



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Secondary Care Inspection**

**Name of Establishment:** Seaview House  
**Establishment ID No:** 1293  
**Date of Inspection:** 7 January 2015  
**Inspector's Name:** Sharon McKnight  
**Inspection ID** IN020472

**The Regulation And Quality Improvement Authority**  
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## 1.0 General Information

|  |   |
|--|---|
| <b>Name of Home:</b>   | Seaview House   |
| <b>Address:</b>  | 276 Seacliff Road<br>Ballyholme<br>Bangor<br>BT20 5HS       |
| <b>Telephone Number:</b>   | 02891460833   |
| <b>E mail Address:</b>   | seaviewhouse@hotmail.co.uk                                  |
| <b>Registered Organisation/<br/>Registered Provider:</b>           | Ms Fiona Gilmore  |
| <b>Registered Manager:</b>   | Mrs Clair O'Connor  |
| <b>Person in Charge of the Home at the<br/>Time of Inspection:</b> | Mrs Clair O'Connor  |
| <b>Categories of Care:</b>   | RC-I, NH-I, NH-PH, NH-PH(E), NH-TI                          |
| <b>Number of Registered Places:</b>                                | 22  |
| <b>Number of Patients Accommodated<br/>on Day of Inspection:</b>   | 20  |
| <b>Date and Type of Previous Inspection:</b>                       | 8 and 10 September 2014<br>Unannounced secondary inspection |
| <b>Date and Time of Inspection:</b>                                | 7 January 2015<br>11 50 – 15 45 hours                       |
| <b>Name of Inspector:</b>  | Sharon McKnight   |

## 1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## 1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

## 1.2 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the home manager
- discussion with staff
- discussion with patients individually and to others in groups
- review of a sample of policies and procedures
- review of a sample of care records
- review of the accidents and incidents records
- evaluation and feedback
- observation during a tour of the premises.

### 1.3 Inspection Focus

As a result of the inspection completed on 8 and 9 September 2014 serious concerns were raised regarding the lack of progress in addressing the issues raised in the previous Quality Improvement Plan (QIP), the management of falls within the home and the notification of incidents to RQIA. Given the concerns two meetings were held in RQIA, in September 2014, with the responsible person and management from the home. At these meetings RQIA were provided with reassurances that action to comply with the outstanding issues had commenced. It was agreed that a further unannounced inspection would be undertaken to review progress.

The focus of this follow up inspection was to establish the progress made, by the responsible person, in complying with the QIP issued as a result of the care inspection on 8 & 9 September 2014. The report details the extent to which compliance was achieved with the requirements and recommendations.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| <b>Guidance - Compliance statements</b> |  |   |
|---|--|---|
| <b>Compliance statement</b>             | <b>Definition</b>  | <b>Resulting Action in Inspection Report</b>  |
| <b>0 - Not applicable</b>               |  | A reason must be clearly stated in the assessment contained within the inspection report.   |
| <b>1 - Unlikely to become compliant</b> |  | A reason must be clearly stated in the assessment contained within the inspection report.   |
| <b>2 - Not compliant</b>                | Compliance could not be demonstrated by the date of the inspection.  | In most situations this will result in a requirement or recommendation being made within the inspection report.                           |
| <b>3 - Moving towards compliance</b>    | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.      | In most situations this will result in a requirement or recommendation being made within the inspection report.                           |
| <b>4 - Substantially Compliant</b>      | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.                      | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report. |
| <b>5 - Compliant</b>                    | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report.     |

## 2.0 Profile of Service

Seaview House Nursing home is situated in the Ballyholme area of Bangor overlooking the sea. There are local shops within walking distance and the home is also convenient to Bangor Town centre and the Marina.

The nursing home is owned and operated by Kingsfield Enterprises. Ms Fiona Gilmore is the responsible individual. Mrs Clair O'Connor is the home manager. An application for registered manager has been submitted to RQIA and is currently being processed.

Accommodation for patients/ residents is provided over three floors of the home. Access to the first and second floor is via a chair lift.

Communal lounge and dining areas are provided on the ground and first floors of the home.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 22 persons under the following categories of care:

### Nursing care - NH

|        |   |
|--------|---|
| I      | old age not falling into any other category                     |
| PH     | physical disability other than sensory impairment under 65      |
| PH (E) | physical disability other than sensory impairment over 65 years |
| TI     | terminally ill  |

### Residential care - RC

|   |   |
|---|---|
| I | old age not falling into any other category - for one identified resident |
|---|---|

### **3.0 Summary**

This unannounced inspection of Seaview House was undertaken by Sharon McKnight on 7 January 2015 between 11 50 and 15 45 hours. The inspection was facilitated by Mrs Clair O'Connor, home manager, who was available throughout the inspection and was provided with verbal feedback at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients and staff, observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection nine requirements, five of which have been stated for a second time, and one recommendation were issued. The inspector evidenced that six of the requirements and the recommendation had been fully complied with. Given that one requirement has already been stated twice enforcement action was considered in discussion with the Head of Nursing, Pharmacy and Independent healthcare regulation. It was concluded that enforcement action would not be taken at present. Therefore this requirement is assessed as not compliant and has been stated for a third and final time. Two requirements were assessed as moving towards compliance and substantially compliant and are stated for a second time. Details can be viewed in the section immediately following this summary.

### **Conclusion**

The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and patients were observed to be treated by staff with dignity and respect. Good relationships were evident between staff and patients. Patients were well groomed, appropriately dressed and appeared comfortable in their surroundings. Those patients who were unable to verbally express their views were also observed to be well groomed, appropriately dressed in clean matching attire and were relaxed and comfortable in their surroundings.

Review of care records and discussion with the home manager evidenced that accidents were appropriately managed and reported.

As a result of this inspection two recommendations were made. As previously discussed three requirements made following previous inspections have been restated.

The inspector would like to thank the patients, home manager and staff for their assistance and co-operation throughout the inspection process.

#### 4.0 Follow-Up on Previous Issues

| No. | Regulation Ref. | Requirements   | Action Taken - As Confirmed During This Inspection   | Inspector's Validation Of Compliance |
|-----|-----------------|--|--|--------------------------------------|
| 1   | 15(2)(b)        | <p>The registered person must ensure that ;</p> <ul style="list-style-type: none"> <li>The general assessment of need for each individual patient is updated on an annual basis plus as required.</li> </ul> | <p>Individual care records reviewed contained a general assessment of need which had been updated within the past twelve months.</p> <p>This requirement is assessed as compliant.</p> | Compliant                            |



|   |  |  |   |            |
|---|--|--|---|------------|
| 2 | 30   | <p>The registered person must</p> <ul style="list-style-type: none"> <li>• Ensure that all incidents / events reportable under Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005 are reported to the authority.</li> <li>• Ensure that all registered nursing staff are trained and aware of their responsibilities to report in keeping with each element of regulation 30.</li> </ul> | <p>The inspector reviewed the completed accident reports held in the home for the period 1 October – 31 December 2014. These reports were cross referenced to the notifications received by RQIA. Review of these records evidenced that appropriate notification of incidents and events were sent to RQIA.</p> <p>The minutes of a clinical governance meeting held evidenced that RQIA guidance for the notification of incidents was discussed. The meeting was attended by the registered nurses employed in the home. A signature list was available for proof of attendance.</p> <p>This requirement is assessed as compliant.</p> | Compliant  |
| 3 | 12(2)<br>The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005 | The registered person must ensure that a variation to registration is applied for in respect of the one residential category of care resident in the home.   | <p>An application for variation to registration was received by RQIA following the previous inspection. An updated certificate of registration was issued to the home on 9 January 2015.</p> <p>This requirement is assessed as compliant.</p>  | Compliant. |

|   |       |   |  |                            |
|---|-------|---|--|----------------------------|
| 4 | 14(2) | <p>The registered person must immediately ;</p> <ul style="list-style-type: none"> <li>• Ensure that the area outside the laundry room facing the back garden is kept clear of various items such as wheelchairs, discarded chairs and smoking equipment. This area is part of the fire exit / evacuation area and must be maintained clear from obstruction at all times.</li> </ul> | <p>On arrival to the home the inspector observed that there was no equipment stored in the identified area outside the laundry. This fire exit and evacuation area were free from obstacles.</p> <p>This requirement is assessed as compliant.</p>   | Compliant                  |
| 5 | 17(1) | <p>The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of nursing and other service provision in or for the purposes of the nursing home and that any such review is undertaken not less than annually.</p>  | <p>Confirmation was given by the responsible individual that an annual report for the period 1 January 2014 – 31 December 2014 was in the process of being written and should be completed by 31 January 2015.</p> <p>This requirement is assessed as moving towards compliance and is stated for a second time.</p> | Moving towards compliance. |

|   |                     |   |   |               |
|---|---------------------|---|---|---------------|
| 6 | 29(5)               | <p>The registered person must ensure that a copy of the regulation 29 report is forwarded to the inspector by the end of the first week of each subsequent month.</p>   | <p>Unannounced monthly visits were being completed as required in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of these visits were available in the home on the day of inspection. The reports were signed and dated by the responsible individual. However no reports had been received by RQIA from August 2015.</p> <p>Given that this requirement has already been stated for a second time, enforcement action was considered in discussion with the Head of Nursing, Pharmacy and Independent healthcare regulation. It was concluded that enforcement action would not be taken at present. The requirement is assessed as not compliant and has been stated for a third and final time.</p> | Not compliant |
| 7 | 19(2)<br>Schedule 4 | <p>The registered person must ensure that the policy document for the management of accidents is updated.</p> <p>A copy of the updated policy should be forwarded to the inspector with the return of the quality improvement plan.</p> | <p>The policy entitled “Accident and Incident Reporting Policy” was available in the home and stored in a prominent position within the policy manual. The reporting arrangements detailed were in keeping with good practice.</p> <p>A copy of the policy was received by RQIA.</p> <p>This requirement is assessed as compliant.</p>  | Compliant     |

|   |          |   |  |           |
|---|----------|---|--|-----------|
| 8 | 15(2)(a) | <p>The registered person must ensure that;</p> <ul style="list-style-type: none"> <li>• The risk assessments for each individual patient are updated on a regular basis plus as required.</li> <li>• Falls risk assessment should be updated following every fall.</li> </ul> | <p>Care records reviewed evidenced that risk assessments, for example, Malnutrition Universal Screening Tool (MUST) and Braden pressure ulcer risk assessment were updated on a regular basis and as required.</p> <p>The falls risks assessments in place were current. There was evidence in the accident reports, care plans and daily evaluation notes of ongoing reassessment of patients following a fall.</p> <p>This requirement is assessed as compliant.</p> | Compliant |
|---|----------|---|--|-----------|

|   |       |  |  |                          |
|---|-------|--|--|--------------------------|
| 9 | 19(1) | <p>The registered person must ensure that nursing care records are maintained appropriately and in keeping with Nursing Home Regulations (Northern Ireland) 2005, DHSSPS Nursing homes Minimum Standards 2008 and NMC professional guidelines and the nursing home's policy requirements.</p> <ul style="list-style-type: none"> <li>• Patient care records should be reviewed at least monthly plus as required</li> <li>• referral to the care manager of the referring HSC Trust should be made following every fall when injury or potential head injury is possible</li> <li>• the monthly review of care plans to manage risks of falls should be comprehensive, demonstrating an</li> </ul> | <p>Care records reviewed contained evidence of regular review.</p> <p>This element of the requirement is assessed as compliant.</p> <p>The inspector reviewed all accidents recorded for the period 1 October to 31 December 2014. Records evidenced that the referring HSC Trust had been informed of every fall. The home manager confirmed that a reporting protocol between the home and the referring HSC Trusts has been agreed.</p> <p>This element of the requirement is assessed as compliant.</p> <p>There was evidence that a number of care plans to manage risks of falls referenced the falls which had occurred since the last review, any contributing factors and measures which could be taken to help prevent a reoccurrence. However a number of care plan evaluations did not.</p> <p>The requirement in its entirety is assessed as substantially compliant and the relevant section of the requirement has been stated for a second time.</p> | Substantially compliant. |
|---|-------|--|--|--------------------------|

|  |  |  |  |  |
|--|--|--|--|--|
|  |  | <p>analysis of all falls which have occurred, the possible reasons for the falls and the actions to be taken to minimise future falls.</p> |  |  |
|--|--|--|--|--|

| No. | Minimum Standard Ref. | Recommendations   | Action Taken - As Confirmed During This Inspection   | Inspector's Validation Of Compliance |
|-----|-----------------------|---|--|--------------------------------------|
| 1.  | 16.3                  | It is recommended that the registered person ensures that all staff are knowledgeable of the reporting procedures to be followed to contact the Trust's safeguarding teams, should an allegation of abuse be made out of hours. | <p>The home manager was knowledgeable regarding who to contact in the event of an allegation of abuse being received out of office hours. Written guidance was available in the home.</p> <p>This recommendation is assessed as compliant.</p> | Compliant                            |

#### **4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There have been no notifications to RQIA regarding complaints or safeguarding of vulnerable adults (SOVA) incidents since the previous inspection on 8 and 9 September 2014.



## **6.0 Additional Areas Examined**

### **6.1 Care practices**

The inspector undertook a tour of the home prior to lunchtime. There was a calm atmosphere in the home and staff were quietly attending to the patients'/residents' needs.

Patients/residents were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. Patients/residents spoken with commented positively in regard to the care they received and the caring attitude of the staff. Those patients who were unable to verbally express their views were observed to be well groomed, appropriately dressed in clean matching attire and were relaxed and comfortable in their surroundings.

Staff and patient interaction and communication demonstrated that patients were treated courteously, with dignity and respect. Good relationships were evident between staff and patients.

### **6.2 Care records**

During the review of records the inspector noted "Do not attempt resuscitation" (DNAR) directives recorded in patient care files. The records contained the names and signatures of those people involved in the decision making process. However the directives were dated 2013 and there was no evidence of any review since the initial recording. It is recommended in keeping with best practice that DNAR directives are subject to review. When deciding how often the directive should be reviewed the frequency should be meaningful but should not cause undue distress to those involved in the decision making process.

### **6.3 General environment**

The inspector viewed the majority of the patients' bedrooms, bathrooms, shower and toilet facilities and communal areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home was appropriately heated throughout. The inspector noted that odour management was problematic in a number of areas in the home. It is recommended that the management of odours in the identified area is reviewed and eliminated.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Clair O'Connor, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Sharon McKnight**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
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## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Seaview House

7 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Clair O'Connor, home manager, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

| <b>Statutory Requirements</b>  |                             |   |                               |   |                              |
|--|-----------------------------|---|-------------------------------|---|------------------------------|
| <b>This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005</b> |                             |   |                               |   |                              |
| <b>No.</b>   | <b>Regulation Reference</b> | <b>Requirements</b>   | <b>Number Of Times Stated</b> | <b>Details Of Action Taken By Registered Person(S)</b>  | <b>Timescale</b>             |
| 1  | 29(5)                       | The registered person must ensure that a copy of the regulation 29 report is forwarded to the inspector by the end of the first week of each subsequent month.<br><br><b>Ref section 4</b>  | Three                         | ALL REGULATION 29 REPORTS FROM SEPTEMBER 2014 TO PRESENT ARE FORWARDED ALONG WITH QIP AS REQUESTED  | From the date of inspection. |
| 2  | 17(1)                       | The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of nursing and other service provision in or for the purposes of the nursing home and that any such review is undertaken not less than annually.<br><br><b>Ref section 4</b> | Two                           | A ROBUST SYSTEM OF QUALITY ASSURANCE MEASURES IS IN PLACE UNDERTAKEN BY MANAGER ON A MONTHLY BASIS ANNUAL REVIEW IS ALSO IN PLACE AND FORWARDED WITH QIP AS REQUESTED | By the end of January 2015.  |

| <b>Recommendations</b>   |                            |  |                        |  |                              |
|--|----------------------------|--|------------------------|--|------------------------------|
| These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery. |                            |  |                        |  |                              |
| No.  | Minimum Standard Reference | Recommendations  | Number Of Times Stated | Details Of Action Taken By Registered Person(S)                                    | Timescale                    |
| 1  | 20.3                       | It is recommended in keeping with best practice that DNAR directives are subject to review.<br><br>Ref section 6, 6.2          | One                    | DNAR DIRECTIVES ARE IN PROCESS OF BEING REVIEWED BY G.P.S, RESIDENTS/ NEXT OF KIN. | By the end of February 2015. |
| 2  | 32.1                       | It is recommended that the management of odours in the identified areas are reviewed and eliminated.<br><br>Ref section 6, 6.3 | One                    | IDENTIFIED AREAS HAVE BEEN REFLOORED AND REFURBISHED WITH SATISFACTORY OUTCOME.    | By the end of January 2015.  |

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

|   |                       |
|---|-----------------------|
| <b>NAME OF REGISTERED MANAGER<br/>COMPLETING QIP</b>                                    | <i>Clair O'Connor</i> |
| <b>NAME OF RESPONSIBLE PERSON /<br/>IDENTIFIED RESPONSIBLE PERSON<br/>APPROVING QIP</b> | <i>Fiona Gilmore</i>  |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector                       | Date          |
|--|-----|---------------------------------|---------------|
| Response assessed by inspector as acceptable           | ✓   | <i>SOML<br/>SHARON McKNIGHT</i> | <i>4-3-15</i> |
| Further information requested from provider            |     |                                 |               |