



The Regulation and
Quality Improvement
Authority

Unannounced Primary Inspection

Name of establishment:	Seaview House
RQIA number:	1293
Date of inspection:	8 & 10 September 2014
Inspector's name:	Linda Thompson
Inspection number:	18648

The Regulation And Quality Improvement Authority
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1.0 General information

Name of establishment:	Seaview House
Address:	276 Seacliff Road Ballyholme Bangor BT20 5HS
Telephone number:	028 91460833
Email address:	seaviewhouse@hotmail.co.uk
Registered organisation/ Registered provider / Responsible individual	Seaview House Private Nursing Home Ltd Ms R F Gilmore registered person
Registered manager:	Clair O'Connor home manager
Person in charge of the home at the time of inspection:	Jill Cardwell registered nurse
Categories of care:	NH-I ,NH-PH ,NH-PH(E) ,NH-TI
Number of registered places:	22
Number of patients / residents (delete as required) accommodated on day of inspection:	17
Scale of charges (per week):	£500 - £600
Date and type of previous inspection:	24 March 2014, Primary unannounced inspection
Date and time of inspection:	8 September 2014 from 09.30 – 17.30 hours 10 September 2014 from 07.55 – 12.00 hours
Name of inspector:	Linda Thompson

2.0 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 is required.

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

3.0 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.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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.

4.0 Methods/process

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the DHSSPS Nursing Homes Minimum Standards 2008.

The inspection process has three key parts; self-assessment (including completion of self-declaration), pre-inspection analysis and inspection visit by the inspector.

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

- Review of any notifiable events submitted to RQIA since the previous inspection
- analysis of pre-inspection information
- discussion with the home manager

- observation of care delivery and care practices
- discussion with staff
- examination of records
- consultation with patients individually and with others in groups
- tour of the premises
- evaluation and feedback.

Any other information received by RQIA about this registered provider has also been considered by the inspector in preparing for this inspection.

5.0 Consultation process

During the course of the inspection, the inspector spoke with:

Patients	6
Staff	3
Relatives	0
Visiting Professionals	0

6.0 Inspection focus

The inspection was planned to establish the level of compliance achieved regarding various criteria from the selected DHSSPS Nursing Homes Minimum Standards below.

- management of nursing care – Standard 5
- management of wounds and pressure ulcers –Standard 11
- management of nutritional needs and weight Loss – Standard 8 and 12
- management of dehydration – Standard 12

The inspection commenced with an assessment on the progress of the issues raised during and since the previous inspection. Due to concerns identified by the inspector at this time the focus of the inspection was changed to;

- Competency and capability of the registered nurse in charge of the home in the absence of the manager.
- Availability of Regulation 29 reports.
- Management of notifiable events in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.
- Management of fire exits
- Compliance with Regulation 3 of the Nursing Homes Regulations (Northern Ireland) 2005

The registered persons and the inspector have rated the home's compliance level against each criterion of the standard and also against each standard.

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

Guidance - Compliance statements		
Guidance - Compliance statements	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially compliant	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
5 - Compliant	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.

7.0 Profile of service

Seaview House Nursing home is situated in the Ballyholme area of Bangor overlooking the sea and a very pleasant promenade where patients can enjoy a walk. 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. Fiona Gilmore and Ruth Magowan are company directors.

The current home manager is Clair O'Connor who has been working as home manager since January 2014. An application for registration with RQIA is yet to be submitted.

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

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

The certificate of registration is appropriately displayed in the entrance area of the home.

8.0 Summary of inspection

This summary provides an overview of the services examined during an unannounced care inspection to Seaview House Nursing Home. The inspection was undertaken by Linda Thompson on 8 September 2014 from 09.30 to 17.30 hours and on 10 September 2014 from 07.55 to 12.00 hours.

The inspection was planned to focus on;

- management of nursing care – Standard 5
- management of wounds and pressure ulcers –Standard 11
- management of nutritional needs and weight Loss – Standard 8 and 12
- management of dehydration – Standard 12

The inspection commenced with an assessment on the progress of the issues raised during and since the previous inspection. A number of significant concerns were identified by the inspector which required the focus of inspection to be changed to;

- competency and capability of the registered nurse in charge of the home in the absence of the manager.
- availability of Regulation 29 reports
- management of notifiable events in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.
- management of fire exits
- compliance with Regulation 3 of the Nursing Homes Regulations (Northern Ireland) 2005 and Regulation 12(2) of The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005.

The inspector was welcomed into the home by Jill Cardwell registered nurse in charge of the home. The home manager had been working on night duty the previous night and joined the inspection within an hour of commencement. Ms Fiona Gilmore registered person also supported the inspection later in the day.

Verbal feedback of the issues identified during the inspection was given to Ms Gilmore and Clair O'Connor at the conclusion of the inspection.

Prior to the inspection, the registered person completed a self-assessment using the criteria outlined in the standards inspected. Whilst the self-assessment submitted had been reviewed by the inspector prior to the inspection visit, due to the change of focus of inspection this was not validated on this occasion.

During the course of the inspection, the inspector met with patients, staff and one visiting professional. All confirmed that the care delivered in Seaview was of a good standard. Patients stated that they felt well cared for and that staff were attentive.

The inspector 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 conducted on 24 March 2014, ten requirements and 3 recommendations were issued.

These were reviewed during this inspection. The inspector evidenced that four requirements had been fully complied with, five were moving towards compliance and are restated and one was carried forward for validation at the next inspection. Of the three recommendations raised previously one was not compliant and is raised as a requirement following this inspection, one was moving towards compliance and is restated and one was fully compliant. Details can be viewed in the section immediately following this summary.

As a consequence of the significant concerns identified during inspection it was considered necessary to hold two meetings in RQIA.

The first to consider the issuing of a number of Failure to Comply with Regulation notices and the second to discuss additional serious concerns not wholly related to the current inspection visit. Both meetings were held on 18 September 2014.

At the first meeting to discuss RQIA's intention to issue failure to comply notices the registered person supported by Ruth Magowan company director, the home manager and Valerie Atcheson nurse consultant, presented a number of improvements which provided assurances to RQIA that risks to patients were now minimised. It was therefore not considered necessary to issue any Failure to Comply notices.

At the second meeting, a serious concerns meeting, discussion was held between RQIA and the registered person who was supported by the nurse consultant. This meeting discussed a number of concerns regarding the current management of the home and roles and responsibility of the registered person. A number of actions within specified timeframes were required to be taken as a consequence of this meeting.

Full details of the findings of inspection are contained in section ten of the report.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients was observed to be of a satisfactory standard.

The home's general environment was maintained to a satisfactory decorative standard and patients were observed to be treated with dignity and respect. However, areas for improvement were identified in relation to the maintenance of unobstructed fire exits, management of reportable events in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005, availability of Regulation 29 reports and the need for urgent application of a variation application to ensure that the home is operating within its current registration categories of care and statement of purpose.

Therefore, one requirement is carried forward for validation at the next inspection, five requirements are stated for a second time and three are stated for a first time.

One recommendation is stated for a second time.

These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

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

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 24 March 2014

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
1.	20 (3)	It is required that the registered person/s shall ensure that any registered nurse who is given the responsibility of being in charge of the home in the absence of the registered manager, is competent and capable to do so.	<p>The inspector raised concern regarding the documentation maintained and the timeline represented on the competency and capability assessment examined at the time of the inspection.</p> <p>This matter is discussed in greater depth in section 10 below. With further evidence having been produced at the intention to issue meeting on 18 September 2014 the inspector was able to confirm that compliance with this requirement has been achieved.</p>	Compliant

2.	29(5)	<p>The registered person must ensure that;</p> <ul style="list-style-type: none"> • the report of each monthly unannounced visit is maintained available for inspection in the home • the report must be evidenced to be shared with the home manager • a copy of each report should be forwarded to the inspector by the end of the first week of each new month. This must continue until further notice. 	<p>At the time of inspection this requirement was not wholly complied with and this was further raised at the intention meeting held on 18 September 2014. At this meeting the registered person was able to confirm that the monthly unannounced visits for July and August 2014 had been undertaken. The reports generated were received by RQIA on 19 September 2014.</p> <p>It continues however to be required that a copy of the completed monthly visit report is forwarded to the inspector by the end of the first week of each subsequent month. This action must continue until further notice.</p> <p>This requirement is stated in part for a second time as a consequence of inspection.</p>	Moving towards compliance
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3.	14(2)	<p>The registered person must immediately ;</p> <ul style="list-style-type: none"> • disconnect and remove the two tumble dryers evidenced to be plugged in and ready for use at the rear of the nursing home • 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. 	<p>The inspector can confirm the following;</p> <p>The electrical equipment has been removed</p> <p>The area outside the laundry room was evidenced to be cluttered with a table, eight chairs, a stool, and a large red refuse bin. These obstacles cause significant impedance to evacuation and increase the risks to patients health and well-being. The inspector ensured that the area was appropriately cleared on day one of the inspection and it was identified to be cleared on day two of the inspection.</p> <p>Continued compliance with this requirement will be monitored further by the inspector.</p> <p>This requirement is stated for a second time.</p>	<p>Moving towards compliance</p>
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4.	30	<p>The registered person must ;</p> <ul style="list-style-type: none"> • ensure that all incidents / events reportable under Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005 are reported to the authority. • review all incidents / events occurring between September 2013 and March 2014 and report all notifiable events to the Authority • ensure that all registered nursing staff are trained and aware of their responsibilities to report in keeping with each element of regulation 30. 	<p>The inspector raised a number of significant concerns regarding the management of reportable events. These are discussed in greater depth in section 10 of the inspection report.</p> <p>This requirement is stated again in part and will be further considered at the next inspection visit.</p>	Moving towards compliance
5.	3(1)(a)	<p>The registered person must ensure that only patients for whom the home is registered are admitted.</p>	<p>Whilst no further admissions in breach of registration status are identified this matter was discussed as part of the serious concerns meeting and is discussed in greater detail in section 10 below.</p>	Compliant

6.	The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005 12(2)	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.	A variation application in respect of the one identified patient was received by the Authority on 18 September 2014, the day of the meetings post inspection. Unfortunately a number of deficits in accuracy were identified and the document was returned to the registered person for further actions. This requirement is stated for a second time as a consequence of inspection.	Moving towards compliance
7.	20(1)(a)	The registered person must ensure that; <ul style="list-style-type: none"> • The home manager is given sufficient time to undertake management duties each week. • management hours for the home manager must be highlighted on the staff duty roster. 	The inspector can confirm that the home manager is given sufficient time to undertake management duties and that these hours are recorded as required on the staff duty rota.	Compliant

8.	15(2)(b)	<p>The registered person must ensure that ;</p> <ul style="list-style-type: none"> • The general assessment of need for each individual patient is updated on an annual basis plus as required. 	<p>The inspector was unable to validate compliance with this requirement given the change in focus of inspection.</p> <p>This requirement is carried forward for review at the next inspection.</p>	Not validated at this time
9.	15(2)(a)	<p>The registered person must ensure that;</p> <ul style="list-style-type: none"> • The risk assessments for each individual patient are updated on a regular basis plus as required. 	<p>The inspector was unable to validate that this requirement is appropriately actioned. This matter is discussed in greater detail in section 10 below.</p> <p>Falls risk assessments were not evidenced to have been updated as required following each fall.</p> <p>This requirement is stated for a second time as a consequence of inspection.</p>	Moving towards compliance
10.	16(1)	<p>The registered person must ensure that;</p> <ul style="list-style-type: none"> • each patient's care plan is completed to clearly describe what actions should be taken by staff to action all assessed needs. 	<p>The inspector can confirm that care plan records are appropriately maintained.</p>	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1.	25.13	It is recommended that the registered person forward a copy of the Quality of Service Report to the inspector.	<p>The inspector was informed by the registered person that a quality of service report has not yet been completed.</p> <p>This recommendation is raised as a requirement as a consequence of inspection.</p>	Not compliant
2.	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>At the time of inspection a registered nurse was found to be unclear of the actions to be taken should an allegation of potential abuse be made outside of office hours.</p> <p>This matter is raised again as a consequence of inspection.</p>	Moving towards compliance
3.	17.5	It is recommended that staff are trained in customer awareness / complaints management.	The inspector was informed that this training has been delivered as required.	Compliant

9.1 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.

Since the previous care inspection 24 March 2014 RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Seaview House Nursing Home.

10.0 Inspection findings

10.1 Competency and capability of the registered nurse in charge of the home in the absence of the manager.

The inspector examined the documentation maintained in respect of a competency and capability assessment completed by a registered nurse in charge of the home in the absence of the home manager.

From the documentary evidence the inspector was able to confirm the following;

- the registered nurse was employed in the home for the past three months
- the staff member's nursing perceptorship was evidenced to be ongoing
- the front page of the competency and capability assessment was signed as having been completed on 28 July 2014
- there was evidence in staff duty rota's to demonstrate that the registered nurse had worked in charge of the home on five separate occasions between 17 July 2014 and 27 July 2014 as the registered nurse in charge in the absence of the home manager.

This matter was discussed both during inspection and at the subsequent intention to issue Failure to Comply with Regulations meeting on 18 September 2014.

Whilst the registered person and home manager stated that the registered nurse had received an extensive induction and a high number of supervised hours since commencement of employment, the inspector raised concerns regarding the accuracy of the records maintained.

The registered person must ensure that the competency and capability of any registered nurse acting in the absence of the home manager is assessed fully prior to the assessment document being completed. There should be no risk to patients during this development of skills and the assessment of the identified registered nurse should have concluded when she had completed a number of sessions in charge of the home whilst the home manager was working upstairs on management tasks.

Had this been appropriately managed the date of the completion of the competency and capability assessment would have been recorded prior to her being the sole registered nurse in the building.

10.2 Regulation 29 reports not available in home for July and August 2014

The inspector raised a requirement following the previous inspection in March 2014 to ensure that an unannounced quality assurance review of Seaview House was maintained in keeping with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. The report of this visit was to be forwarded to the inspector with the first week of each subsequent month.

Regulation 29 reports had been received as required for May and June 2014 and nil received for July and August 2014.

This matter was discussed as part of the intention to issue Failure to Comply with Regulations meeting on 18 September 2014 and RQIA were advised by the registered person that Valerie Atcheson had undertaken the required visits. Valerie Atcheson further clarified that there may have been some delays experienced when the reports were forwarded to Fiona Gilmore registered person for signing. An assurance was provided by the registered person that both reports had been posted to RQIA recently. There reports had not been received by RQIA at the time of the meeting and it was agreed by the registered person that copies of the reports would be hand delivered the following day. Contact was made the following day by RQIA to confirm that the required reports had been received in the post on 19 September 2014.

A failure to comply with regulations notice was not issued, however a requirement in accordance with Regulation 29(5) of the Nursing Homes Regulations (Northern Ireland) 2005 is raised for a second time on the quality improvement plan and the inspector will seek evidence of compliance at the next inspection visit.

A requirement is stated for a second time.

10.3 Management of notifiable events in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

The management of notifiable events was raised as a concern following the inspection of 24 March 2014.

During the inspection of 8 September 2014 the inspector was unable to evidence that appropriate improvements to the reporting of notifiable events had been made. The inspector reviewed the management of incidents / accidents in the home against the records of those reported to RQIA or the GP or the referring HSC Trust.

Analysis of incident management;

- sixteen incidents were evidenced to not have been reported appropriately to RQIA
- a high number of these events were evidenced to be potential head injuries and yet medical advice was not evidenced to have been sought in keeping with RQIA guidance and best practice guidelines
- most of the 16 events records failed to record vital signs of the patient in keeping with the home's policy on accident management
- a number of these events evidenced abnormal vital signs however the home did not seek medical guidance
- the home's policy on the management of reportable events was evidenced to be significantly out of date and refers to inaccurate legislation.

This matter was discussed as part of the intention to issue Failure to Comply with Regulations meeting on 18 September 2014.

At the meeting the home manager gave assurances that actions required to address reporting deficits had been taken. Staff would receive further training on what events should be reported and that a daily monitoring of accidents and incidents would be undertaken. These actions provided RQIA with an acceptable level of assurance

that accidents would be managed appropriately and health and safety risks to patients would be minimised.

A failure to comply with regulations notice was not issued, however a requirement in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005 is raised for a second time on the quality improvement plan and the inspector will seek evidence of compliance at the next inspection visit.

Failure to make and sustain the required improvements will result in enhanced enforcement action.

A requirement is stated for the second time.

A requirement is also raised in respect of policy management.

10.4 Management of fire exits

At the commencement of inspection on 8 September 2014 the inspector raised concerns regarding the management of the fire exit at the rear of the laundry room. The small corridor leading to the fire exit was cluttered with cat debris such as cat food, feeding / water bowls and a litter tray. This clutter made accessing the fire exit challenging and would impede patient/staff flow.

On exiting the fire exit door there was considerable other items of furniture blocking throughput. Furniture such as;

- one large table
- 8 dining chairs
- One stool
- One large red plastic refuse bin

The inspector required the immediate clearance of the area and sought an assurance that the area would be maintained in accordance with best practice guidelines.

The home manager explained that she had been trying for some time to gain staff compliance with this matter without success. The inspector advised the home manager that this was a matter of patient safety and full compliance was required. Staff found not to be compliant must be managed in line with the homes disciplinary policy and procedures.

On day two of the inspection the inspector was able to confirm that the fire exit continued to be clutter free.

This matter is raised as a requirement and continued compliance will be assessed at the next inspection visit.

10.5 Compliance with Regulation 12(2) of the Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005

The inspector raised a requirement following inspection 24 March 2014 that a variation application is made in accordance with regulations. Despite five months passing the variation application had not been submitted as required.

This matter was raised as part of the intention to issue Failure to Comply with Regulations meeting on 18 September 2014.

The variation application however was received by RQIA in the post on the morning of the 18 September 2014. The application was discussed briefly at the meeting and due to the inaccuracies in the document and it was required that this be resubmitted. The document was duly resubmitted however the application continued to be incomplete and further contact was made by the inspector to the home on 15 October 2014.

A failure to comply with Regulations notice was not issued however the requirement to submit an appropriate variation application is restated as the form has now been returned on two occasions due to it being incomplete.

A requirement is stated for a second time.

10.6 Nursing care records

The inspector examined the nursing care records of two patients who had been experiencing frequent falls. The identity of these patients was known to the home manager.

The inspector raised concerns regarding the management of one identified patient care record;

- falls risk assessments were not always updated following a fall
- risk assessments were not reviewed on a monthly basis as directed by the home manager and prompted by signage in the nursing office
- care plans were not evidenced to be reviewed on a monthly basis as required despite frequent falls and heightened risks. An analysis of all falls within the past month should be undertaken and the review should detail the number of falls that have occurred, the possible reason for the falls and the action taken to minimise the risks of future falls
- there was insufficient attention given to the potential risks of head injury and poor reporting of falls to the care manager in the referring HSC Trust.

A requirement is stated

11.0 Quality improvement plan

The details of the quality improvement plan appended to this report were discussed with Fiona Gilmore registered person and Clair O'Connor home manager 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:

**Linda Thompson
The Regulation and Quality Improvement Authority
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Belfast
BT1 3BT**

Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.1</p> <ul style="list-style-type: none"> At the time of each patient’s admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment. <p>Criterion 5.2</p> <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission. <p>Criterion 8.1</p> <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the ‘Malnutrition Universal Screening Tool (MUST)’ or equivalent. <p>Criterion 11.1</p> <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
The Homes procedures ensure the above criteria are met.	Substantially compliant

Section B	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.3</p> <ul style="list-style-type: none"> A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional. <p>Criterion 11.2</p> <ul style="list-style-type: none"> There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability. <p>Criterion 11.3</p> <ul style="list-style-type: none"> Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals. <p>Criterion 11.8</p> <ul style="list-style-type: none"> There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration. <p>Criterion 8.3</p> <ul style="list-style-type: none"> There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
The Homes procedures ensure the above criteria are met.	Substantially compliant

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> • Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
The preadmission assessment is completed as required and the information contained is used to form the basis of the patients care plan. This is reviewed on admissions and the relative risk assessment tools are put in place to monitor the effectiveness of the care delivered. Care plans are reviewed as necessary and at least monthly.	Moving towards compliance

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.5</p> <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. <p>Criterion 11.4</p> <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. <p>Criterion 8.4</p> <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
All documents and risk management tools are validated and are in keeping with the current requirements of the local Trust and legislative requirements.	Moving towards compliance

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient’s care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
All residents have a nutritional assessment completed on admission and a weight management programme is in place. If a care plan is in place to monitor any nutritional concern the related risk management tool will be in place to support the care planning process and is reviewed as necessary. All monitoring is made in agreement with the resident and in line with his/her human rights.	Substantially compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Processes are in place to assess and monitor the care needed and delivery of care on a daily basis. Patients and where consented their representative are encouraged to be involved in any care planning process	Substantially compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.8</p> <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. <p>Criterion 5.9</p> <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>All residents and their representatives are encouraged to attend care management/care review meetings and their wishes are recorded.</p> <p>The Home is working toward keeping records of all topics discussed at review meetings</p>	Moving towards compliance

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 12.1</p> <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines. <p>Criterion 12.3</p> <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>The menu set is on a 4 weekly rotation and they are also reviewed seasonally. Any dietician or SALT opinions/directions are included in the care planning process and monitored appropriately. In addition to the Homes own procedures, the Home has also taken part in a trial scheme wherein the local dietetic service is involved in monthly management reviews of each resident The Home is reviewing the choice offered to those on specific diets.</p>	Moving towards compliance

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 8.6</p> <ul style="list-style-type: none"> • Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to. <p>Criterion 12.5</p> <ul style="list-style-type: none"> • Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times. <p>Criterion 12.10</p> <ul style="list-style-type: none"> • Staff are aware of any matters concerning patients’ eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure: <ul style="list-style-type: none"> ○ risks when patients are eating and drinking are managed ○ required assistance is provided ○ necessary aids and equipment are available for use. <p>Criterion 11.7</p> <ul style="list-style-type: none"> • Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
Nurses and senior care staff have received training in up to date feeding techniques for those with specific needs Staff are fully informed about any nutritional/eating or drinking concerns of any resident. Staff have access to care planning documentation and are involved in any review Most nursing staff have received training in the identification and management of wounds..	Moving towards compliance

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	COMPLIANCE LEVEL
	Substantially compliant

Appendix 2

Explanation of coding categories as referenced in the Quality of Interaction Schedule (QUIS)

<p>Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.</p>	<p>Basic care: (BC) – basic physical care e.g. bathing or use of toilet etc. with task carried out adequately but without the elements of social psychological support as above. It is the conversation necessary to get the task done.</p>
<ul style="list-style-type: none"> • Staff actively engage with people e.g. what sort of night did you have, how do you feel this morning etc. (even if the person is unable to respond verbally) • Checking with people to see how they are and if they need anything • Encouragement and comfort during care tasks (moving and handling, walking, bathing etc.) that is more than necessary to carry out a task • Offering choice and actively seeking engagement and participation with patients • Explanations and offering information are <input type="checkbox"/> tailored to the individual, the language used easy to understand ,and non-verbal used were appropriate • Smiling, laughing together, personal touch and empathy • Offering more food/ asking if finished, going the extra mile • Taking an interest in the older patient as a person, rather than just another admission • Staff treat people with respect addressing older patients and visitors respectfully, providing timely assistance and giving an explanation if unable to do something right away • Staff respect older people’s privacy and dignity by speaking quietly with older people about private matters and by not talking about an individual’s care in front of others 	<p>Examples include: Brief verbal explanations and encouragement, but only that the necessary to carry out the task</p> <p>No general conversation</p>

<p>Neutral (N) – brief indifferent interactions not meeting the definitions of other categories.</p>	<p>Negative (NS) – communication which is disregarding of the residents’ dignity and respect.</p>
<p>Examples include:</p> <ul style="list-style-type: none"> • Putting plate down without verbal or non-verbal contact • Undirected greeting or comments to the room in general • Makes someone feel ill at ease and uncomfortable • Lacks caring or empathy but not necessarily overtly rude • Completion of care tasks such as checking readings, filling in charts without any verbal or non-verbal contact • Telling someone what is going to happen without offering choice or the opportunity to ask questions • Not showing interest in what the patient or visitor is saying 	<p>Examples include:</p> <ul style="list-style-type: none"> • Ignoring, undermining, use of childlike language, talking over an older person during conversations • Being told to wait for attention without explanation or comfort • Told to do something without discussion, explanation or help offered • Being told can’t have something without good reason/ explanation • Treating an older person in a childlike or disapproving way • Not allowing an older person to use their abilities or make choices (even if said with ‘kindness’) • Seeking choice but then ignoring or over ruling it • Being angry with or scolding older patients • Being rude and unfriendly • Bedside hand over not including the patient

References

QUIS originally developed by Dean, Proudfoot and Lindesay (1993). The quality of interactions schedule (QUIS): development, reliability and use in the evaluation of two domus units. *International Journal of Geriatric Psychiatry* Vol *pp 819-826.

QUIS tool guidance adapted from Everybody Matters: Sustaining Dignity in Care. London City University.



Quality Improvement Plan

Unannounced Primary Inspection

Seaview House

8 and 10 September 2014

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 Fiona Gilmore registered person and 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.

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
C/F	15(2)(b)	<p>The registered person must ensure that ;</p> <ul style="list-style-type: none"> • The general assessment of need for each individual patient is updated on an annual basis plus as required. <p>Ref section 9</p>	One	Each resident in Seaview has a comprehensive assess on admission and this is reviewed according to the changing needs of the resident and the management of risk This is resident led and is reviewed at least monthly	Carried forward
1.	30	<p>The registered person must ;</p> <ul style="list-style-type: none"> • ensure that all incidents / events reportable under Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005 are reported to the authority. • ensure that all registered nursing staff are trained and aware of their responsibilities to report in keeping with each element of regulation 30. <p>Ref section 9, 10.3</p>	Two	Staff will follow recommendations set down in legislation and in RQIA notifications. Clarity has been sought by the RQIA on the need to report - via the statutory notification ![a] - bruises and injuries that do not require medical care. Staff had received training and attended a clinical governance session within the Home to discuss the above.	From date of inspection and ongoing

2.	12(2) 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. Ref section 9, 10.5	Two	An application has been made following a period of miscommunication wherein the home believed the RQIA inspector had said a variation would not be granted	By end March 2014
3.	14(2)	The registered person must immediately ; <ul style="list-style-type: none"> • 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. Ref section 9, 10.4	Two	The area has been cleared in accordance with the recommendations made.	Immediate and ongoing from 24 March 2014
4.	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. Ref section 9	One	Systems will remain in place to ensure protocols are maintained and reviewed in a timely manner.	By end December 2014

5.	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>Ref section 9, 10.2</p>	Two	The Regulation 29 report will be in place as requested.	From date of inspection and on going
6.	19(2) 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>Ref section 10.3</p>	One	The policy will be reviewed as requested.	With return of QIP.
7.	15(2)(a)	<p>The registered person must ensure that;</p> <ul style="list-style-type: none"> • The risk assessments for each individual patient are updated on a regular basis plus as required. • Falls risk assessment should be updated following every fall. <p>Ref section 9, 10.6</p>	Two	Risk assessments are updated according to the needs of the resident and FRAT assessments will be reviewed and updated following any fall.	From date of inspection and on going

8.	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"> • Patient care records should be reviewed at least monthly plus as required • referral to the care manager of the referring HSC Trust should be made following every fall when injury or potential head injury is possible • the monthly review of care plans to manage risks of falls should be comprehensive, demonstrating an analysis of all falls which have occurred, the possible reasons for the falls and the actions to be taken to minimise future falls. <p>Ref section 10.6</p>	One	<p>Patient care records have been reviewed at least monthly. Clarification has been sought from the HSC Trust regarding the requirements to inform them of every fall. Definition of fall has been sought from the RQIA and the HSC Trust, where a Registered Nurse has determined the resident has not sustained any injury or requires any nursing interventions or care, not including actual falls where a head injury occurs that requires medical attention.</p>	<p>From date of inspection and ongoing</p>
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Recommendations

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.	16.3	<p>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> <p>Ref section 9</p>	Two	All staff have been updated on reporting procedures to be followed and have attended a clinical governance session within the Home.	From date of inspection and on going

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 and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Clair O'Connor
Name of Responsible Person / Identified Responsible Person Approving Qip	Fiona Gilmore

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Linda Thompson	26/11/14
Further information requested from provider			