

Unannounced Care Inspection Report

13 April 2016



Seaview House

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Tel No: 028 91460833

Inspector: Sharon McKnight

1.0 Summary

An unannounced inspection of Seaview House took place on 13 April 2016 from 10 00 hours to 16 00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Weaknesses were identified in the delivery of safe care, specifically in relation to the recruitment processes and the procedure to confirm, and regularly monitor, the registration status of registered nurses with the Nursing and Midwifery council (NMC). Two requirements were identified in regard to the recruitment process and the procedure to confirm, and regularly monitor, the registration status of registered nurses with the Nursing and Midwifery council (NMC). Two recommendations were made; one with regard to training in recruitment and selection and another to improve the registered manager's oversight of the induction process.

Is care effective?

There were no areas of improvement identified in the delivery of effective care.

Is care compassionate?

There were no areas of improvement identified in the delivery of compassionate care.

Is the service well led?

Areas for improvement were identified with the auditing processes and the report prepared following the monthly visit; two recommendations were made.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes, April 2015.

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 2 | 4 |

Details of the QIP within this report were discussed with Clair O'Connor, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a result of the inspection, RQIA were concerned with the robustness of the arrangements in place to confirm, and regularly monitor, the registration status of registered nurses with the NMC. The findings were discussed with the senior management in RQIA, following which a decision was taken to hold a meeting with the registered person Ms Fiona Gilmore and the Registered Manager Mrs Clair O'Connor. The purpose of the meeting was to seek assurances that the systems in place were robust. The meeting took place at the RQIA office on 21 April 2016.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced estates inspection on 4 November 2015. Other than those actions detailed in the previous QIP there were no further actions required.

2.0 Service details

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|---|--|
| Registered organisation/registered person: Ms RF Gilmore | Registered manager: Ms Clair O'Connor |
| Person in charge of the home at the time of inspection: Ms Clair O'Connor | Date manager registered: 21 April 2015 |
| Categories of care: RC-I, NH-I, NH-PH, NH-PH(E), NH-TI | Number of registered places: 22 |

3.0 Methods/processes

Prior to inspection we analysed the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection we met with seven patients, one registered nurse, two care staff and two resident's visitors/representative.

The following records were examined during the inspection:

- three patient care records
- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- complaints and compliments records
- incident and accident records
- records of audit
- records of monthly visits

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 4 November 2015.

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last Care inspection dated 03/06/2015

| Last care inspection statutory requirements | | Validation of compliance |
|---|--|--------------------------|
| Requirement 1 Ref: Regulation 13(1) Stated: First time | The registered person must ensure that proper provision is made for the health and welfare of patients. Registered nurses must ensure that any changes to patients' condition are reviewed and records maintained of the action taken. | Met |
| | Action taken as confirmed during the inspection: The registered manager confirmed that the recording of changes to patients' condition had been reviewed and that all changes were now verbally reported to the registered nurse on duty and recorded in the patients nursing notes. This ensured that the registered nurses were made aware of any changes and were able to take any required action to ensure that proper provision was made for the health and welfare of patients. There were no issues identified with the health and welfare of patients during this inspection. This requirement has been met. | |

| Last care inspection recommendations | Validation of compliance |
|--|---|
| <p>Recommendation 1</p> <p>Ref: Standard 36.2</p> <p>Stated: First time</p> <p>To be Completed by: 3 July 2015</p> | <p>It is recommended that:</p> <ul style="list-style-type: none"> • a policy to guide and direct staff on communicating effectively is put in place • the policies regarding palliative and end of life care should be reviewed and updated to ensure that are reflective of best practice guidance. . <p>The registered person should review the working practices within the home to ensure that they are compliant with these internal policies.</p> <p>Action taken as confirmed during the inspection: A review of the policies confirmed that the recommended action had been taken.</p> <p>The registered manager confirmed that when they are rostered to work as a registered nurse they work alongside staff ensuring that the working practices are in accordance with internal policies.</p> <p>Met</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> | <p>It is recommended that when the policies regarding palliative and end of life care are updated staff should receive an induction/training on the content to ensure that staff knowledge and care delivery is reflective of best practice and in keeping with the home's policy.</p> <p>Action taken as confirmed during the inspection: A review of the policies regarding palliative and end of life care confirmed that they had been updated to reflect best practice. The registered manager confirmed that the policies had been shared with staff and that staff were required to sign to say that they had read and understood the policies. This recommendation has been met.</p> <p>Met</p> |

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| Recommendation 3 Ref: Standard 32.1 Stated: First time | <p>It is recommended that further opportunities, to discuss end of life care, are created and documented as appropriate by the registered nurses. Discussion should include patients' wishes in relation to their religious, spiritual and cultural needs</p> <hr/> <p>Action taken as confirmed during the inspection: A review of care records confirmed that opportunities, to discuss end of life care, had been created and where patients and/relatives had expressed wishes these were included in a care plan. This recommendation has been met.</p> | Met |
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4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. The registered manager provided examples of the indicators they used to evidence that there was sufficient staff to meet the needs of the patients. The registered manager was rostered to work as a registered nurse a number of shifts each week; this afforded the registered manager further opportunities to observe care delivery and the adequacy of the planned staffing to meet the needs of patients in a timely way.

A review of the staffing rosters for week commencing 11 April 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff it was confirmed that administrative, catering, domestic and laundry staff were on duty daily. Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. Patients commented positively regarding the staff and care delivery.

The recruitment procedures were discussed with the registered manager and two personnel files were reviewed. One file was maintained in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. The second file reviewed contained only one reference; a reference from the staff member's present or most recent employer had not been requested or obtained. This was discussed with the registered manager who explained the reason given by the staff member for not naming their former employer as a referee. The reasons were not challenged by the management in Seaview House. A requirement has been made with regard to the recruitment procedure. Training in the recruitment and selection of staff was discussed and a recommendation made.

A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One completed induction programme was reviewed. The programme included a written record of the areas completed and the signature of the person inducting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm the induction process was complete. The registered manager had not signed the completed induction programme. The importance of the registered manager's oversight of the induction process was discussed. A recommendation was made that they signed the induction record to

confirm that the process had been satisfactorily completed and that they were satisfied that the staff member was competent to undertake their role and responsibilities.

Review of three records and discussion with the registered manager confirmed that a competency and capability assessment was completed with all registered nurses who were given the responsibility of being in charge of the home.

The arrangements in place to confirm and monitor the registration status of registered nurses with the Nursing and Midwifery council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC) were discussed with the registered manager. The records reflected that they had checked the registration of nurses on the NMC website on 27 January 2016. The date registrations were due for renewal was recorded. At the time of the inspection there were nine registered nurses working in the home; only the registration of six nurses had been checked. Further discussion with the registered manager and a review of recruitment records evidenced that the registration status of these three nurses had not been confirmed with the NMC at the time of their employment or since. The NMC Personal Identification Number (PIN) for one registered nurse was not available in the home. We requested that the registered manager, as a matter of urgency, provide confirmation of the NMC registration status of all of the nurses employed in the home. Confirmation that all of the nurses currently employed had a live registration with the NMC was provided by the registered manager prior to the completion of this inspection. A requirement has been made that the registered person ensures that staff employed are suitably qualified. Robust systems to check that registered nurses have a live registration with the NMC must be implemented.

There were no issues identified with the systems established to check care staff registration with the Northern Ireland Social Care Council (NISCC). The registered manager was knowledgeable regarding the management of the registration process for newly employed staff.

Training was available via an e learning system known as EVO learning, internal face to face training arranged by the home and training provided by the local health and social care trust. The registered manager had systems in place to monitor staff attendance and compliance with training.

Discussion with the registered manager and a review of records confirmed that there were systems in place to ensure that staff received supervision and appraisal. The registered manager explained that appraisal with staff was completed annually and supervision was undertaken in response to learning opportunities and the development needs of staff.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Care staff were aware of who to report concerns to within the home and one registered nurse was aware of the contact details of the health and social care trusts safeguarding teams. Annual refresher training was considered mandatory by the home.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process to accurately identify risk and inform the patient's individual care plans.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with

Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The registered manager completed a monthly analysis of falls to identify any trends or patterns.

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated.

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

There were no issues identified with infection prevention and control practice.

Areas for improvement

A requirement was made that systems are put in place to ensure that all of the information required and documents specified in regard to the selection and recruitment of staff are obtained prior to the commencement of employment.

It was recommended that formal training is provided for the registered manager and any staff who are involved in the selection and recruitment of staff.

It was recommended that the registered manager sign the induction record to confirm that the process had been satisfactorily completed and that they were satisfied that the staff member was competent.

A requirement has been made that the registered person ensures that staff employed are suitably qualified. Robust systems to check that registered nurses have a live registration with the NMC must be implemented.

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| Number of requirements | 2 | Number of recommendations: | 2 |
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4.4 Is care effective?

Review of patient care records evidenced that initial plans of care were based on the pre admission assessment and referral information. A comprehensive, holistic assessment of one patient's nursing needs was commenced at the time of admission to the home. As previously discussed a range of validated risk assessments were completed as part of the admission process.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) and dieticians. Care records were regularly reviewed and updated, as required, in response to patient need. Patient confidentiality in relation to the storage of records was maintained.

There was evidence within the care records that patients and/or their representatives were involved in the care planning process. There was also evidence of regular, ongoing communication with relatives. The registered manager confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually but could be requested at any time by the patient, their family or the home.

Discussion with the registered manager and staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication. Staff spoken with confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Staff meetings were discussed with the registered manager who explained, that due to the size of Seaview House, and that she worked alongside staff on a number of occasions each week, ensured that communication and discussion regarding the running of the home was an ongoing process. Staff spoken with were satisfied with the opportunities to discuss issues on a team wide approach and were complimentary of the registered manager and the systems in place to share information within the home.

Staff reported that there was good teamwork; each staff member knew their role, function and responsibilities. Staff spoken with clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff also confirmed that if they had any concerns, they would raise these with the registered manager.

We discussed how the registered manager consulted with patients and relatives and involved them in the issues which affected them. The registered manager explained that they had regular, daily contact with the patients and visitors and were available, throughout the day, to meet with both on a one to one basis if needed. Patients and relatives spoken with confirmed that they knew who the registered manager was and that she was regularly available in the home to speak with.

Ten questionnaires were issued to relatives; two was returned prior to the issue of this report. One relative replied "no" to the question "Are you satisfied that staff have enough time to care for your relative". They included comments with regard to staffing and delivering care in a timely manner. Comments were also made with regard to odour management. The questionnaire was returned anonymously. The comments were shared with the registered manager; it was agreed that they would address the issues raised generally in the home.

Ten questionnaires were issued to nursing, care and ancillary staff; none were returned prior to the issue of this report.

Areas for improvement

No areas for improvement were identified with the delivery of effective care during the inspection.

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| Number of requirements | 0 | Number of recommendations: | 0 |
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4.5 Is care compassionate?

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients' needs.

Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference.

Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients likes and dislikes and individual preferences.

Patients spoken with commented positively in regard to the care they received. The following comments were provided:

"They can't do enough for you the staff are marvelous."

"This is a great place I would recommend it to anyone"

Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings. Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner.

Numerous compliments had been received by the home from relatives and friends of former patients. The following are some comments recorded in thank you cards received:

"To all the amazing staff at Seaview ...and I would like to thank you all so very much for your fantastic help with Dad when he was poorly..."

"Words say so little when someone does so much..."

Patients and relatives spoken with were confident that if they raised a concern or query with the registered manager or staff, their concern would be addressed appropriately.

Two patients' relatives spoken with confirmed that they were happy with the standard of care in the home. One relative was unsure of aspects of care and the outcome of visits by healthcare professionals. It was agreed that their comments would be shared with the registered manager who could update them. The comments were shared and the registered manager readily agreed to meet with the relative to update them.

Areas for improvement

No areas for improvement were identified in the delivery of compassionate care during the inspection.

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| Number of requirements | 0 | Number of recommendations: | 0 |
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4.6 Is the service well led?

The certificate of registration issued by RQIA was displayed at the entrance of the home. The home's certificate of public liability insurance displayed had expired. The registered manager confirmed that a new certificate was available. A copy of the current certificate was received by electronic mail the day after the inspection. Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered.

Staff spoken with were knowledgeable regarding line management within the home and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty. From a review of the duty rotas it was clear which hours

the registered manager was working in a management capacity or that of a registered nurse on the floor. Discussions with staff also confirmed that there were good working relationships between staff and that management were responsive to any suggestions or concerns raised.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and their representatives confirmed that they were confident that staff and /or management would address any concern raised by them appropriately. Patients were aware of who the registered manager was. Records were maintained of complaints received and included the nature of the complaint and action taken to address the issues.

A copy of a letter regarding issues with a member of staff supplied from an employment agency was evidenced to be filed with the complaint records. The complaint had not been recorded in the home's complaint record. The registered manager explained that they had escalated the complaint to the employment agency for investigation. The management of complaints relating to staff who were not employed by the home was discussed and it was agreed that the registered manager would record the complaint, including the action taken, in the complaint record.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to incidents/accidents, wound care and infection prevention and control practices. A review of a completed infection control audit evidenced that some areas for improvement had been identified. There was no evidence in the audit records that the areas for improvement had been re-audited to check compliance. The completion of the audit cycle to ensure quality improvement was discussed with the registered manager and a recommendation made.

Discussion with the registered manager and review of records evidenced that monthly monitoring visits were undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. A copy of the reports was available in the home. The reports made general reference to issues identified; however the detail of the issues were not recorded and there was no evidence that the issues had been followed up to check if they had been addressed. A recommendation was made.

Areas for improvement

Areas for improvement identified during audit should be re-audited to ensure the required improvements have been made and compliance with best practice is achieved and sustained.

The content of the report prepared in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 should be reviewed and extended to include the detail of any issues identified. Issues identified should be reviewed at the next monthly visit and a comment of the actions taken recorded.

As previously discussed in this report issues were identified with the recruitment processes and the arrangements in place to confirm and monitor the registration status of registered nurses with the NMC. Two requirements are stated in this regard. These procedures, whilst ensuring safe care, also reflect on the leadership within a service; therefore the requirements made must also be considered as areas for improvement in the "well led" domain.

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| Number of requirements | 2* | Number of recommendations: | 2 |
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*Requirements stated under the “is care safe?” domain.

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Clair O'Connor, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

5.1 Statutory requirements

This

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Nursing.Team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

| Quality Improvement Plan | |
|---|--|
| Statutory requirements | |
| Requirement 1 Ref: Regulation 21(1)(a)(b) Stated: First time To be completed by: 11 May 2016 | <p>The registered person must ensure that all of the information required and documents specified in regard to the selection and recruitment of staff are obtained prior to the commencement of employment.</p> <p>Response by registered person detailing the actions taken: New application form now in place for all new staff applications. New check list in place to prompt manager to ensure all documentation is in place before offer of employment made. New references checklist also now in place.</p> |
| Requirement 2 Ref: Regulation 20(1)(a) Stated: First time To be completed by: 11 May 2016 | <p>The registered person must ensure that staff employed are suitably qualified. Robust systems to check that registered nurses have a live registration with the NMC must be implemented.</p> <p>Response by registered person detailing the actions taken: NMC checks added to monthly audits carried out by registered manager to ensure all nurse are registered and fees paid., also added to managers daily diary to prompt. All checks now signed and dated when carried out</p> |
| Recommendations | |
| Recommendation 1 Ref: Standard 35.6 Stated: First time To be completed by: 8 June 2016 | <p>It is recommended that formal training is provided for the registered manager and any staff who are involved in the selection and recruitment of staff.</p> <p>Response by registered person detailing the actions taken: Registered manager is in the process of sourcing a relevant training course.</p> |
| Recommendation 2 Ref: Standard 39.1 Stated: First time To be completed by: 11 May 2016 | <p>It is recommended that the registered manager sign the induction record to confirm that the process had been satisfactorily completed and that they are satisfied that the staff member is competent to undertake the role and responsibilities.</p> <p>Response by registered person detailing the actions taken: Induction records are in the process of being reviewed and signed accordingly, and any discrepancies will be addressed by the manager.</p> |

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| Recommendation 3 Ref: Standard Stated: First time To be completed by: 11 May 2016 | <p>It is recommended that areas for improvement identified during audit should be re-audited to ensure the required improvements are made and compliance with best practice is achieved.</p> <p>Response by registered person detailing the actions taken: Further audit review will be carried out and documentation made of improvements and where necessary are dated when rectified.</p> |
| Recommendation 4 Ref: Standard 35.7 Stated: First time To be completed by: 11 May 2016 | <p>It is recommended that the content of the report prepared in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 should be reviewed and extended to include the detail of any issues identified.</p> <p>Issues identified should be reviewed at the next monthly visit and a comment of the actions taken recorded.</p> <p>Response by registered person detailing the actions taken: Any issues identified at monthly monitoring visit will be recorded,actioned and reviewed at following visit.</p> |

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address



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