us that action plans had been developed separately to identify improvements planned but agreed that going forward an action plan would be included in the monthly monitoring reports. We were provided with copies of the action plans regarding the premises and governance systems following the inspection.

Review of records evidenced that staff meetings were held on a quarterly basis and staff told us that they felt their views and opinions were listened to and respected.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, incidents and notifiable events and having regular staff meetings.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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

<p>Area for improvement 1</p> <p>Ref: Regulation 17</p> <p>Stated: First time</p> <p>To be completed by: 5 November 2019</p>	<p>The registered person shall ensure an annual quality report is compiled in order to review the quality of nursing and other services provided.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The annual quality report has been completed and will be scheduled for completion in our quality assurance system for November each year.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Addressed.</p> <p>The equipment on the day in question was not correctly cleaned and stored by a new member of staff. To ensure compliance and to ensure consistency in our high standard of cleanliness throughout the home, we immediately added infection control training to our induction programme which is managed by our Nurse Manager and Housekeeper.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that wound care plans are developed for all patients who have a wound.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All documentation in relation to the identification, management and recording of wounds is embedded in the daily practice of the home. We have no recollection or knowledge of any concern being identified on the day of inspection.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Completed and in place</p> <p>The daily record of pressure settings taken for each mattress in use, was completed at the beginning of the morning shift. This process has been increased to 3 checks daily.</p> <p>Weights have regularly been recorded and linked to the relevant care plan during monthly care plan reviews.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 6.4</p>
<p>Area for improvement 5</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2019</p>	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Completed and in place The need for accurate and timely recording of repositioning has been re-enforced with the nursing and care team. This is being closely monitored by the Nurse Manager.</p> <p>Response by registered person detailing the actions taken: Completed and in place.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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